



New Jersey Department of Agriculture Hemp Program

2021 Pre Planting Report

OFFICIAL USE ONLY

Post Mark:

- This form is required for every outdoor and indoor growing address.
- This form is **due within to 5 days prior to the first day of planting** in any location.
- If submitting electronically, send to NJHemp@ag.nj.gov.

License Holder:		License #:
Name of Signing Authority on License (if business):		
Email:	Phone:	

1) Indicate Registered Growing Address for this report:

Planting Address (MUST Match Address on <i>Licensing Agreement</i>)	City	Zip	County

2) Complete the table below. Indicate new plantings during this quarter.

NOTE 1: The Location ID MUST match the ID listed in the Licensing Agreement.

NOTE 2: Keeping potted plants outside next to a greenhouse is only permitted if the site is registered as a field on the *Grower Licensing Agreement*

Location ID (MUST match Location ID in <i>Licensing Agreement</i>)	Variety/ Strain	Planted: Seeds, Cuttings, or Transplants.	Source of Seeds or Planting Stock*	Area Planted (Acres)	Date Planted or Seeded	Check if No plants this quarter	Intended use for plants
<i>Ex: GH12</i>	<i>CBD 1</i>	<i>Cuttings</i>	<i>Great Farms</i>	<i>1,250 sq ft</i>	<i>4/5/2018</i>	<input type="checkbox"/>	<i>Floral Harvest</i>
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

*For Seed/Planting Stock Source, indicate where YOU received the material from, which may be another license holder, a seed/clone supplier, or from cuttings onsite.

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.



Email to:
NJHemp@ag.nj.gov

Mail to:
NJDA Hemp Program
P.O. Box 330
Trenton, NJ 08625

5) Complete the table below. Indicate all transfers of planting stock to or from other licensees.

From Location ID (MUST match Location ID in <i>Licensing Agreement</i>)	Variety/ Cultivar	Number of Transplants	Date Transferred	Recipient
<i>GH1</i>	<i>Ex: CBD 24</i>	<i>12,000</i>	<i>4/5/2018</i>	<i>Transfer to J. Smith License#18-00-99</i>

6) Complete the table below. Indicate the current inventory, quantity and variety, of plants on site during this quarter.

Location ID (MUST match Location ID in <i>Licensing Agreement</i>)	Variety/ Cultivar	Number of Plants	Area (sq ft)
<i>Ex: GH12, rows 2-8</i>	<i>CBD 1</i>	<i>125 plants</i>	<i>1,250 sq ft</i>

7) Attach additional sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: _____

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: _____



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