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: Transfers, Inventory, and Maps Supplemental Form

Wis. Stat. § 94.55, and 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 § 22.05(1)(a)(1), a licensed grower shall submit a planting report by July 1 of each year and within 30 days of planting. This form is a mandatory supplement to the electronic planting report you have already submitted. In addition to the planting report that you submitted electronically, you must submit this form and the documents indicated on this form. If you have hemp planted at more than one growing location, submit this form for each growing location. In addition to this form, you must submit the following documents and records:

- A map of each growing location and each lot of hemp planted at that growing location. This map must depict each lot, designating entrances, lot boundaries, and other lot-specific information.
- Copies of records related to the purchase or acquisition of hemp seed, clone transplants, or seedling transplants for each lot of hemp reported on this form. These records can include copies of the seed labels, receipts for the planting material or seeds, the Fit for Commerce Certificates, or Certificates of Analysis for each lot of hemp that you plant.

1. LICENSE HOLDER INFORMATION

LICENSE HOLDER NAME		LICENSE NUMBER AND TYPE
LICENSE HOLDER PHONE # ( ) -		LICENSE HOLDER EMAIL
OPERATIONS MANAGER (OPS MANAGER) NAME (If applicable)	OPS MANAGER PHONE # ( ) -	OPS MANAGER EMAIL

2. GROWING LOCATION FOR ALL THE LOTS REPORTED ON THIS FORM

GROWING LOCATION NAME	DATCP LOCATION NUMBER (if known, supplied by DATCP)	TYPE (Field, Greenhouse, Indoor Grow)

STREET ADDRESS	CITY	STATE	ZIP-CODE	COUNTY
		WI		

3. ATTACH A MAP OF EACH LOT REPORTED ELECTRONICALLY FOR THIS GROWING LOCATION.
(Include the variety name, growing location name, and DATCP location number on each map of each lot.)

4. INDICATE ALL TRANSFERS OF HEMP PLANTING STOCK (seedlings or clones) to or from other licensees, at this location.
(Attach additional pages, if needed.)

VARIETY	DID YOU RECEIVE HEMP OR TRANSFER HEMP TO SOMONE ELSE? (Pick one)	NAME OF SOURCE OR RECIPIENT	STATE OF ORIGIN OF TRANSPLANTS YOU RECEIVED (if applicable)	TYPE (Clones or Seedlings)	DATE TRANSFERRED	NUMBER OF TRANSPLANTS
Ex: CBD24	☒ I received this hemp from: ☐ I transferred this hemp to:	*Ex: J. Smith*	*Ex: Colorado*	*Ex: Clones*	*Ex: 5/25/18*	*Ex: 10,000*
	☐ I received this hemp from: ☐ I transferred this hemp to:					
	☐ I received this hemp from: ☐ I transferred this hemp to:					
	☐ I received this hemp from: ☐ I transferred this hemp to:					
	☐ I received this hemp from: ☐ I transferred this hemp to:					
	☐ I received this hemp from: ☐ I transferred this hemp to:					
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	☐ I received this hemp from: ☐ I transferred this hemp to:					
	☐ I received this hemp from: ☐ I transferred this hemp to:					

5. INDICATE THE CURRENT INVENTORY, quantity and variety of hemp plants on-site at this growing location during this reporting period. (Attach additional pages, if needed.)

VARIETY	NUMBER OF PLANTS	AREA PLANTED (include Acres or Sq. Ft.)
Ex: CBD24	*Ex: 300*	*Ex: 1250 sq. ft.*

I CERTIFY ALL 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