



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.

2021 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 15 days of <i>each</i> planting	Yes	Yes
Pre-Harvest Report Form	20 days prior to <i>each</i> harvest	No	No
Post-Harvest Report Form	Due when you are able to obtain dry weights	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 Site IDs exactly as you have written on your approved application and amendment(s).
- If an approved location will not be used this year you still must identify the site ID 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 you are planning to transfer (i.e. re-plant instead of harvest), please write "Transfer" in the Harvest Date cell for that line.
- 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.
- Only provide one answer in each cell of the report form. For example, if two varieties are planted at one location do not put two varieties in one cell. Instead, fill out two rows of information, one for each variety.
- Submit a separate form for each approved growing address and fill out your growing address at the top of the form.
- 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 do not 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).



2021 Industrial Hemp Planting 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:			
Planting Information								
Growing address for this report:					County:			
Site ID*	What was planted (Seed, Unrooted Cuttings, Rooted Plants)	Variety List only one variety per line	Source of Hemp		Area Planted (Acres or Sq. Ft.) DO NOT write in number of seeds or plants	Date Planted	Anticipated Date of Harvest If transferring, write "Transfer"	
Must match exactly what you have written on your original application or approved amendments								
Example: Greenhouse #2	Seed	Lifter	Jane Doe Hemp Co.	NY	2500	Sq. Ft.	6/1/21	
By signing below you (1) certify that all locations listed above have been approved by the Department in writing (2) understand that growing on unauthorized property could result in suspension or termination of your authorization as outlined in sections 4, 48 and 50 of your executed Research Partner Agreement and (3) understand that you are responsible for the routine testing of your crop to ensure that the delta-9 THC content does not exceed 0.3% on a dry weight basis as per section 36 of your executed Research Partner Agreement								
Completed by (print)								
Completed by (sign)					Date			

* 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

ATTACH ADDITIONAL SHEETS AS NECESSARY



2021 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 Information							
Growing address for this report:						County:	
Site ID* <small>Must match exactly what you have written on your original application or approved amendments</small>	Variety <small>List only one variety per line</small>	Was This Crop Tested by a Third Party Lab?	Area to be Harvested (Acres or Sq. Ft.)		Start Date of Harvest	End Date of Harvest	Site ID of Storage/Drying Facility * <small>Must be a registered location</small>
<i>Example: North Plot</i>	<i>T1</i>	<i>Yes</i>	<i>2</i>	<i>Acres</i>	<i>9/15/21</i>	<i>9/16/21</i>	<i>Drying Barn</i>
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)							

** 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*

ATTACH ADDITIONAL SHEETS AS NECESSARY



2021 Industrial Hemp Post-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:	
Production Information						
Growing address for this report:					County:	
Site ID* <small>Must match exactly what you have written on your original application or approved amendments</small>	Variety <small>List only one variety per line</small>	End Date of Harvest	Yield Weight (Dry Weight)	Product (Whole Plant, Flower, Stalk)	Site ID of Storage/Drying Facility	Intent (Sell, Store, Destroy)
<i>Example: Field #3</i>	<i>Sour Space Candy</i>	<i>9/24/21</i>	<i>200 lbs</i>	<i>Whole plant</i>	<i>South Barn</i>	<i>Sell to XYZ Processing</i>
By signing below you certify that (1) harvested crops will be used in a legal manner and in accordance with the provisions of the executed Research Partner Agreement and program guidance document and that (2) further details regarding the reported crop and associated research will be provided in the annual report						
Completed by (print)					Date	
Completed by (sign)						

ATTACH ADDITIONAL SHEETS AS NECESSARY



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.*

Business/Institution Name:	
Business Address:	County:
Mailing Address:	
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 –

Business name:
Location:
Product (seed**, unrooted cuttings, rooted transplants):
Amount:

Business name:
Location:
Product (seed**, unrooted cuttings, rooted transplants):
Amount:

***Attach to this report a photograph of the seed bag(s) and respective label(s) of all purchased seed stock*

Security Measures – explain how you secured and stored your 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 business location of each independent testing facility you utilized and list the compound(s) for which the tests were performed***:

****Attach to this report a copy of all testing results received since your last annual report submission*

Product Production – Refer back to your post-harvest report form(s). Provide additional details for each separate end product including total volume produced, buyers and their locations. If you sold seed attach photographs of all seed bag labels, if you sold rooted plants please provide a copy of your nursery grower license.

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: