



New Jersey Department of Agriculture Hemp Program

2022 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 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

NOTE 4: Final Location ID's MUST match for Questions 2 and 3

Final Location ID (MUST match Location Lot-Field# given to FSA & Q.3)	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: Field #1</i>	<i>CBD 1</i>	<i>Cuttings</i>	<i>Great Farms</i>	<i>1,250 sq ft</i>	<i>4/5/2022</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

3) Do you plan on planting seeds/saplings in a staging area (ex: Greenhouse), to then be moved to a final growing Location? Yes No If "Yes," complete the following table

Current Location I.D. (MUST match Location Lot-Field# given to FSA)	Variety/Strain	Planted: Seeds, Cuttings, or Transplants	Seed/Sapling Count	Date Planted or Seeded	Intended Date for Transfer	Final Location I.D. (MUST match Location Lot-Field# given to FSA)
<i>Nursery #1</i>	<i>Hemp 18</i>	<i>Seeds</i>	<i>250</i>	<i>3/9/2022</i>	<i>5/5/2022</i>	<i>Field #1</i>

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/Cultivar	Number of Transplants	Date Transferred	Recipient
<i>Lot, Field#</i>	<i>Ex: CBD 24</i>	<i>12,000</i>	<i>4/5/2022</i>	<i>Transfer to J. Smith License#18-00-99</i>

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/Cultivar	Number of Plants	Area (sq ft)
<i>Ex: GH12, rows 2-8, Lot, Field#</i>	<i>CBD 1</i>	<i>125 plants</i>	<i>1,250 sq ft</i>

6) 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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