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

Hemp Post Harvest Report

Print (rev. 6/26/19) Save

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 within 15 days POST Harvest.

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 this harvest	Primary Harvest (Grain, Fiber, Floral, Transplants)	Harvest Date	Processor or Grower License #	Processor or Grower Name	Processor Address
Ex.		*Hemp18*	*12 acres*	*Floral*	*9/12/19*	*0000000*	*Hemp Processor1*	*1 South St Anytown, USA*

By signing my name below, I attest that I am the license holder or the signing authority for 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: _____