



**New Jersey Department of Agriculture  
Hemp Program**

**2021 Planting Report**

**OFFICIAL USE ONLY**

Post Mark:

- This form is due for each and every address in your *Licensing Agreement* and must include each field and or every indoor growing address identified in your *Licensing Agreement*.
- Use separate forms for different addresses.
- This form is **due within 10 days following the first day of each planting**.
- If you will NOT plant at a Location ID in your *Licensing Agreement*, **report of a “NO Planting”**, by completing the Location ID field(s) in Question 2, and checking the “No Planting” box in the far right column.
- If submitting electronically, send to [NJHemp@ag.nj.gov](mailto:NJHemp@ag.nj.gov).
- If **no changes** to information previously submitted in the Pre-Planting Report! Check Here

<b>License Holder:</b>		<b>License#:</b>
<b>Name of Signing Authority on License (if business):</b>		
<b>Email:</b>	<b>Phone:</b>	

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

<b>Planting Address</b> (MUST Match Address on <i>Licensing Agreement</i> )	<b>City</b>	<b>Zip</b>	<b>County</b>

**2) If you planted hemp outdoors, complete the following table.**

NOTE: The Location ID MUST match the ID listed in the *Licensing Agreement*.

<b>Location ID</b> (MUST match Location ID in <i>License Agreement</i> )	<b>Variety/ Strain</b>	<b>Planted Seeds or Trans- plants</b>	<b>Source of Seeds or Transplants*</b>	<b>Area Planted (acres)</b>	<b>Primary Intended Purpose of Crop (Grain, Fiber, Floral)</b>	<b>Date Planted</b>	<b>Expected Harvest Date</b>	<b>Check if this is a replant</b>	<b>Check if NO Planting will occur</b>
<i>Ex: Field 11A</i>	<i>Hemp18</i>	<i>Seeds</i>	<i>Great Farms</i>	<i>25 ac</i>	<i>Grain</i>	<i>5/15/18</i>	<i>8/30</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

\*\*For Seed/Transplant Source, indicate where YOU received the material from, which may be another license holder, or a seed/transplant supplier.

*If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key*



3) Is this the first report for this address?  Yes  No

If “No,” are the plots listed in Question 1 separate from previous plantings?  Yes  No

4) Was any seed left over after planting?  Yes  No If “Yes,” complete the following table.

Variety	Quantity (lbs)	Will the seed be stored until 2019, planted, or transferred to another participant?	If stored, indicate address and structure:
<i>Ex: Hemp18</i>	<i>75 lbs</i>	<i>25 lb stored; 50 lb transferred- License #17-00-99</i>	<i>Black Barn at 123 Hollowman Rd (on Licensing Agreement)</i>

5) Do you intend to plant additional hemp at this address this year?  Yes  No

If “Yes,” explain:

---

6) Attach an **updated version of the map** for this address. Include the following new information on the map.

- Circle only the area planted in each field.
- If not planting in a registered field location, mark an “X” through the field where hemp will NOT be planted. Also, remember to write the Location ID for this no-plant field in the table on Question (2) and mark the “No Planting” column.

By writing my name below, I attest that I am authorized by the License Holder to submit this form, and that this information is accurate and complete.

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