

2023 Pre-Planting Report

Directions

- 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.
- Email to: NJHemp@ag.nj.gov Mail to: NJDA Hemp Program, P.O. Box 330, Trenton, NJ 08625

License Holder:	Email:		
Signing Authority on License:	Phone:	License #:	

1.) Indicate Registered Growing Address for this report.

Planting Address (MUST Match Address on Licensing)	City	Zip	County



- 2.) Complete the table below. Indicate proposed 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
- NOTE 3: If you plan on using a staging area, still fill out question #2
- ${\bf NOTE}$ 4: Final Location ID's MUST match for Question 2 and 3
- NOTE 5: Outdoor grow deadline is NO LATER THAN July 1st, 2023

Final Location ID (MUST match Location Lot-Field# given to FSA & Q.3)	Variety/Strain	Planted: Seeds, cuttings, or Transplants	Source of Seeds or Transplants	Acres/ Sq Ft Planted	Date Planted	Check if no plants this quarter	Intended use for plants
Field #1	Hemp18	Seeds	Great Farms	15 ac	5/15/23	\boxtimes	Floral Harvest

3.) Do you plan on planting seeds/saplings in a staging area (ex: Greenhouse), to then be moved to a final growing Loca

____ Yes ____ No If "Yes", complete the following table and fill in Question 2

Current Location ID (MUST match Location Lot-Field# given to FSA)	Variety/Strain	Planted: Seeds, cuttings, or Transplants	Source of Seeds or Transplants	Seed/Sapling Count	Date Planted or seeded	Intended Date for Transfer	Final Location ID (MUST match Location Lot-Field# given to FSA & Q.2)
Nursery #1	Hemp18	Seeds	Great Farms	250	3/15/23	4/25/23	Field #1

^{*} NOTE: If you intend on transferring saplings to a final location, submit your planting report 10 days prior to intended transfer

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

From Location ID (MUST match Location ID in Licensing Agreement)	Variety/Strain	Number of Transplants	Date Transferred	Recipient
Ex: Lot, Field #	Hemp18	10,000	4/5/23	Transfer to J. Smith License #18-00-99

5.) 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 Licensing Agreement)	Variety/Strain	Number of Transplants	Area (acre/sq ft)
Ex: Lot, Field #	Hemp18	10,000	1,250 sq ft

6) Attach additional sheets as necessary. If additional sheets are attached, indic	dicate total number of sheets attached:
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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:	THE STATE OF THE S
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For more information on the NJDA Hemp Program, please visit: www.state.nj.us/agriculture/divisions/pi/prog/nj.hemp.html



