



## LDAF Industrial Hemp Program Production Report

- LAC 7:XXIII.1329 requires that each industrial hemp grower, seed producer, and processor licensee maintain and submit a Production Report to LDAF annually on or before **November 15**.
- Holders of multiple licenses must complete a separate form for each license held.
- If you are submitting the completed form electronically, email to: [industrialhemp@ldaf.state.la.us](mailto:industrialhemp@ldaf.state.la.us), or mail to: LDAF Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.
- LDAF is not responsible for Reports lost in the mail or not received. Applicants should keep a copy of the completed report and verify the report was received by LDAF.

Licensee Information				
Licensee Name:				
Type of License:	Grower	Seed Producer	Processor	License No:

- 1) **Grower and Seed Producer Licensee Information** – Each Grower and Seed Producer Licensee must complete **Table 1** below. Multiple plantings of the same plot must be included in the required information.

Variety/Strain Planted	Total Acres/Ft <sup>2</sup> Hemp Planted	Total Amount of Hemp Material Sold	Total Dollar Value of Hemp Material Sold	Current Inventory of Hemp Material in Storage	Location ID of Stored Inventory (Registered with LDAF)
<i>Variety A</i>	<i>5 acres/1,500 ft<sup>2</sup></i>	<i>100 lbs./500 plants</i>	<i>\$45,000</i>	<i>200 lbs./100 plants</i>	Storage Bldg. A

- 2) **Processor Licensee Information** – Each Processor licensee must complete **Table 2** for each type of processing performed.

Table 2.		
Type of Processing (Oil, Fiber, Seed, Grain, Other)	Total Amount of Hemp Material Processed	Total Dollar (\$) Amount of Hemp Material Processed
<i>Oil</i>	<i>4,000 lbs.</i>	<i>\$15,000</i>

I hereby verify and affirm that all of the information contained in this *Production Report* 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 withheld or revoked.

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Signature of Licensee/Designated Responsible Party

\_\_\_\_\_  
Printed name of Licensee/Designated Responsible Party

\_\_\_\_\_  
Date