State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-011 (Rev. 08/22)



DESTRUCTION REPORT

CULTIVATOR INFORMA	TION					
Cultivator Name (Last, First MI or entity):				Registration #:		□ None
Mailing Address:		City:		State:	Zip:	
Primary Contact Name (Last, First MI):		Phone Number:		Email (optional):		
☐ Same as Cultivator	Thore Number.		Email (optional).			
DESTRUCTION SITE AND	D CULTIVAR INFORMATION					
Destruction Start Date:	Destruction Completion Date:	FSA lot #:		Location Type:		
	'		☐ None			Indoor □ Field
Physical Address:		City:			Zip:	:
Global Positioning System (GPS) coordinates		Total Planting Size:			Acres	
Latitude:	Longitude:					Square Feet
General Description of Destruction Site:						
Cultivar Name:	☐ Unknown	Sample ID Number:	□ None	THC Concentration	on (%):	☐ None
Description of Material Destroyed:		Quantity Destroyed:	☐ Pounds ☐ Other	Planting Size:		Acres Square Feet
Cultivar Name:	☐ Unknown	Sample ID Number:	☐ None	THC Concentration	on (%):	☐ None
Description of Material Destroyed:		Quantity Destroyed:	□ Pounds □ Other	Planting Size:		Acres Square Feet
Cultivar Name:	☐ Unknown	Sample ID Number:	□ None	THC Concentration		□ None
Description of Material Destroyed:		Quantity Destroyed:	☐ Pounds ☐ Other	Planting Size:		Acres Square Feet
Cultivar Name:	☐ Unknown	Sample ID Number:	☐ None	THC Concentration	on (%):	□ None
Description of Material Destroyed:		Quantity Destroyed:	□ Pounds□ Other	Planting Size:		Acres Square Feet
Cultivar Name:	☐ Unknown	Sample ID Number:	☐ None	THC Concentration	on (%):	□ None
Description of Material Destroyed:		Quantity Destroyed:	□ Pounds □ Other	Planting Size:		Acres Square Feet
SEND TH	HIS REPORT TO:	County o Agricultu	of ural Commission	ner's Office		
s	ignature			Date		
County Use Only:						
Inspection Date(s):	Name:		Signatur	re:		

DESTRUCTION REPORT INSTRUCTIONS

DESTRUCTION REPORT REQUIREMENTS

Section 4950(e) and Section 4950.1(b) in Title 3 of the California Code of Regulations (CCR) require registrants to submit a destruction report to the county agricultural commissioner within 72 hours following the completion of a destruction of industrial hemp.

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.

- List the date when the destruction was initiated as the **destruction start date** and the date of when the destruction was completed as the **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 destroyed. Use cross streets if the planting site does not have a physical address.
- **Global Positioning System (GPS)** is approximately the center point of the planting site and in the format of decimal degrees, up to six decimals with a negative longitude (i.e., 38.574968, -121.492337 **NOT** 38⁰N and 121⁰W).
- Indicate the total planting size of the crop destroyed in acres or square feet.
- Include information to describe, locate, and identify the boundaries of the planting site in **general description of destruction site**. A general description is required if the planting site 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 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.
- Provide a description of material destroyed and quantity destroyed of each cultivar.

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