



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 PO Box 8911, Madison, WI 53708-8911
 Phone: (608) 224-4501 Fax (608) 224-5775

2019 Hemp Outdoor Field Planting Report

Wis. Stat. § 94.55,
 Wis. Admin. Code ch. ATCP 22

Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04 (1)(m)

Under Wis. Admin. Code ATCP § 22.05(1)(a)(1) **REPORTING REQUIREMENTS**. A licensed grower shall submit the following reports on forms provided by the department or in a manner specified by the department, by the due date specified by the department: 1. a planting report shall be submitted to the department by July 1 of each year or within 30 days of planting, whichever is earlier.

1. This form is due for each address approved on your grower license and any amendments made to your license.
2. A new form is required for each planting process and a map is required with each report.
3. This form is due within 30 days of planting or by July 1st, whichever comes first.
4. Avoid license "Suspension" by submitting a planting report that indicates that you have not planted yet. Then submit as soon as you plant if after July 1st.

LICENSE HOLDER INFORMATION

LICENSE HOLDER NAME		LICENSE NUMBER AND TYPE	
OPERATIONS MANAGER NAME	OPERATIONS MANAGER PHONE # () -	OPERATIONS MANGER EMAIL	

GROWING ADDRESS FOR THIS REPORT

GROWING ADDRESS (must match the property growing location on your license)	CITY	COUNTY
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1. If you have not and will not plant/propagate or maintain live hemp plants, check this box.
2. If you planted hemp in outdoors, you must complete the report below.
CROP PLANTING INFORMATION – **For Seed/Transplant Source, indicate where you received the material from, which may be another license holder or a seed/transplant supplier in another state's pilot program.

FIELD NUMBER	VARIETY OR STRAIN	PLANTED: SEEDS, CUTTINGS OR TRANS-PLANTS	SOURCE OF SEEDS OR PLANTING STOCK**	AREA PLANTED (ACRES)	PRIMARY INTENDED USE OF CROP (Grain, Fiber or CBD)	DATE PLANTED OR SEEDED	EXPECTED HARVEST DATE	CHECK IF NO PLANTING WILL OCCUR	PRIMARY INTENDED USE FOR PLANTS (sold, moved to field)
Ex: SWField#1	Ex: X59	Ex: Seeds	Ex: ABC Hemp	Ex: 3ac	Ex: CBD	Ex: 5/25/19	Ex: 9/1/19	<input checked="" type="checkbox"/>	Ex: harvest and sell
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	

3. Attach a map for this growing location and include the following information:
- Circle area planted on map for each field Check box if completed
- Crop must be planted in a licensed field location Check box if completed
- Write field number or name on map Check box if completed

LICENSE HOLDER OR OPERATIONS MANAGER SIGNATURE, VERIFYING THE ABOVE INFORMATION IS ACCURATE:

SIGNATURE	DATE
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This form, maps, and all supporting documentation must be emailed, mailed, or faxed to:

DATCPIndustrialHemp@wisconsin.gov DATCP, Attn: Hemp Program, P.O. Box 8911, Madison WI 53718-8911 Fax: 608-224-5775