



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

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# LDAF Industrial Hemp Program Quarterly Planting Report

- This form is due for each greenhouse or indoor growing location for crops intended for “vegetative propagule” production only. This form should not be used for crops whose intended purpose is for commercial hemp or “true seed” production. Plantings of commercial hemp or “true seed” production should be reported on the “First Report of Planting” form.
- Use separate forms for different location addresses.
- If you do not intend to plant at one of your approved sites, a “No Planting” report is due to LDAF. Simply provide the Location ID, check the “No Planting” box in Table 1, and submit the form to LDAF.
- If submitting electronically, **email to:** [industrialhemp@ldaf.la.gov](mailto:industrialhemp@ldaf.la.gov), **or mail to:** LDAF Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.

Licensee Information	
Licensee or Designated Responsible Party Name:	Seed Producer License No:
Email:	Phone:
Location Address ( <i>MUST match address listed on your Application or Site Modification Request form</i> ):	

- 1) Indicate Quarter(s) for this report (quarter ending date):**  March 31  June 30  Sept. 30  Dec. 31
- 2) 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
- 3) Complete Table 1 below. Indicate all transfers of propagules/transplants/planting stock to other licensees.**

**Table 1**

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

Licensee Name: \_\_\_\_\_

**Table 1 (cont'd from page 1)**

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

4) Complete Table 2 below by indicating the current inventory. Enter the variety/strain, number of plants, and ft<sup>2</sup> of material on hand for each Location ID.

**Table 2**

Location ID	Variety/ Cultivar	Number of Plants	Area (ft <sup>2</sup> )
EX: GH 01, rows 1-10	CBD 101	1500 plants	1,500 sq. ft.

I hereby verify and affirm that all of the information contained in this *Quarterly 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

\_\_\_\_\_  
Printed Name of Licensee/Designated Responsible Party

\_\_\_\_\_  
Date