



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 PO Box 8911, Madison, WI 53708-8911
 Phone: (844) 449-4367 Fax (608) 224-5775

Hemp Pilot Research Program: 30 Day Harvest Notification

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 22.09, this form must be submitted to the Department of Agriculture, Trade and Consumer Protection (Department) for each lot, at least 30 days before harvest. One lot is a contiguous area in a field, greenhouse, facility, or growing structure containing the same variety or strain of hemp throughout the area. Varieties/ strains cannot be co-mingled. The license holder or contact person must receive follow-up communication from the Department to schedule a regulatory sample for this lot. Complete additional copies of this form for each lot. Visit the hemp program's website at <https://hemp.wi.gov> to submit an electronic version of this form.

The Department no longer accepts 30 day harvest notifications via email or phone voicemail.

NOTE: You must complete this form and submit a map of the hemp lot before this notification can be processed. Hemp program sampling assignments can only be scheduled after the form is submitted. Hemp program staff cannot take a regulatory sample if you have fewer than 15 flowering female plants in one lot available for regulatory sampling. Hemp program staff will sample each lot and deliver the sample(s) to the Department's regulatory laboratory for analysis. The regulatory analysis will test the total delta-9 Tetrahydrocannabinol (total delta-9 THC) of each lot that was sampled. **You may not receive your regulatory lab results prior to harvest.**

1. LICENSE HOLDER INFORMATION					
LICENSE HOLDER NAME			HEMP GROWER LICENSE NUMBER		
OPERATIONS MANAGER NAME (If applicable)					
2. CONTACT INFORMATION (Hemp program staff will contact this person to inform them of the sampling date for this lot)					
NAME		ROLE			
		<input type="checkbox"/> License Holder		<input type="checkbox"/> Operations Manager	
		<input type="checkbox"/> Other, Explain:			
PHONE NUMBER () -			EMAIL		
3. HEMP LOT AND HARVEST INFORMATION (for each variety or strain planted in each contiguous growing location)					
SPECIFY WHETHER THIS IS AN <input type="checkbox"/> INITIAL 30 DAY HARVEST NOTIFICATION OR A <input type="checkbox"/> REVISED 30 DAY HARVEST NOTIFICATION					
VARIETY NAME			FINALIZED HARVEST DATE		
SPECIFY WHETHER THIS IS A <input type="checkbox"/> FIELD <input type="checkbox"/> GREENHOUSE (or Indoor Grow)					
DATCP LOCATION NUMBER (if available, provided by DATCP hemp program)			FIELD OR GREENHOUSE CENTER GPS POINT (Lat. and Long., in decimal degrees)		
LOCATION NAME		COUNTY		TOWN OR MUNICIPALITY	
STREET ADDRESS OR NEAREST ROAD IF NO ADDRESS:			CITY		STATE ZIP
EXACT DRIVING AND WALKING DIRECTIONS TO THIS LOT OF HEMP (from a major intersection, attach plat maps or other maps on a separate sheet)					
ADDITIONAL COMMENTS ABOUT THIS LOT OF HEMP (if needed)					
HAVE YOU INCLUDED A DETAILED MAP OF THIS HEMP LOT?		<input type="checkbox"/> YES		<input type="checkbox"/> NO (you must submit a map before harvest notification can be processed.)	
I CERTIFY ALL THE INFORMATION THAT I PROVIDE ON THIS FORM TO BE TRUE AND ACCURATE.					

NAME OF LICENSE HOLDER OR OPERATIONS MANAGER SIGNATURE OF LICENSE HOLDER OR OPERATIONS MANAGER DATE

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

DATCP-ARM, Attn: Hemp Program, P.O. Box 8911, Madison WI 53708-8911 - Fax: (608) 224-5775