



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Seed Programs Division 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806

Phone (225) 925-4733; Fax (225) 925-4124

LDAF Industrial Hemp Program Destruction Report

- This report is due for each field, greenhouse or indoor growing area to be destroyed.
- You must submit a separate *Destruction Report* for each planting address.
- This form must be submitted to and approved by LDAF **prior** to destruction. You should allow for several days between submittal of this form and approval by LDAF.
- No destruction is allowed until you receive written approval from LDAF.
- **Destruction resulting from excessive THC concentration level must be performed under the direct supervision of LDAF and law enforcement representatives.**
- Destruction must be by one of the methods provided on the list of [USDA Hemp Disposal Activities](#).
- 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 destruction location: Outdoor/Field Greenhouse/Indoor

2) Indicate registered growing address for this report:

Planting Address (MUST Match Address on License)	City	Parish

3) Complete the table below for each Lot you intend to destroy. You must receive approval from LDAF **PRIOR** to destruction, as LDAF may inspect and collect a sample. The FSA Lot ID below **MUST** correspond to the approved FSA Lot ID on your application or site modification request.

FSA Lot ID (MUST match FSA Lot ID registered with LDAF)	Variety or Strain	Proposed Method of Destruction	Acres/ft ² proposed for Destruction	Intended Destruction Date	Reason for Proposed Destruction	Will this be a complete destruction of the plot? * Yes/No
1234-457-12-A	Hemp 11	Plowing under	1 acre	7/15/2021	Weed pressure	<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
						<input type="checkbox"/> Yes <input type="checkbox"/> No

* If this request does not represent a complete destruction, future destruction or harvests must be reported on additional appropriate forms.

Licensee Name: _____

4) If planning to destroy your crop, attach pictures of the hemp plot(s) intended for destruction.

Pictures attached.

5) 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 *Destruction 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

THIS SECTION FOR OFFICIAL LDAF OFFICE USE ONLY

1) The proposed destruction () HAS been approved by LDAF.

() Licensee is authorized to destruct the plant material by the method listed in the table above.

() Plant material must be destroyed under the direct supervision of LDAF.

Specific Instructions: _____

2) The proposed destruction () HAS NOT been approved by LDAF.

() The **destruction** request has been denied for following reason(s): _____

Signature of LDAF Representative

Date

Printed name of LDAF Representative