



LDAF INDUSTRIAL HEMP PROGRAM HARVEST REPORT

- This report is due for each plot located within a field, plot, greenhouse or indoor growing area to be harvested.
- You must submit a separate *Harvest Report* for each planting address.
- This form must be submitted and approved by LDAF **prior** to harvest.
- Following approval of the form, LDAF will contact you to schedule an appointment to collect sample(s). You should allow for several days between submittal of this form and date of sampling by LDAF.
- Harvest is not allowed until you receive written approval of this from by LDAF.
- You are prohibited from co-mingling harvested lots until you have received acceptable THC test results from LDAF.
- If submitting electronically, **email to:** industrialhemp@ldaf.state.la.us, **or mail to:** LDAF Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806.

Licensee Information	
Licensee Name:	License No:
Designated Responsible Party:	
Email:	Phone Number:

1) Indicate harvest location: ☐ Outdoor/Field ☐ Greenhouse/Indoor

2) Indicate Registered Growing Address for this report:

Planting Address (MUST Match Address on License)	City	Parish

3) Provide harvest information in the table below. The "FSA Lot ID" MUST correspond to the FSA Lot ID used to identify any site on your application or site modification form.

FSA Lot ID (MUST match FSA Lot ID registered with LDAF)	Variety/ Strain	Area/ft ² requested for harvest	Intended Purpose (Grain, Fiber, Floral)	Intended Harvest Date	Will this be a complete harvest of the plot? Yes/No
1234-457-12-A	Hemp 11	5 acres	Grain	5/29/2021	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

*If all harvests are not represented on this form, future harvests must be reported on additional forms.

4) If additional harvest sheets are attached, indicate the total number of sheets attached: _____

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Licensee Name: _____

- 5) **Are the harvested hemp materials to be transported off-site immediately?** ☐Yes ☐No

Harvested material must remain on Licensee's location unless transported directly to a Louisiana licensed contracted processor.

If "Yes", indicate the industrial hemp license number of the contracted location:

- 6) **Indicate if you have any other industrial hemp growing on this address.** ☐Yes ☐No

NOTE: If you are growing any other industrial hemp NOT reported on this form, you will need to complete another *Harvest or Destruction Report* form prior to harvest or destruction of those lots.

I hereby verify and affirm that all of the information contained in this *Harvest 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 revoked.

Signature of Licensee or Designated Responsible Party

Date

Printed Name of Licensee or Designated Responsible Party