



**Kentucky Department of Agriculture
Industrial Hemp Research Pilot Program
2019 Harvest/Destruction Report**

OFFICIAL USE ONLY.

- This report is due for every field or indoor area planted.
- This report is **due at least 15 days prior to harvest or destruction.**
- Following the submission of this form, a KDA inspector will schedule an appointment to collect sample(s). **No harvest or destruction is authorized until you receive approval in writing from KDA.**
- If submitting electronically, send to Hemp@ky.gov.

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

- 1) **Indicate type of reporting:** ☐ Harvest (questions 2-8, and 11)
or ☐ Destruction of failed crop (questions 2-3, and 7-9)
- 2) **Indicate harvest/destruction location:** ☐ Outdoor/Field ☐ Greenhouse/Indoors

3) **Indicate Licensed Growing Address for this report:**

Planting Address (MUST Match Licensed Address)	City	County

- 4) **Provide harvest info in the table below.[†] The “Location ID” MUST correspond to the Location ID used to name fields or greenhouses on your application or site modification.** If your crop failed and you intend to destroy it, skip to question 7.

Location ID (MUST match Licensed Location ID)	Hemp Variety/ Strain	Acres / square feet in <i>this</i> harvest	Primary Harvest (Grain, Fiber, Floral)	Expected Initial Harvest Date	Expected Completion Date (NO MORE than 15 days later)	Will this be a complete harvest for this plot?*
<i>Ex: Field 2</i>	<i>Hemp18</i>	<i>10 ac</i>	<i>Floral</i>	<i>8/15/2019</i>	<i>8/21/2019</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

*If all industrial hemp harvests are not represented on this form, future harvests must be reported on additional forms. [†]Attach additional sheets as necessary.

Revised 1/2019



Email to:
Hemp@ky.gov

Mail to:
KDA Industrial Hemp Program
111 Corporate Drive
Frankfort, KY 40601

5) Is any harvest listed in Question (4) of floral material? ☐ Yes ☐ No

If "Yes", note that you are prohibited from co-mingling or moving your harvest from its storage location until you have received acceptable test results.

6) Are the harvested hemp materials to be transported off-site immediately? ☐ Yes ☐ No

If "Yes", indicate licensed location: _____

7) If the industrial hemp crop has failed and you intend to destroy it, complete the information in the table below. **You must receive approval from KDA PRIOR to destruction**, as KDA may inspect and collect a sample. The Location ID below MUST correspond to the licensed Location ID on your application or site modification request.

Location ID (MUST match Licensed Location ID)	Hemp Variety / Strain	Acres / sq 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? Y/N
<i>Ex: Field 3</i>	<i>Hemp32</i>	<i>10 ac</i>	<i>7/15/19</i>	<i>Weed pressure</i>	<i>Mowing</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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

☐ Pictures attached.

9) Indicate if you have any other industrial hemp growing on this address. ☐ 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 writing my name below, I attest that I am the license holder or the secondary contact for the license holder authorized to submit this form, and that this information is accurate and complete.

Name: _____ Date: _____