



Louisiana Industrial Hemp Program 2020 Field Planting Report

- This form is due for each field growing location.
- Use separate forms for different Farm Location addresses.
- This form is due within 15 days following the first day of each planting.
- If you are not planting at one of your approved locations, a “No Planting” report is due by July 31, 2020. Complete the Field(s) ID in Question 1, and check the “No Planting” box in the right column.
- If submitting electronically, **email to:** industrialhemp@ldaf.la.gov, **or mail to:** LDAF Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.

| Applicant Information | |
|--|-------------|
| Licensee or Designated Responsible Party Name: | License No: |
| Email: | Phone: |
| Farm Name & Address (MUST match address listed on your Application or Site Modification Request form): | |

1) Complete the following table for Field Location IDs. (Additional table rows found on page 2.)

NOTE: The Field ID MUST match the ID listed on your application or *Site Modification Request*.

| Field ID (given on application) | Corresponding FSA Lot No: | Variety/ Strain | Seeds/ Transplants | Source of planting stock | Area Planted (acres) | Intended Purpose of Crop | Date Planted | Expected Harvest Date | Check if this a replant | Check if NO Planting will occur |
|---------------------------------|---------------------------|-----------------|--------------------|--------------------------|----------------------|--------------------------|----------------|-----------------------|-------------------------------------|---------------------------------|
| <i>EX: Field 1A</i> | <i>45IH</i> | <i>Hemp 11</i> | <i>Seeds</i> | <i>Hemp Supply Co</i> | <i>5 acres</i> | <i>Grain</i> | <i>4/29/20</i> | <i>8/15/20</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |
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Licensee Name: _____

Field Planting Report Table (cont'd from page 1)

| Field ID (given on application) | Corresponding FSA Lot No: | Variety/ Strain | Seeds/ Transplants | Source of planting stock | Area Planted (acres) | Intended Purpose of Crop | Date Planted | Expected Harvest Date | Check if this a replant | Check if NO Planting will occur |
|---------------------------------|---------------------------|-----------------|--------------------|--------------------------|----------------------|--------------------------|----------------|-----------------------|-------------------------------------|---------------------------------|
| <i>EX: Field 1A</i> | <i>45IH</i> | <i>Hemp 11</i> | <i>Seeds</i> | <i>Hemp Supply Co</i> | <i>5 acres</i> | <i>Grain</i> | <i>4/29/20</i> | <i>8/15/20</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

2) **Attach additional planting sheets as necessary. If additional sheets are attached, indicate total number of sheets attached:** _____

3) **Do you intend to plant additional hemp at this address this year?** Yes No

If “Yes,” explain: _____

4) **If you did not plant all of the approved field(s), attach an updated version of the map for this address. Include the following new information on the map.**

- Circle only the area planted in each field.
- Mark an “X” through the field, or portion of a field where hemp will NOT be planted. Additionally, write the Location ID for this no-plant field in the table on Question (1) and mark the “No Planting” column.

I hereby verify and affirm that all of the information contained in this *Field Planting Report* is true and accurate. I also understand that if LDAF later determines any of this information to be false or inaccurate, my license may be revoked.

Signature of Licensee/Designated Responsible Party

Date

Printed name of Licensee/Designated Responsible Party

Title

If this address also has greenhouse /indoor production, you must submit a completed *Greenhouse/Indoor Planting Report* form.