



## Hemp Reporting Package

All hemp license holders under the NYS Hemp Program must submit the reports below by the specified deadlines in accordance with the directions provided on the individual reports. Any incomplete or illegible reports will not be accepted.

**Carefully read and follow all instructions on each report.**

**All reports submitted electronically must be sent as PDF attachments.**

**All maps or photos must be sent as PDF or JPG attachments.**

Compliance Reporting Schedule				
Report	Due	Required if you don't grow/sell this year?	Required for Nursery or Seed Retail licenses?	Required for Research licenses?
Planting Report	Within 20 days after each planting	Yes	Yes	Yes
Greens/Microgreens	1 <sup>st</sup> of the month	Yes	No	If growing microgreens
Pre-Harvest Report	30 days before each harvest	No	No	No
Post-Harvest Report	Within 15 days after each harvest	No	No	Yes
Disposal Report	Within 15 days after disposal date	If any hemp is disposed	If any hemp is disposed	If any hemp is disposed
Remediation Report	Within 5 days after remediation date	No	No	No
Theft Report	Within 15 days after filing police report	If any hemp is stolen	If any hemp is stolen	If any hemp is stolen
Non-Compliant Report	Within 5 days after receiving high results	If high THC result	No	If high THC result
Additional Report Required for Nursery Grower and Seed Retail License				
Monthly Sales Report	7 <sup>th</sup> of the month	Yes	Yes	No

If you have questions or need assistance completing your reports, contact the Department at 877-249-6841 or [industrialhempnys@agriculture.ny.gov](mailto:industrialhempnys@agriculture.ny.gov).

**Failure to submit any of the reports by their respective due dates may compromise the licensee's ability to amend, renew, and/or maintain a hemp license as outlined in the NYS Hemp Regulations.**

**1 NYCRR §159.15 :** *Growers failing to adhere to the requirements set forth in this Part shall be subject to penalties and other enforcement action, including suspension and license termination, depending on the number and extent of the infractions or violations that have occurred.*



# 2024 Hemp Planting Report Form

Due within 20 days after each planting

**Instructions:**

- This report is required even if you are not growing.** If you are not growing this year, check the 'not growing' box at the bottom, and submit this form to the Department as soon as possible or no later than **December 1<sup>st</sup>**. FSA-578 forms are not required if you did not plant.
- Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
- This report is required for **each planting** of seeds, unrooted cuttings, or rooted plants. If you start seeds or plants in one location and move them to another location, you must submit a planting report for planting in the initial location AND then submit another planting report for planting in the next location. (i.e. starting seeds in a greenhouse and moving the seedlings to the field) If you perform multiple plantings at one location (ex: in a greenhouse), a report is required each time.
- \*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA. FSA Lot #'s are not required for plants that will be transferred to another location to reach maturity.
- \*\*Alternatives for the Date of Harvest:** Write "Transfer" if plants will be moved to another location to reach maturity. Write "Research" if plants will be grown for research only and disposed of afterward. Write "Nursery" if plants will be sold as transplants. Write "Mother" if plants will be kept in a vegetative state for cloning purposes. (Mother plants must have their THC concentration determined prior to use.)

Producer Information									
Business Name (as it appears on your License):									
Person Responsible for Management of Hemp Production:							License Number: 36-_____		
Mailing Address:				City:		State:		Zip Code:	
Email:							Phone:		

Planting Information										
Site ID *		What was planted (Seeds, Unrooted Cuttings, Rooted Plants)	Variety (Types: Fiber, Grain, CBD, CBG, Cross)		Source of Hemp		Area Planted (Outdoor = Acres Indoor = Sqft)		Date Planted	Date of Harvest ** (or Transfer, Mother, Nursery, Research)
NYS Site ID	FSA Lot #		Name	Type	Name	State	Acres	Sqft		
ex: 1458	8736-6253-10C	Seed	Lifter	CBD	Jane Doe Hemp Co.	NY	--	2000	6/1/23	Transfer

This licensee is not growing hemp this year.

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 1 NYCRR §159.16 (3) understand that you are responsible for the routine testing of your crop to ensure that the Total THC content does not exceed 0.3% on a dry weight basis and (4) agree to include upon submission of this form a **map of the planted area** with the varieties clearly labeled, the **seed/plant label(s) or invoice(s)** from purchase, and a copy of the corresponding **FSA-578 form** submitted to the FSA.

Completed by (print)	Date	
Completed by (sign)		

# 2024 Hemp Greens/Microgreens Report Form

Due the 1<sup>st</sup> of each month

**Instructions:**

- This report is only required by growers who checked "Hemp Greens/Microgreens" as part of their business focus on their application.
- This report is required every month** unless you have submitted one stating you will not grow hemp greens/microgreens this year. If you are not growing hemp greens/microgreens this year, check the 'not growing this year' box at the bottom, and submit this report to the Department as soon as possible or no later than **December 1<sup>st</sup>**. If you are not growing hemp greens/microgreens this month, check the 'not growing this month' box at the bottom. FSA-578 forms are not required if you did not plant.
- Report Month:** This report lists the intended production of hemp greens/microgreens for the month and is due on the 1<sup>st</sup> of the month. (i.e. the June report is due on June 1<sup>st</sup>)
- Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
- \*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA. FSA Lot #'s are not required for plants that will be transferred.
- \*\*Anticipated Plantings and Harvests:** Write the total number of plantings and harvests that you have planned for the upcoming month for each lot.

Producer Information			
Business Name (as it appears on your License):			Report Month:
Person Responsible for Management of Hemp Production:			License Number: 36-_____
Mailing Address:	City:	State:	Zip Code:
Email:			Phone:

Planting Information										
Site ID *		Usage (Greens, Microgreens)	Variety (Types: Fiber, Grain, CBD, CBG, Cross)		Source of Hemp		Area Planted (Outdoor = Acres Indoor = Sqft)		Anticipated # of Plantings this Month**	Anticipated # of Harvests this Month**
NYS Site ID	FSA Lot #		Name	Type	Name	State	Acres	Sqft		
ex: 1458	8736-6253-10D	Microgreens	CFX-2	Grain	Jane Doe Hemp Co.	NY	--	2000	20	20

This licensee will not grow hemp greens/microgreens this month.       This licensee is not growing hemp greens/microgreens this year.

*By signing below, you (1) certify that all crops listed above meet the definition of hemp greens/microgreens, (2) agree that should any crops listed above grow to no longer meet the definition of hemp green/microgreens that you will either dispose of said crop or submit a report for pre-harvest sampling, (3) certify that all locations listed above have been approved by the Department in writing (4) understand that growing on unauthorized property could result in suspension or termination of your authorization as outlined 1 NYCRR §159.16, and (5) agree to include upon submission of this form a **map of the planted area** with the varieties clearly labeled, the **seed/plant label(s) or invoice(s)** from purchase, and a copy of the corresponding **FSA-578 form** submitted to the FSA.*

Completed by (print)	Date	
Completed by (sign)		

# 2024 Hemp Pre-Harvest Report Form

Due 30 days before each harvest

**Instructions:**

- Do not harvest your hemp until a regulatory sample has been taken or until you receive written approval to harvest from the Department.** Do not sell or process your hemp until you have received compliant THC test results and written approval to harvest from the Department.
- Submission of this report will initiate a review of your proposed harvests. The Department will determine if your lots will require regulatory sampling. You will be notified of the decision. If your lots are chosen, the Department will send a chain of custody form to your chosen sampling agent to begin the sampling process.
- To prepare for the possibility of regulatory sampling, contact a certified sampling agent and an identified testing laboratory from the lists on the Department's [website](#).
- Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
- \*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information			
Business Name (as it appears on your License):			
Person Responsible for Management of Hemp Production:			License Number: 36-_____
Mailing Address:	City:	State:	Zip Code:
Email:			Phone:

Harvest Information										
Site ID * <small>(as identified on your Planting Report)</small>		Variety	Sampler ID	THC Testing Laboratory		Area to be Harvested <small>(Outdoor = Acres Indoor = Sqft)</small>		Start Date of Harvest	End Date of Harvest	Site ID of Storage Facility
NYS Site ID	FSA Lot #	Name		Name	State	Acres	Sqft			NYS Site ID *
<i>ex: 2136</i>	<i>1258-2687-6A</i>	<i>Cherry Blossom</i>	<i>S003</i>	<i>Biotrax Testing Lab</i>	<i>NY</i>	<i>10</i>	<i>--</i>	<i>9/15/23</i>	<i>9/16/23</i>	<i>2154</i>

This report contains an official test lot to determine the THC concentration of a mother plant. (Highlight or circle the test lot.)

*By signing below, I (1) understand that following submission of this report, unless I have been given a written exemption from sampling from the Department, my hemp crop must be sampled by a certified sampling agent and those samples must be sent to a private lab listed by the Department for THC testing prior to harvest, (2) understand my hemp crop cannot be harvested or sold until such samples are taken and must remain in my possession after sampling until lab analysis results have been received by the Department that indicate the Total THC concentrations are below the threshold of 0.3% Total THC on a dry weight basis and the Department has released my hemp for sale, and (3) agree to include upon submission of this form a **map of the lot** to be harvested with the varieties clearly labeled.*

Completed by (print)	Date	
Completed by (sign)		

# 2024 Hemp Post-Harvest Report Form

Due within 15 days after each harvest

SUBMIT COMPLETED REPORTS TO:  
NYS Dept of Ag & Markets, Division of Plant Industry  
10B Airline Drive, Albany, NY 12235  
Fax No. (518) 457-1204  
[IndustrialHempNYS@agriculture.ny.gov](mailto:IndustrialHempNYS@agriculture.ny.gov)  
(Only PDF files will be accepted electronically)

**Instructions:**

1. Complete this report, listing each variety and location separately. Use **acres** for outdoor sites and **square feet** for indoor sites. **Incomplete reports will not be accepted.**
2. This report is required after **each harvest**. If your hemp was destroyed, fill out a Disposal Report instead.
3. **Microgreens:** If you planted hemp greens/microgreens, complete this report with the total areas harvested during the year for each lot, and submit this report to the Department by **December 1<sup>st</sup>**.
4. **\*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information									
Business Name (as it appears on your License):									
Person Responsible for Management of Hemp Production:							License Number: 36-_____		
Mailing Address:				City:		State:		Zip Code:	
Email:							Phone:		
Production Information									
Site ID *		Variety	Product (Whole Plant, Flower, Stalk)	Area Harvested (Outdoor = Acres Indoor = Sqft)		End Date of Harvest	Site ID of Storage Facility	Intent (Sell, Store, Process, Research)	Intended Use (CBD, Fiber, Grain, Seed, Microgreens)
NYS Site ID	FSA Lot #			Name	Acres		Sqft		
<i>ex: 3205</i>	<i>689-458-1D</i>	<i>Sour Space Candy</i>	<i>Flower</i>	<i>5</i>	<i>--</i>	<i>9/24/22</i>	<i>3652</i>	<i>Process</i>	<i>CBD</i>
<p><i>By signing below, I certify that (1) the harvested crops will be used in a legal manner and in accordance with the provisions of 1 NYCRR §159 and the program guidance document and that (2) the information provided is accurate and complete.</i></p>									
Completed by (print)							Date		
Completed by (sign)									

# 2024 Hemp Disposal Report Form

Due within 15 days after each disposal

**Instructions:**

1. This report is required for **each disposal** of hemp plants. (Trimming hemp leaves or stems for the maintenance and/or health of the plant does not count as a disposal.)
2. Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
3. **\*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.
4. **\*\*Check your local laws and ordinances before burning any hemp material.**

Producer Information			
Business Name (as it appears on your License):			
Person Responsible for Management of Hemp Production:			License Number: 36-_____
Mailing Address:	City:	State:	Zip Code:
Email:			Phone:

Disposal Information							
Site ID * <small>(as identified on your Planting Report)</small>		Variety	Area of Disposal <small>(Outdoor = Acres Indoor = Sqft)</small>		Method of Disposal ** <small>(law enforcement removal, plow under, disk, till, burn, bury, compost, mow) <b>Can have multiple methods</b></small>	Date of Disposal	Reason for Disposal <small>(If disposing because of THC levels, write "High THC")</small>
NYS Site ID	FSA Lot #	Name	Acres	Sqft			
<i>ex: 1365</i>	<i>1089-320-10A</i>	<i>Hawaiian Haze</i>	<i>4</i>	<i>--</i>	<i>Mow, compost</i>	<i>07/04/23</i>	<i>Flood killed all plants</i>

*By signing below, I (1) certify that all hemp plant material was disposed of on the date indicated above by the method listed, (2) certify that any non-compliant hemp has been properly transitioned into a non-retrievable or non-ingestible form, and (3) agree to include upon submission of this report **proof of hemp crop destruction** in a form that has been approved by the Department.*

Completed by (print)		Date	
Completed by (sign)			

# 2024 Hemp Remediation Report Form

Due within 5 days after remediation date

SUBMIT COMPLETED REPORTS TO:  
NYS Dept of Ag & Markets, Division of Plant Industry  
10B Airline Drive, Albany, NY 12235  
Fax No. (518) 457-1204  
[IndustrialHempNYS@agriculture.ny.gov](mailto:IndustrialHempNYS@agriculture.ny.gov)  
(Only PDF files will be accepted electronically)

**Instructions:**

- All remediated hemp must be separated from any other hemp, clearly labeled as “hemp for remediation purposes”, and stored and labeled apart from any other remediated hemp. Remediated hemp must not leave the Department-approved location until a compliant test result is received or until the hemp will be destroyed.
- All remediated plant material will be sampled by a Department Horticultural Inspector and sent to your chosen testing laboratory. **All remediation test results are final.** Only successfully remediated plant material may enter the stream of commerce. Any hemp which remains non-compliant must be destroyed.
- Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
- \*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information			
Business Name (as it appears on your License):			
Person Responsible for Management of Hemp Production:			License Number: 36-_____
Mailing Address:	City:	State:	Zip Code:
Email:			Phone:

Remediation Information								
Site ID * <small>(as identified on your Planting Report)</small>		Variety	Method of Remediation <small>(removal of all flower material, blend entire plant into biomass)</small>	THC Testing Laboratory		Area of Remediation <small>(Outdoor = Acres Indoor = Sqft)</small>		Date of Remediation
NYS Site ID	FSA Lot #	Name		Name	State	Acres	Sqft	
<i>ex: 1365</i>	<i>2896-45-3A</i>	<i>Hawaiian Haze</i>	<i>Blend into biomass</i>	<i>Contract Pharmacal Corp</i>	<i>NY</i>	<i>--</i>	<i>10000</i>	<i>10/04/23</i>

*By signing below, I (1) certify that all non-compliant hemp has been remediated by the method indicated above and in accordance with a Department-approved remediation plan, (2) understand that following submission of this report my hemp crop must be re-sampled by a State Horticultural Inspector and those samples must be sent to a private lab listed by the Department for THC testing, and (3) understand my hemp crop cannot enter the stream of commerce until such samples are taken and must remain in my possession after sampling until lab analysis results indicate that the Total THC concentrations are below the threshold of 0.3% Total THC on a dry weight basis.*

Completed by (print)	Date	
Completed by (sign)		



# 2024 Hemp Theft Report Form

Due within 15 days after filing police report

SUBMIT COMPLETED REPORTS TO:  
NYS Dept of Ag & Markets, Division of Plant Industry  
10B Airline Drive, Albany, NY 12235  
Fax No. (518) 457-1204  
[IndustrialHempNYS@agriculture.ny.gov](mailto:IndustrialHempNYS@agriculture.ny.gov)  
(Only PDF files will be accepted electronically)

**Instructions:**

1. **Report any stolen hemp to local law enforcement as soon as possible.**
2. Complete this report, listing each variety and location separately. Use **acres** for outdoor sites and **square feet** for indoor sites. **Incomplete reports will not be accepted.**
3. **\*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information								
Business Name (as it appears on your License):								
Person Responsible for Management of Hemp Production:							License Number: 36-_____	
Mailing Address:				City:		State:	Zip Code:	
Email:							Phone:	
Theft Information								
Site ID *		Variety	Area of Theft		Date of Theft	Police Department	Police Report Number	Date Report Filed
(as identified on your <i>Planting Report</i> )			(Outdoor = Acres Indoor = Sqft)					
NYS Site ID	FSA Lot #	Name	Acres	Sqft				
<i>ex: 135</i>	<i>1458-246-1C</i>	<i>Suver Haze</i>	<i>--</i>	<i>1200</i>	<i>07/15/21</i>	<i>Albany Police Department</i>	<i>SPIC10000037</i>	<i>07/16/21</i>
<p><i>By signing below, I certify that (1) the above listed hemp crop has been stolen and that (2) the theft was reported to law enforcement.</i></p>								
Completed by (print)						Date		
Completed by (sign)								



# 2024 Hemp Non-Compliant Report Form

Due within 5 days after receiving THC results

**Instructions:**

- This report is required if you have received non-compliant THC results from an **informal sample**. **Do not use this form for results from a formal sample.**
  - An **informal sample** is one that is taken throughout the growing season at the request of the grower in order to monitor THC levels during cultivation. This type of sample is not required by the Department and may be taken by anyone and tested by any lab.
  - A **formal sample**, or regulatory sample, is one that is required and requested by the Department prior to harvest to monitor THC compliance in the program. This type of sample must be taken by a Department Inspector or a certified Sampling Agent and may only be tested by an identified lab on the Department's list or the NYS Food Laboratory. Formal samples are accompanied by the Department's Chain of Custody form that must be signed by the grower, agent, and lab technician.
- Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
- \*Site IDs:** NYS Site IDs are the ID numbers assigned to each location by the Department as shown on your Authorized Sites list. FSA Lot #'s are the [\[Farm #\]-\[Tract #\]-\[Field #\]](#)'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information			
Business Name (as it appears on your License):			
Person Responsible for Management of Hemp Production:			License Number: 36-_____
Mailing Address:	City:	State:	Zip Code:
Email:			Phone:

THC Result Information										
Site ID * <small>(as identified on your Planting Report)</small>		Variety	Sampler ID <small>(If sampled by grower, write "self")</small>	THC Testing Laboratory		Area of Lot Sampled <small>(Outdoor = Acres Indoor = Sqft)</small>		Date Sampled	Total THC Results <small>(% dry weight)</small>	Measurement of Uncertainty <small>(MU)</small>
NYS Site ID	FSA Lot #	Name		Name	State	Acres	Sqft			
ex: 1286	246-5-3C	Hawaiian Haze	S016	ACS Laboratory LLC	FL	2	--	9/04/23	0.37%	0.05%

By signing below, I (1) certify that I have received a Total THC result that indicates a concentration level above the acceptable 0.3% threshold and (2) agree to include upon submission of this report a **copy of the Certificate of Analysis** for said result.

Completed by (print)	Date	
Completed by (sign)		

# 2024 Hemp Sales Report Form

Due the 7<sup>th</sup> of every month

**Instructions:**

1. This report is only required by producers who also have a Seed Retail License or who have a Nursery Grower License and plan to sell hemp nursery plants.
2. **This report is required every month** unless you have submitted one stating you will not sell hemp plants or seeds this year. If you are not selling hemp plants or seeds this year, check the 'not selling this year' box at the bottom, and submit this report to the Department as soon as possible or no later than **December 1<sup>st</sup>**. If you are not selling hemp plants or seeds this month, check the 'not selling this month' box at the bottom.
3. Complete this report, listing each variety separately. Use **lbs for seed sales** and **number of plants for nursery sales** sites. **Incomplete reports will not be accepted.**
4. **Report Month:** This report lists the sales of hemp seeds/hemp nursery plants for last month and is due on the 7<sup>th</sup> of this month. (i.e. the June report is due on July 7<sup>th</sup>)
5. **The buyer's hemp license number and contact information is required for every sale of hemp seeds or hemp nursery plants.**

Producer Information									
Business Name (as it appears on your License):							Report Month:		
Person Responsible for Management of Hemp Production:							License Number: 36-_____		
Mailing Address:				City:		State:		Zip Code:	
Email:							Phone:		
Sales Information									
Date of Sale	Product (Seeds, Plants)	Variety (Types: Fiber, Grain, CBD, CBG, Cross)		Amount (Seeds = lbs Nursery = Plants)		Buyer's Name	Buyer's Hemp License Number	Buyer's Phone Number	Buyer's Address
		Name	Type	Lbs	# of Plants				
<i>ex: 05/24/22</i>	<i>Seeds</i>	<i>Anka</i>	<i>Fiber</i>	<i>1</i>	<i>--</i>	<i>John Doe</i>	<i>36_****</i>	<i>518-555-5555</i>	<i>123 Main St, Albany, NY 12235</i>
<input type="checkbox"/> This licensee has not sold any hemp plants/seeds this month.						<input type="checkbox"/> This licensee is not selling hemp seeds/plants this year.			
<i>By signing below, you certify that all sales of hemp plant or seed material were to authorized hemp growers holding current and valid licenses in their state/tribe of operation.</i>									
Completed by (print)							Date		
Completed by (sign)									