



2025 Planting Report

Due within 10 days after planting



State of New Jersey

DEPARTMENT OF AGRICULTURE
PO Box 330
TRENTON NJ 08625-0330

Directions:

- This form is required for every outdoor and indoor growing address. Submit this form to the Department before **July 15th** for registered outdoor grow sites.
- Submit the planting report for each separate planting location.
- This form is due for each address in your licensing agreement and must include outdoor and or indoor growing locations.
- Submit an **FSA-578 form** within **10 days of planting**. FSA-578 forms are not required if you do not plant.
- All client information must be filled out and match the records the Department has on file. Failure to do so will result in rejection of submission.
- If only reporting staging area, check the box listed below and skip Planting Information. Wait to report to the FSA until you have transferred the plants to the final location. **You will submit a separate planting report after you transfer your plants to your final growing locations.**
- "Site I.D." acts as a personal identifier for each indoor or outdoor growing location. Site I.D. is separate from your FSA identification.
 - *Ensure that Site I.D. remains small (12 characters MAX)
- "Variety/Strain" list each variety separately and indicate what the varietal type will be primarily used for (ex: CBD)
- "Planting Method" Indicates the stage of growth or planting method for final growing location. If you were transferring p..... from a staging area, you would indicate planting method as "Transplant", since the plant has reached a certain maturity.
- "Hemp Source" indicates where the hemp plants originated from. You would list the company's name and State of Origin. If the licensee has leftover seed from the previous year, continue to indicate the source of the origin. Ensure COA's are filed for compliance purposes.
- "Area Planted" indicates the surface area planted for the variety. Acres represent outdoor grow while Square Feet (Sqft) represents indoor growth.
- "Date Planted" and "Expected Harvest Date" indicate when the variety was planted and when the variety is expected to be harvested.
- "Primary Intended Purpose of Crop" indicates how the crop will be marketed and the varieties cultivation purpose.
 - (ex: Floral, grain, oil extraction, hempcrete, etc.)

Additional Information:

- The Submit Button will conveniently send the planting report directly to the hemp email: NJHemp@ag.nj.gov
- If transferring clones or any live hemp plants to other registered licensees, only fill out the "Staging Area" box for planting, and mark "Check box if transferring hemp plants to other licensee". Fill out "Final Site I.D." as recipients license number (ex: 34_00000). You will need to fill out the **Transfer/Sales Report** to validate transfer. Transfer of stock may be tested prior to approval.
- A planting map must be accompanied by the planting report.

FSA-578 Form:

https://forms.sc.egov.usda.gov/efcommon/eFileServices/eFormsAdmin/FSA0578MANUAL_031015V01.pdf

FSA-578 Instruction Manual:

https://www.nj.gov/agriculture/divisions/pi/prog/nj_hemp.html

Google Earth Pro:

<https://www.google.com/earth/versions/>

Official Use Only:

REQUIRED: Initial the Following:

I ensure that I will submit my FSA-578 Form within 10 days of this report. Failure to list FSA Lot # on pg. 2 of form will result in immediate rejection of the report.

I ensure that a map is provided that clearly indicates the planting area with varieties clearly labeled.

I certify that I am responsible for communicating with program staff if I believe that registered hemp plants will need to be harvested sooner than reported on this document.

If crop failure occurs, I certify that I will notify Program staff immediately.

SUBMIT REPORT TO:

NJ Department of Agriculture
Division of Plant Industry
P.O. Box 330, Trenton, NJ 08625
NJHemp@ag.nj.gov





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NJDA is not responsible for missing information due to formatting or printing errors by the applicant. All information submitted must be typed, accurate, and complete. If any information herein is later determined by NJDA to be inaccurate or falsified, the application and *Grower Licensing Agreement* may be withheld or terminated.



Client Information				Staging Location							
License #: _____				Staging Area Site I.D.	Seed/sapling Count	Variety/Strain	Planted: Seeds, cuttings, transplants	Date Planted	Intended Transfer Date	Final Transfer Site I.D.	
Business Name or License Holder:				ex: GH1	500	hemp18	seeds	4/15/2024	5/15/2024	ex: Field 1	
Signing Authority on License:											
Email:											
Mobile:											
Phone:				Staging Address:				<input type="checkbox"/> Check box if only reporting staging area <input type="checkbox"/> Check box if transferring hemp plants to other licensee			
Planting Information											
Planting Address				Town			Zip		County		
Location I.D. Site I.D: Personal location name FSA Lot #: (Farm #) – (Tract #) – (Field #)		Variety/Strain		Planting Method (Seed, Cutting, Clone, Transplant)	Hemp Source		Area Planted		Date Planted	Expected Harvest Date	Primary Intended Purpose of Crop (Grain, Fiber, Floral)
Site I.D.	FSA Lot #	Name	Type		Name	State	Acres	Sqft			
ex: Field 1	1234-89-2A	Hemp18	CBD	Seed	Great Farms	NJ	5	N/A	5/15/2024	8/15/2024	Floral

By writing my name below, I attest that I am authorized by the License Holder to submit this form, and that this information is accurate and complete.

Signature: _____

Date: _____



Attach additional sheets as necessary

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