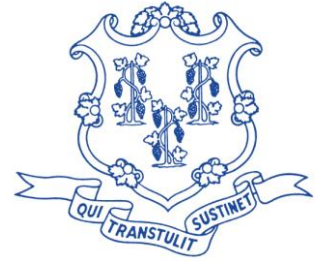




State of Connecticut
 Department of Agriculture
 Bureau of Regulatory Services
 450 Columbus Blvd, Suite 702 Hartford, CT 06103
 Phone : 860-713-2502 Email : AGR.Hemp@ct.gov



Harvest Report

(rev. 6/26/19)

Applications, supporting documents and payments will only be accepted through the DOAG E-License portal. Paper applications will not be accepted.

This form is due for every plot (indoor or outdoor). This report is due no more than 15 days prior to the intended harvest date. (**note:** if harvest must be expedited due to an urgent situation, e.g. mold, weather, contact the Department) Following the submission of this form, the grower shall submit a representative sample of the plot(s) to be harvested to an acceptable laboratory. Harvest shall occur no more than 15 days from the date of the sample. No harvest is authorized until you receive approval from the Department. Note: An inspector from the Department may be present at the growing site during the grower’s scheduled sample collection.

License Holder:	Grower License#:
Name of Signing Authority (if Business):	
Email:	Phone#:

Provide harvest info in the table below. The “Grower Plot ID” MUST correspond to the Plot ID used to name fields or greenhouses on your application or site modification form.

DOAG assigned Plot ID	Grower Plot ID	Hemp Variety/ Strain	Acres/ square feet in <u>this</u> harvest	Primary Harvest (Grain, Fiber, Floral, Transplants)	Sample Date and Time	Expected Harvest Date
		<i>Hemp18</i>	<i>12 acres</i>	<i>Floral</i>	<i>9/12/19 1pm</i>	<i>9/20/2019</i>

By signing my name below, I attest that I am the license holder or the signing authority of the license holder, and that this information is accurate and complete. I understand that giving a false statement is punishable by law under section 53a-157b of the Connecticut General Statutes.

Signature: _____ Date: _____