



# ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

Rev 12/20/2019

## 2020 Hemp Destruction Report Form

OFFICE USE ONLY

- This report is due for failed plantings/emergence, research, out of tolerance hemp materials and/or any hemp materials that will not be marketed.
- This report is **due at least 15 days prior to destruction**.
- This report is meant for **ONLY ONE planting street address**. If you have other planting street addresses that need to be destroyed, fill out this form for those additional street addresses.
- Following the submission of this form, an ADA inspector may schedule an appointment to collect sample(s). **No harvest is authorized until a sample of each plot is collected by ADA; no destruction is authorized until you receive approval in writing from ADA.**
- If submitting electronically, send to [Industrialhemp@agriculture.arkansas.gov](mailto:Industrialhemp@agriculture.arkansas.gov)

License Holder:	Grower License:
Name of Signing Authority (if business):	
Email:	Phone:

### 1) Indicate Registered Growing Address for this report:

Planting Address (MUST Match Address on GROWER Application)	City	Zip	County

- 2) If the industrial hemp crop has failed and you intend to destroy, complete the information in the table below. **You must receive approval from ADA PRIOR to destruction**, as ADA may inspect and collect a sample. The Location ID below MUST correspond to the Licensed Location ID found on the registered site in the *Licensing Agreement/Application or site modification request*.

**NOTE: IF YOU PLANTED AND THERE WAS NO EMERGENCE OF PLANTS (FAILED CROP), INDICATE IN REASON FOR PROPOSED DESTRUCTION**

Location ID (MUST match Location ID in License Agreement)	Hemp Variety / Strain	Acres / Square ft. proposed for destruction	Date of Proposed Destruction	Reason for Proposed Destruction	Proposed Method of Destruction	Will this be a complete destruction of all hemp in this plot?*	
Ex: Field 2	Ex: Hemp18	Ex: 10 ac	Ex: 8/15/2018	Ex: no emergence	Ex: mowing	Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

† Attach additional sheets as necessary.

1) If planning to destroy your crop, attach pictures of the hemp plot(s) intended for destruction.

Pictures attached

2) Indicate if you have any other industrial hemp growing on your property.

YES

NO

NOTE: If you are growing any other industrial hemp NOT reported on this form, you will need to complete another Harvest/Destruction Report form at least 15 days prior to harvest or destruction.

By signing my name below, I attest that I am the license holder or authorized by the license holder to submit this form and that this information is accurate and complete.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: [Industrialhemp@agriculture.arkansas.gov](mailto:Industrialhemp@agriculture.arkansas.gov)

**Mail to:**

ATTN: Caleb Allen  
ADA Industrial Hemp Program  
1 Natural Resources Dr.  
Little Rock, AR 72205