



ALABAMA DEPARTMENT OF AGRICULTURE & INDUSTRIES

2020 Industrial Hemp Harvest/Destruction Form

Complete the following pages and email to plant.protection@agi.alabama.gov at least 14 calendar days prior to anticipated harvest or destruction date.

Otherwise, you may mail the completed form to: **!!DO NOT EMAIL AND MAIL!!**

Alabama Department of Agriculture and Industries
Industrial Hemp Program – Harvest/Destruction Form
1445 Federal Drive
Montgomery, AL 36107-1123

NOTE: This is a fillable form. The writing area will expand as you type your information.

- This report is due **for every field or indoor area planted, every time harvest is intended, for each variety.**
- This report is due at least **14 calendar days prior to the intended harvest or destruction.**
- Following the submission of this form, an ADAI inspector will schedule an appointment to collect sample(s).
- **No harvest or destruction is authorized until you receive approval in writing from ADAI.**
- **You cannot combine your inspection with another grower’s inspection!**

Primary Contact Name:		Grower License #:
Company Name (if used):		20-
Name of Signing Authority (if business):		
Email:	Phone:	

- 1) Indicate type of reporting: Harvest (questions 2-5, and 7)
or Destruction of failed crop (questions 2-3, and 6)
- 2) Indicate harvest/destruction location: Outdoor/Field Greenhouse/Indoors
- 3) Indicate Licensed Growing Address for this report:

Planting Address (MUST Match Licensed Grow Site Address)	City	County

4) Provide harvest info in the table below. † The “Grow Site” MUST correspond to the Grow Site/Area used to name fields or greenhouses on your application or site modification. **You must receive approval from ADAI PRIOR to harvest**, as ADAI may inspect and collect a sample. If your crop failed and you intend to destroy it, skip to question 6.

Harvest Information† (NOTE: This is a fillable form)

GROW SITE (MUST match Licensed Grow Site Info)	Hemp Variety/ Strain	Acres / square feet in this harvest	Primary Harvest (Grain, Fiber, Floral)	Expected Initial Harvest Date	Expected Completion Date (NO MORE than 15 days later)	Will this be a complete harvest for this plot?*
Ex: 36.7234, -85.4321	Hemp18	10 ac	Floral	8/15/2019	8/21/2019	<input type="checkbox"/> Yes <input checked="" 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
						<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 industrial hemp harvests are not represented on this form, future harvests must be reported on additional forms. †Attach additional sheets as necessary. Additional sheets may not be attached IN LIEU of completing this application.

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

If "Yes", indicate licensed location: _____

6) If the industrial hemp crop has failed and you intend to destroy it, complete the information in the table below. You must receive approval from ADAI PRIOR to destruction, as ADAI may inspect and collect a sample. The Grow Site below MUST correspond to the licensed Grow Site/Area on your application or site modification request.

Destruction Information (NOTE: This is a fillable form)

GROW SITE (MUST match Licensed Grow Site Info)	Hemp Variety / Strain	Acres/sq. ft. pro- posed for destruction	Date of Proposed Destruction	Reason for Proposed Destruction	Proposed Method of Destruction	Will this be a complete destruction of all hemp in this plot? Y/N
Ex: 36.7234, -85.4321	Hemp32	10 ac	7/15/19	Weed pressure	Mowing	<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

†Attach additional sheets as necessary. Additional sheets may not be attached IN LIEU of completing this application.

7) Indicate if you have any other industrial hemp growing at 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/Destruction Report form at least 14 days prior to harvest or destruction.

By writing my name below, I attest that I am the license holder or the secondary contact for the license holder authorized to submit this form, and that this information is accurate and complete.

Sign _____ Date _____

Print Name _____