



PRE-HARVEST REPORT

REGISTRANT INFORMATION

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

PLANTING AND CULTIVAR INFORMATION

You must notify the county of any changes to the information provided no less than 2 calendar days prior to schedule and sampling date.

<i>Anticipated Harvest Start Date:</i>		<input type="checkbox"/> Plan to Request Additional Sampling and Testing to Extend Harvest Window
<i>Physical Address:</i>	<i>City:</i>	<i>Zip:</i>
<i>Global Positioning System (GPS) coordinates (from the approximate center of the growing area)</i> <i>Latitude:</i> _____ <i>Longitude:</i> _____		<i>Total Planting Size:</i> <input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
<i>General Description of Planting Location:</i>		
<i>Cultivar Name:</i>	<i>Planting Size:</i>	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
<i>Cultivar Name:</i>	<i>Planting Size:</i>	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
<i>Cultivar Name:</i>	<i>Planting Size:</i>	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
<i>Cultivar Name:</i>	<i>Planting Size:</i>	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet
<i>Cultivar Name:</i>	<i>Planting Size:</i>	<input type="checkbox"/> Acres <input type="checkbox"/> Square Feet

APPROVED TESTING LABORATORY INFORMATION

REQUIRED: Attach a separate sample analysis request form for each composite sample to be taken.

<i>Laboratory Name:</i>			
<i>Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Contact Name:</i>	<i>Phone Number:</i>	<i>Email:</i>	

SEND THIS REPORT TO:

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

Signature

Date

<i>County Use Only:</i>		
<i>Sampling Date/Time:</i>		<i>Sampler:</i>
<i>Retested:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Retest Sampling Date/Time:</i>	<i>Retest Sampler:</i>

PRE-HARVEST REPORT INSTRUCTIONS

PRE-HARVEST REPORT REQUIREMENTS

Section 4940(b) in Title 3 of the California Code of Regulations (CCR) require registrants to submit a pre-harvest report to the county agricultural commissioner at least 30 calendar days before the anticipated harvest start date to initiate the sampling process. A separate pre-harvest report must be completed for each planting to be sampled.

Registrant must notify the county agricultural commissioner of any changes to pre-harvest report no less than two calendar days prior to the scheduled sampling date (3 CCR Section 4940(b)(6)). Any changes to the anticipated harvest start date may require additional sampling prior to harvest.

PRE-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 planting to be sampled. Each planting to be sampled must be reported on a separate planting report.

- Provide the **anticipated harvest start date**.
- **Physical Address** is the location address of the planting to be sampled. 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 planted crop 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** and **planting size** of each cultivar to be sampled. Indicate the planting size of each cultivar in acres or square feet.

Approved Testing Laboratory Information

Provide the name and contact information for the approved testing laboratory that will receive the samples collected and conduct the THC testing. Please visit <http://www.cdffa.ca.gov/plant/industrialhemp/> for a list of approved testing laboratories.

Submit a separate sample analysis request form for each composite sample to be taken along with the pre-harvest report. A separate composite sample shall be taken for each cultivar within each contiguous planting (3 CCR Section 4941(b)(3)). Treat indoor and outdoor growing areas as separate plantings.

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@cdffa.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