

HARVEST REPORT

REGISTRANT INFORMATION

Registrant Name (Last, First MI or entity):		Registration #:	
Mailing Address:	City:	State:	Zip:
Primary Contact Name (Last, First MI): <input type="checkbox"/> Same as Registrant	Phone Number:	Email (optional):	

PLANTING AND CULTIVAR INFORMATION

Additional information attached

Harvest Start Date:		Harvest Completion Date:	
Physical Address:		City:	County:
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:	Sample ID Number:	THC Concentration (%):	Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
Material Harvested: <input type="checkbox"/> Clones/Cuttings <input type="checkbox"/> Flower <input type="checkbox"/> Fiber <input type="checkbox"/> Grain <input type="checkbox"/> Seed for Planting <input type="checkbox"/> Other _____			Quantity Harvested: <input type="checkbox"/> Pounds <input type="checkbox"/> Other _____
Cultivar Name:	Sample ID Number:	THC Concentration (%):	Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
Material Harvested: <input type="checkbox"/> Clones/Cuttings <input type="checkbox"/> Flower <input type="checkbox"/> Fiber <input type="checkbox"/> Grain <input type="checkbox"/> Seed for Planting <input type="checkbox"/> Other _____			Quantity Harvested: <input type="checkbox"/> Pounds <input type="checkbox"/> Other _____
Cultivar Name:	Sample ID Number:	THC Concentration (%):	Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
Material Harvested: <input type="checkbox"/> Clones/Cuttings <input type="checkbox"/> Flower <input type="checkbox"/> Fiber <input type="checkbox"/> Grain <input type="checkbox"/> Seed for Planting <input type="checkbox"/> Other _____			Quantity Harvested: <input type="checkbox"/> Pounds <input type="checkbox"/> Other _____
Cultivar Name:	Sample ID Number:	THC Concentration (%):	Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
Material Harvested: <input type="checkbox"/> Clones/Cuttings <input type="checkbox"/> Flower <input type="checkbox"/> Fiber <input type="checkbox"/> Grain <input type="checkbox"/> Seed for Planting <input type="checkbox"/> Other _____			Quantity Harvested: <input type="checkbox"/> Pounds <input type="checkbox"/> Other _____
Cultivar Name:	Sample ID Number:	THC Concentration (%):	Planting Size: <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
Material Harvested: <input type="checkbox"/> Clones/Cuttings <input type="checkbox"/> Flower <input type="checkbox"/> Fiber <input type="checkbox"/> Grain <input type="checkbox"/> Seed for Planting <input type="checkbox"/> Other _____			Quantity Harvested: <input type="checkbox"/> Pounds <input type="checkbox"/> Other _____

SEND THIS REPORT TO:

**County of [County Name]
 Agricultural Commissioner's Office
 [Mailing Address]
 [City], CA [Zip Code]**

 Signature

 Date

County Use Only:

HARVEST REPORT INSTRUCTIONS

HARVEST REPORT REQUIREMENTS

Section 4946(a)(1) in Title 3 of the California Code of Regulations (CCR) require registrants to submit a harvest report to the county agricultural commissioner within 72 hours following the completion of a harvest of an industrial hemp crop.

HARVEST REPORT INSTRUCTIONS

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

Registrant Information

Registrant must complete all sections for the registrant information. Email address is optional.

Planting and Cultivar Information

Registrant must complete all sections below for the completed harvest.

- List the date when the harvest was initiated as the **harvest start date** and the date when the harvest was completed as the **harvest completion date**.
- **Physical Address** is the location address of the harvested crop. Use cross streets if the harvested planting location does not have a physical address.
- **Global Positioning System (GPS)** is approximately the center point of the harvested 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 harvested crop in acres or square feet.
- Include information to describe, locate, and identify the boundaries of the harvested planting location in **general description of planting location**. A general description is required if the harvested 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** and the **planting size** of each cultivar harvested along with its corresponding **sample ID number** and **THC concentration** as reported on the laboratory test report.
- Provide a description of **material harvested** and specify the **quantity harvested** for each type of material harvested for each cultivar. Specify any items marked as **other**. Mark the **additional information attached** checkbox if you attached additional harvest information on a separate document.

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