

### **Industrial Hemp Grower Reporting Requirements and Forms**

All industrial hemp growers authorized under the NYS Industrial hemp Pilot Program must submit the below reports by the specified deadlines, in accordance with the following directions. Failure to submit any of the below reports by their respective due dates will compromise the grower's ability to amend, renew and/or maintain an authorization to grow. Any incomplete or illegible reports will be returned.

#### 2020 Reporting Schedule:

Growers: Compliance Schedule						
Report	Due	Required if you don't grow this year?	Required if you are only selling nursery stock?			
Planting Report Form	Within <b>15</b> days of <i>each</i> planting	Yes	Yes			
Pre-Harvest Report Form	<b>20</b> days prior to <i>each</i> harvest	No	No			
Post-Harvest Report Form	Within <b>15</b> days of <i>each</i> harvest completion	No	No			
Annual Report Form	By the anniversary of your authorization date	Yes	Yes			
Any hemp grower interested in selling rooted transplants must also be registered as a nursery grower. More information can be found at agriculture ny gov						

Prior to completing the below forms please ensure that all locations you plan to sow have been approved in writing by the Department. If not you must submit, and receive approval of, a grower amendment application to add new locations.

#### 1. Planting Report Form

The Planting Report is used to notify the department any time hemp is planted (this includes the planting of seeds, unrooted cuttings and rooted transplants)

- Submit this report for all locations approved on both your original application and any subsequently approved amendment applications.
- If an approved location will not be used this year you still must identify the site on your report and list N/A in all other cells.
- When plants are moved from one location to another, such as from a greenhouse to a field, this form must be submitted each time.
- If a site is planted more than once, such as when plants in a greenhouse are sold and new seeds are started, this form must be submitted each time.
- Submit a separate form for each growing address approved for cultivation.
- Submit a map/aerial photograph of each site identified on this report and indicate varietal separation and access points.

#### 2. Pre-Harvest Report Form

The Pre-Harvest Report is used to notify the department when you plan to harvest hemp plants

- The harvest end date must be no later than 15 days after the harvest start date. Exceptions to this rule may be requested at the time of submission, otherwise, separate or delayed harvests must be reported on additional forms.
- Submit a separate form for each address ready for harvest.
- Only provide one answer in each cell of the report form. For example, if two varieties are planted at one location <u>do not</u> put two varieties in one cell. Instead, fill out two rows of information, one for each variety.
- Submit a map/aerial photograph of each site identified on this report and indicate varietal separation and access points.

#### 3. Post-Harvest Report Form

The Post-Harvest Report is used to notify the department that harvest has been completed

- Submit a separate form for each address that was harvested.
- Only provide one answer in each cell of the report form. For example, if you intend to dry one field of harvested hemp in two locations do not list both site IDs in one cell. Instead, fill out two rows of information, one for each drying location.

#### 4. Annual Report

The Annual Report is used to summarize annual findings of your research project and to provide additional details regarding production

- The Annual Report is due by the anniversary of your authorization date (found on your authorization document).
- Have your approved application(s) and Authorization document on hand before completing this report. Each question asked on the report correlates to a section of your approved application(s).



SUBMIT COMPLETED REPORTS TO:
Division of Plant Industry
10B Airline Drive
Albany, NY 12235
Fax No. (518) 457-1204
IndustrialHempNYS@agriculture.ny.gov

## 2020 Industrial Hemp Planting Report Form

PLEASE REVIEW THE INSTRUCTIONS ON PAGE 1 PRIOR TO COMPLETING THIS FORM

PLEASE REVIEW THE INSTRUCTIONS ON PAGE T PRIOR TO COMPLETING THIS FORM								
Producer Information								
Individual/Business/Institution	on Name (as it appears on your	Authorization):						
Mailing Address:  Authorization Number: HEMP-G								G
Person Responsible for Mar	nagement of Hemp Research:							
Email: Phone:								
		Plar	nting Information		•			
Growing address for this re	eport:				County	<b>/</b> :		
Site ID *	What was planted (Seed, Unrooted Cuttings, Rooted Plants)	Variety	Source of Hem			Planted s or Sq. Ft.)	Date Planted	Anticipated Date of Harvest or Transfer of Greenhouse Stock
Example: Greenhouse #2	Seed	Lifter	Jane Doe Hemp Co.	NY	2500	Sq. Ft.	6/1/20	8/1/20
could result in suspension	ertify that all locations listed abo or termination of your authoriza r the routine testing of your crop artner Agreement	tion as outlined in	sections 4, 48 and 50 of y	your exe	cuted Res	earch Par	tner Agreemer	nt and (3) understand
Completed by (print)								
Completed by (sign)					D	ate		

<sup>\*</sup> If you did not supply a site ID on your original application and subsequent amendments OR if the same ID is used for more than one location, please identify the GPS coordinates of the site being referenced as they appear in your approved scope of work



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10B Airline Drive
Albany, NY 12235
Fax No. (518) 457-1204
IndustrialHempNYS@agriculture.ny.gov

# 2020 Industrial Hemp Pre-Harvest Report Form

PLEASE REVIEW THE INSTRUCTIONS ON PAGE 1 PRIOR TO COMPLETING THIS FORM

Producer Information									
Individual/Business/Institution Name (as it appears on your Authorization):									
Mailing Address:  Authorization Number: HEMP-G									
Person Responsible for Management of Hemp Research:									
Email: Phone:									
		Harvest Info	rmation	)					
Growing address for this report:						County:			
Site ID (as Identified on Your Planting Report Form)	Variety	Was This Crop Tested by a Third Party Lab?	rop Tested Harvested by a Third (Acres or Sq.		Start Date of Harvest	End Date of Harvest	Site ID of Storage/Drying Facility *		
Example: North Plot	T1	Yes	2	Acres	9/15/20	9/16/20	Drying Barn		
By signing below you understand that (1) Submission of this report will initiate a sampling of industrial hemp crops approved by the New York State Department of Agriculture and Markets and that (2) All Research Partners shall keep records of the sales or transfers of any harvested material derived from industrial hemp until analysis from the lab has resulted in THC concentrations below the approved threshold (0.3% delta-9 THC on a dry weight basis)									
Completed by (print)						Date			
Completed by (sign)				-					

<sup>\*</sup> If you did not supply a site ID on your original application and subsequent amendments OR if the same ID is used for more than one location, please identify the GPS coordinates of the site being referenced as they appear in your approved scope of work



SUBMIT COMPLETED REPORTS TO: Division of Plant Industry 10B Airline Drive Albany, NY 12235 Fax No. (518) 457-1204 IndustrialHempNYS@agriculture.ny.gov

# 2020 Industrial Hemp Post-Harvest Report Form PLEASE REVIEW THE INSTRUCTIONS ON PAGE 1 PRIOR TO COMPLETING THIS FORM

Producer Information								
Individual/Business/Institution N	lame (as it appears on you	r Authorization):						
Mailing Address:  Authorization Number: HEMP-G								
Person Responsible for Management of Hemp Research:								
Email:					Phone:			
		Pro	duction Informa	ation				
Growing address for this report					County:			
Site ID (as Identified on Your Harvest Report Form)	Variety	End Date of Harvest	Yield Weight	Product (Whole Plant, Flower, Stalk)		storage/Drying acility	Intent (Sell, Store, Destroy)	
Example: Field #3	Sour Space Candy	9/24/20	200 lbs	Whole plant	South Barn		Sell to XYZ Processing	
By signing below you certify the and program guidance docume								
Completed by (print)					Date			
Completed by (sign)								



## **Annual Report Form for Industrial Hemp Growers\***

\*This report form may not accommodate all information relevant to your project, please include additional information sheets as necessary.

De la confluencia Nova					
Business/Institution Name:					
Business Address:	County:				
Mailing Address:	T				
Email:	Phone:				
Industrial Hemp Authorization Number:	Federal ID Number*:				
*If applicable, list reason for not having Federal ID No.:					
Person Responsible for Management of Industrial Hemp					
Name:	Title:				
Address:	County:				
Phone: Email:	-				
Social Security Number:					
-					
Source of Industrial Hemp Material –					
Duain and name:					
Business name:					
Location:					
Product (seed**, unrooted cuttings, rooted transplants):					
Amount:					
Dueinees nemer					
Business name: Location:					
Product (seed**, unrooted cuttings, rooted transplants):					
Amount:					
Amount:					
**Attach to this report a photograph of the seed hag(s) and respective	va label(s) of all nurchased seed stock				
**Attach to this report a photograph of the seed bag(s) and respective	ve label(s) of all purchased seed stock				
Security Measures – explain how you secured and stored you	ur materials:				
Briefly describe your waste disposal practices:					

Annual Report Template for All Industrial Hemp Authorized Research Partners

Research Focus:		
Did you grow industrial hemp for the purpose of CBD extraction?	Yes	No
Did you grow industrial hemp for food products?	Yes	No
Did you grow industrial hemp for fiber?	Yes	No
Other:		
Independent Testing (of Hemp Seed and/or Biomass) – List the name and b independent testing facility you utilized and list the compound(s) for which the		
****Attach to this report a copy of all testing results received since your last a	annual report sub	mission
Product Production – Refer back to your post-harvest report form(s). Provide separate end product including total volume produced, buyers and their loca photographs of all seed bag labels, if you sold rooted plants please provide a grower license.	tions. If you sold	seed attach
1		

Research Plan – Summarize key findings from last year's growing season and explain how your research is developing for the coming year.
Report Prepared By (Print):
Report Prepared By (Sign):  Date:
שמוב.