

OREGON DEPARTMENT OF AGRICULTURE
INDUSTRIAL HEMP PLANTING CERTIFICATION FORM

THIS REPORT MUST BE FILLED IN AND RETURNED TO THE DEPARTMENT NO LATER THAN 21 DAYS AFTER PLANTING.

Name: _____ License and/or Permit Number: _____

Business Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Number of Acres Planted: _____ Field ID: _____

Please note Field ID and location information must have already been submitted with your license application. Please use same Field ID as on the application to identify area where planted. If growing area was not properly described as planted on application, please submit a new map that shows actual planted growing area. Please note that the term "planted" includes all industrial hemp plants under cultivation and must meet the 2.5 acre minimum requirement.

Name and Address of Seed Supplier: _____

Variety(s) of Crop: _____

Total Number of Lots: _____ Estimated Harvest Date: _____

Name and address of the Oregon licensed handler/s receiving your industrial hemp crop.

Name: _____

Address: _____

If within 21 days of planting a handler has not been selected, you, the grower must notify the department that a handler has not been selected, and upon determining the handler, must immediately report to the Department the name and address of the Oregon licensed handler.

I certify that the information provided on this form is true and correct.

Signature _____ Date _____