

DESTRUCTION PLAN

CULTIVATOR INFORMATION

Cultivator Name (Last, First MI or entity):		Registration #: <input type="checkbox"/> None	
Mailing Address:	City:	State:	Zip:
Primary Contact Name (Last, First MI): <input type="checkbox"/> Same as Cultivator	Phone Number:	Email (optional):	

PLANTING AND CULTIVAR INFORMATION

Anticipated Destruction Start Date:	Anticipated Destruction Completion Date:	FSA Lot #: <input type="checkbox"/> None	Location Type: <input type="checkbox"/> Greenhouse <input type="checkbox"/> Indoor <input type="checkbox"/> Field
Physical Address:		City:	Zip:
Global Positioning System (GPS) coordinates (from the approximate center of the growing area) Latitude: _____ Longitude: _____		Total Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	
General Description of Planting Location:			
Cultivar Name: <input type="checkbox"/> Unknown	Sample ID Number: <input type="checkbox"/> None	THC Concentration (%): <input type="checkbox"/> None	
Proposed Destruction Method:		Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	
Cultivar Name: <input type="checkbox"/> Unknown	Sample ID Number: <input type="checkbox"/> None	THC Concentration (%): <input type="checkbox"/> None	
Proposed Destruction Method:		Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	
Cultivar Name: <input type="checkbox"/> Unknown	Sample ID Number: <input type="checkbox"/> None	THC Concentration (%): <input type="checkbox"/> None	
Proposed Destruction Method:		Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	
Cultivar Name: <input type="checkbox"/> Unknown	Sample ID Number: <input type="checkbox"/> None	THC Concentration (%): <input type="checkbox"/> None	
Proposed Destruction Method:		Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	
Cultivar Name: <input type="checkbox"/> Unknown	Sample ID Number: <input type="checkbox"/> None	THC Concentration (%): <input type="checkbox"/> None	
Proposed Destruction Method:		Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet	

SEND THIS PLAN TO: **County of
Agricultural Commissioner's Office**

_____ **Signature** _____ **Date**

County Use Only:			
Destruction Plan: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved	Name:	Signature:	Approval Date:

DESTRUCTION PLAN INSTRUCTIONS

DESTRUCTION PLAN REQUIREMENTS

Section 4950(b) and Section 4950.1(b) in Title 3 of the California Code of Regulations (CCR) require cultivators to submit a destruction plan to the county agricultural commissioner at least 24 hours prior to the start of crop destruction, unless a shorter timeframe is allowed by the commissioner.

The destruction plan must be approved by the county agricultural commissioner prior to start of the crop destruction.

DESTRUCTION PLAN INSTRUCTIONS

All information provided must be complete, legible, and accurate.

Cultivator Information

Cultivator must complete all sections for the cultivator information. Email address is optional.

Destruction Site and Cultivar Information

Registrant must complete all sections below for the proposed crop destruction.

- Provide the **anticipated destruction start date** and **anticipated destruction completion date**.
- Provide the **FSA lot number** for the physical address where the crop is to be destroyed if applicable.
- Indicate the **Location Type** of the physical address where the crop is to be destroyed.
- **Physical Address** is the location address of the crop to be destroyed. Use cross streets if the planting location does not have a physical address.
- **Global Positioning System (GPS)** is approximately the center point of the planting location and in the format of decimal degrees, up to six decimals with a negative longitude (i.e., 38.574968, -121.492337 **NOT** 38°N and 121°W).
- Indicate the **total planting size** of the crop to be destroyed in acres or square feet.
- Include information to describe, locate, and identify the boundaries of the planting location in **general description of planting location**. A general description is required if the planting location does not have a physical address. Assessor's parcel numbers (APN) or operator identification number for Pesticide Use Enforcement can be provided in this section.
- List the **cultivar name**, **planting size**, and **proposed destruction method** of each cultivar to be destroyed along with any corresponding **sample ID number** and **THC concentration** as reported on the laboratory test report. Mark the **unknown** checkbox if the cultivar name is unknown and the **none** checkboxes if the planting was not sampled and tested. The proposed destruction method must comply with the destruction requirements outlined described in 3 CCR Sections 4950 and 4950.1.

ALTERNATIVE FORMATS

This report can be made available in alternative formats for visual or hearing-impaired individuals. Please contact the California Department of Food and Agriculture at (916) 654-0435 or industrialhemp@cdfa.ca.gov to request the report in an alternative format. Please allow 7-10 working days for production of the alternative format. Requests for an alternative format may be sent to the address and telephone below.

If you have any questions, please contact the County Agricultural Commissioner's office.

County of
Agricultural Commissioner's Office
Address
City, State and Zip
Phone