

Contact Name: _____

License Holder Name (If Different): _____

License Number: _____

For each hemp location you planted, please fill in the table with the following info: Location # (found on your license) or Address, Variety Name, Date Planted, Acreage or Square Footage planted, whether Indoor or Outdoor, Date Planted, and expected Harvest Date. "Indoor" means any location which is enclosed from the outside, including hoop houses or high tunnels.

If you did not plant at a location you had previously registered for, check the box in the final column. If you are changing the field location or amount of acreage, you will be invoiced for any additional fees incurred.

You must notify the MDA 30 days prior to your intended harvest date. All grow locations must be inspected and samples taken for THC compliance within 30 days of harvest.

Location # or Address (INCLUDE STREET, CITY & COUNTY)	Variety or strain	Planted: seeds, clones, or transplants	Area planted (acres or square feet)	Indoor or Outdoor	Date Planted/Seeded	Expected Harvest Date	Check if NO planting will occur

You may attach additional pages to this form if you need more space.

License Holder **Signature**, verifying the above information is accurate:

_____ Date _____