



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
 MIKE STRAIN DVM, COMMISSIONER
 Seed Programs Division 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806
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Louisiana Industrial Hemp Program 2020 Greenhouse/Indoor Planting Report

- This form is due for each indoor/greenhouse growing location.
- This form is due within 15 days following the first planting in an empty structure.
- This form is due on the last day of each quarter. (March 31, June 30, Sept. 30, and Dec. 31) regardless if you have live plants in the location.
- If no further production will occur in the site for the year, you may submit multiple quarters on the same report.
- 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 application or Site Modification Request form):	

1) Complete the table below. Indicate new plantings during this quarter. (Additional table rows found on page 2.)

NOTE: Keeping potted plants outside, adjacent to a greenhouse/indoor structure is only permitted temporarily for specific reasons.

Location ID (given on application)	Corresponding FSA Lot No:	Variety/ Strain	Seeds, Cuttings or Transplants	Source of seed or planting stock	Area Planted (sq. ft.)	Intended Purpose of Crop	Date Planted	Expected Harvest Date	Check if no plants this quarter
<i>EX: GH 1A</i>	<i>45IH</i>	<i>Hemp 11</i>	<i>Cuttings</i>	<i>Hemp Supply Co</i>	<i>1,500 sq. ft.</i>	<i>Oil</i>	<i>4/29/20</i>	<i>8/15/20</i>	<input type="checkbox"/>

Licensee Name: _____

Greenhouse/Indoor Planting Table (cont'd from page 1)

Location ID (given on application)	Corresponding FSA Lot No:	Variety/ Strain	Seeds, Cuttings or Transplants	Source of seed or planting stock	Area Planted (sq. ft.)	Intended Purpose of Crop	Date Planted	Expected Harvest Date	Check if no plants this quarter
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- 2) Attach additional planting sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: _____
- 3) Indicate Quarter(s) for this report (quarter ending date): First Planting March 31 June 30 Sept. 30 Dec. 31
- 4) If you have not and will not plant/propagate or maintain live plants at this location for remaining quarters, indicate those here: March 31 June 30
 Sept. 30 Dec. 31
- 5) Complete the table below. Indicate all transfers of transplants/planting stock to other licensees.

Variety/Strain	Number of Transplants	Date Transferred	Recipient
EX: CBD 01	10,000	5/10/2020	Transfer to LA Hemp Co., License # 01

- 6) Attach additional transfer sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: _____

Licensee Name: _____

7) Complete the table below by indicating the current inventory giving the number of plants, ft² of material and variety/strain of plants for each site.

Location ID	Variety/ Cultivar	Number of Plants	Area (sq ft)
EX: GH 01, rows 1-10	CBD 101	1500 plants	1,500 sq. ft.

8) Attach additional inventory sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: _____

I hereby verify and affirm that all of the information contained in this Greenhouse/Indoor 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 field production, you must submit a completed *Field Planting Report* form.