



LOUISIANA DEPARTMENT of  
**AGRICULTURE & FORESTRY**  
MIKE STRAIN, DVM *Commissioner*

**SEED PROGRAMS DIVISION**  
5825 Florida Boulevard, Suite 3004  
Baton Rouge, LA 70806  
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## LDAF INDUSTRIAL HEMP PROGRAM FIRST REPORT OF PLANTING

- This form is due for each field, greenhouse or indoor growing location for initial plantings of crops intended for commercial hemp production or “true seed” production. This form should not be used for crops whose intended purpose is for the production of vegetative propagules. Producers of vegetative propagules should use the “Quarterly Planting Report” form.
- Use separate forms for different growing location addresses.
- This form is due within 15 days following the first day of each planting.
- If you do not intend to plant at one of your approved locations, a “No Planting” report is due to LDAF. Simply provide the Location ID, check the “No Planting” box in Table 1, and submit the form to LDAF.
- If submitting electronically, **email to:** [industrialhemp@ldaf.la.gov](mailto:industrialhemp@ldaf.la.gov), **or mail to:** LDAF Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.

### LICENSEE INFORMATION

Licensee or Designated Responsible Party Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

#### 1) Complete Table 1 giving the identification information for each Location ID.

**Note:** The Location ID MUST match the ID listed on your application or *Site Modification Request Form*.

Table 1					
Location ID (exactly as given on license application)	Corresponding FSA Lot ID Information				Check box if NO Planting will occur (Complete the remainder of the table <u>only</u> if Location was planted)
	Farm	Tract	Field	Sub-field (if applicable)	
EX: Field 1A/Greenhouse B	1234	461	12	A	<input type="checkbox"/>

Licensee or Designated Responsible Party Name: \_\_\_\_\_

2) Complete Table 2, giving the planting information for each Location ID listed in Table 1 above.

Table 2							
FSA Lot ID	Variety/Strain	Seeds/ Transplants	Source of planting stock	Area Planted (acres/ft <sup>2</sup> )	Intended Purpose of Crop (grain, fiber/floral)	Date Planted	Expected Harvest Date
6234-383-22-B	Hemp 11	Seeds	Hemp Supply Co	5 acres/120 ft <sup>2</sup>	Grain	4/29/21	8/15/21

3) Attach additional planting sheets as necessary. If additional sheets are attached, indicate total number of sheets attached:

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

If "Yes", explain: \_\_\_\_\_

5) If you did not plant all of the approved field(s), attach an updated version of the map for this address. Include the following new information on the map and form.

- circle or outline only the area planted in each field;
- mark an "X" through the field, or portion of a field where hemp will NOT be planted;
- enter the Location ID for this "no-plant" field in Table 1, and
- check the corresponding "No Planting" column.

I hereby verify and affirm that all of the information contained in this *First Report of Planting* form is true and accurate. I also understand that if LDAF later determines any of this information to be false or inaccurate, my license may be revoked.

Signature of Licensee/Designated Responsible Party: \_\_\_\_\_

Printed Name of Licensee/Designated Responsible Party: \_\_\_\_\_

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