



## LDAF INDUSTRIAL HEMP PROGRAM QUARTERLY PLANTING AND DISTRIBUTION REPORT

- This **Quarterly Planting and Distribution Report** (Report) is due for each location where the hemp crop is intended to produce vegetative clones/transplants. This Report should **NOT** be used for crops whose intended purpose is for commercial hemp (oil, flower, fiber, etc.) or "true seed" production. Plantings of commercial hemp or "true seed" production should be reported on the **"First Report of Planting"** form.
- This form is due on or before the end of each quarter. Complete and submit a separate form for each quarter and for each location address. Do not report multiple quarters or addresses on one form.
- If submitting 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.**
- IMPORTANT:** a new FSA Lot ID (Farm-Tract-Field-Subfield) is required each time you plant. The FSA Lot ID is unique to the planting. All plants designated by an FSA Lot ID must remain together while in licensee's possession. Licensees must maintain traceability of each FSA Lot ID throughout its life cycle or while in the licensee's possession. Failing to maintain FSA Lot ID traceability is a violation of the Industrial Hemp Law and regulations.

### SECTION I - LICENSE INFORMATION

|                                                                                                                                                                                                                                   |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Licensee or DRP Name:                                                                                                                                                                                                             | Seed Producer License No: |
| Location Address (MUST match address listed on your License Application or Site Modification Request Form):                                                                                                                       |                           |
| Check the quarter which you are reporting. Check only one (quarter ending date):<br><input type="checkbox"/> March 31 <input type="checkbox"/> June 30 <input type="checkbox"/> September 30 <input type="checkbox"/> December 31 | Calendar Year:            |

### SECTION II - PLANTING INFORMATION

Complete this table for each planting that occurred during the quarter being reported.

| Site ID<br>(as provided to LDAF<br>on license<br>application/approved<br>site modification) | Date of Planting       | FSA Lot ID<br>(Farm-Tract-Field-<br>Subfield from FSA-<br>578 form) | Variety or Strain | Number Planted<br>(number of plants<br>contained in this<br>planting) | Area of Planting<br>(area in ft <sup>2</sup> required<br>for this planting) |
|---------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <i>Greenhouse 1</i>                                                                         | <i>January 1, 2022</i> | <i>1234-461-12A</i>                                                 | <i>CBD 101</i>    | <i>1500 plants</i>                                                    | <i>1,500 ft<sup>2</sup></i>                                                 |
|                                                                                             |                        |                                                                     |                   |                                                                       |                                                                             |
|                                                                                             |                        |                                                                     |                   |                                                                       |                                                                             |
|                                                                                             |                        |                                                                     |                   |                                                                       |                                                                             |

### SECTION III - DISTRIBUTION INFORMATION

Complete this table for all sales and transfers of vegetative clones/transplants during the quarter being reported.

| Date Sold or<br>Transferred | FSA Lot ID of the<br>Plants Sold or<br>Transferred | Variety or Strain | Number of Plants<br>Sold or Transferred | Name of Recipient<br>of Plants | License Number of<br>Recipient of Plants |
|-----------------------------|----------------------------------------------------|-------------------|-----------------------------------------|--------------------------------|------------------------------------------|
|                             |                                                    |                   |                                         |                                |                                          |
|                             |                                                    |                   |                                         |                                |                                          |
|                             |                                                    |                   |                                         |                                |                                          |

Signature of Licensee or Designated Responsible Party

Name of Licensee or Designated Responsible Party

Date