

PLANTING INFORMATION FOR THE LOT(S) AT THIS GROWING LOCATION (Continued)

VARIETY OR STRAIN PLANTED	LOT GPS COORDINATES	TYPE PLANTED Seeds, Clones, Seedlings)	SOURCE (of Seeds, Clones, Seedlings)	AREA PLANTED (include Acres or Sq. Ft.)	CROP TYPE (Grain, Fiber or CBD/CBG)	DATE PLANTED	ESTIMATED HARVEST DATE	PRIMARY INTENDED USE FOR LOT (sell as transplants, move to field, harvest on site)

4. INDICATE ALL TRANSFERS OF HEMP PLANTING STOCK (seedlings or clones) TO OR FROM OTHER LICENSEES. (Attach additional pages, if needed.)

NAME OF GROWING LOCATION	DATCP NUMBER FOR GROWING LOCATION	VARIETY OR STRAIN	NUMBER OF TRANSPLANTS	TYPE (Clones or Seedlings)	DATE TRANSFERRED	NAME OF SOURCE OR RECIPIENT	LICENSE NUMBER OF SOURCE OR RECIPIENT
<i>Ex: GH 1</i>	<i>Ex: 123456001</i>	<i>Ex: CBD24</i>	<i>Ex: 10,000</i>	<i>Ex: Clones</i>	<i>Ex: 5/25/18</i>	<i>Ex: J. Smith</i>	<i>Ex: 1234567</i>

5. INDICATE THE CURRENT INVENTORY, QUANTITY AND VARIETY OF HEMP PLANTS ON-SITE DURING THIS REPORTING PERIOD. (Attach additional pages, if needed.)

NAME OF GROWING LOCATION	DATCP NUMBER FOR GROWING LOCATION	VARIETY OR STRAIN	NUMBER OF PLANTS	AREA PLANTED (include Acres or Sq. Ft.)
<i>Ex: GH 1</i>	<i>Ex: 123456001</i>	<i>Ex: CBD24</i>	<i>Ex: 300</i>	<i>Ex: 1250 sq. ft.</i>

6. ATTACH MAP(S) FOR ALL LOTS REPORTED ON THIS FORM AND ALL RECORDS RELATED TO THE ACQUISITION OF ALL HEMP SEED, CLONE TRANSPLANTS, OR SEEDLING TRANSPLANTS FOR EACH LOT OF HEMP THAT ARE REPORTED ON THIS FORM.

Have you included the map(s) and record(s) related to hemp acquisition? YES NO (failure to supply the required information may results in license revocation)

I CERTIFY ALL OF THE INFORMATION THAT I PROVIDE ON THIS FORM TO BE TRUE AND ACCURATE.

NAME OF LICENSE HOLDER OR OPS MANAGER _____ SIGNATURE OF LICENSE HOLDER OR OPS 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