

Alaska Hemp Reporting Package

All registered hemp growers under the Alaska Hemp Program must submit the reports below by specified deadlines in accordance with the directions provided on the individual reports. Any incomplete or illegible reports will not be accepted.

Carefully read and follow all instructions on each report.

All reports submitted electronically must be sent as PDF attachments.

All maps or photos must be sent as PDF or JPG attachments.

Report	Due	Required if you don't grow/sell this year?
Planting Report	Not later than 30 days calendar days after each planting	Yes
Pre-Harvest Report	Not later than 30 calendar days before projected harvest	No
Post-Harvest Report	Not later than 90 calendar days after receiving sampling results from the Division	No
Waste Disposal Report	Within 10 business days after disposal date	If any hemp is disposed
Reconditioning Report	15 days before reconditioning date	No

If you have questions or need assistance completing your reports, contact the Plant Materials Center at 907-745-4469 or industrialhemp@alaska.gov

Failure to submit any of the reports by their respective due dates may compromise the registrants ability to amend, renew, and/or maintain a hemp registration as outlined in Alaska's Hemp Regulations.



SUBMIT COMPLETED REPORTS TO:
 Plant Material Center
 5310 S. Bodenburg Spur, Palmer, AK 99645-7646
industrialhemp@alaska.gov
 (Only PDF files will be accepted electronically)

Hemp Planting Report Form

Due within 30 days after each planting

Instructions:

- This report is required even if you are not growing.** If you are not growing this year, check the 'not growing' box at the bottom, and submit this form to the Division as soon as possible or no later than **July 31**. FSA-578 forms are not required if you did not plant.
- Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
- This report is required for **each planting** of seeds, unrooted cuttings, or rooted plants. If you start seeds or plants in one location and move them to another location, you must submit a planting report for planting in the initial location AND then submit another planting report for planting in the next location. (i.e. starting seeds in a greenhouse and moving the seedlings to the field) If you perform multiple plantings at one location (ex: in a greenhouse), a report is required each time.
- *Site Name:** The site name MUST match the site name listed in the Grower Registration Agreement as assigned by you. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA. FSA Lot #'s **are not required** for plants that will be transferred to another location to reach maturity. **Do not submit this report until you have an "FSA Lot Number" for each site. FSA issues the lot numbers** you will use to track your hemp from production to harvest.
- Date of Harvest:** Write the projected harvest date. A pre-harvest report must be submitted 30 calendar days before the projected harvest date.

Producer Information										
Business Name (as it appears on your License):										
Person Responsible for Management of Hemp Production:							License Number: 02 (Alaska's Code) -			
Mailing Address:				City:		State:		Zip Code:		
Email:							Phone:			
Planting Information										
Site Name*		What was planted (Seeds, Unrooted Cuttings, Rooted Plants)	Variety (Types: Fiber, Grain, CBD, CBG, Cross)		Source of Hemp		Area Planted (Outdoor = Acres Indoor = Sqft)		Date Planted	Date of Harvest
Site Name	FSA Lot #		Name	Type	Name	State	Acres	Sqft		
ex: Field 1	8736-6253-10C	Seed	Lifter	CBD	Jane Doe Hemp Co.		2		6/1/23	8/22/23
<input type="checkbox"/> This licensee is not growing hemp this year.										
<p><i>By signing below, you (1) certify that all locations listed above have been identified on the approved application (2) understand that growing on unauthorized property could result in suspension or revocation of your grower registration as outlined in Article 8. Enforcement; Appeals. (3) understand that you are responsible for the routine testing of your crop to ensure that the Total THC content does not exceed 0.3% on a dry weight basis and (4) agree to include upon submission of this form a updated map of the planted area with the varieties clearly labeled, the seed/plant label(s) or invoice(s) from purchase, and a copy of the corresponding FSA-578 form submitted to the FSA.</i></p>										
Completed by (print)							Date			
Completed by (sign)										



Hemp Pre-Harvest Report Form

Due 30 days before projected harvest.

SUBMIT COMPLETED REPORTS TO:
 Plant Material Center
 5310 S. Bodenbug Spur, Palmer, AK 99645-7646
industrialhemp@alaska.gov
 (Only PDF files will be accepted electronically)

Instructions:

- Do not harvest your hemp until a regulatory sample has been taken or until you receive written approval to harvest from the Division.** Do not sell or process your hemp until you have received compliant THC test results from the division. **The registrant is responsible for sampling costs, set out in 11 AAC 40.100 (11).**
- Complete this report, listing each variety and location separately. Use **acres** for outdoor sites and **square feet** for indoor sites. **Incomplete reports will not be accepted.**
- *Site Name:** The site name MUST match the site name listed in the Grower Registration Agreement as assigned by you. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information

Business Name (as it appears on your Registration approval):			
Person Responsible for Management of Hemp Production:			License Number: 02-_____
Mailing Address:	City:	State:	Zip Code:
Email:			Phone:

Harvest Information

Site Name * <small>(as identified on your Planting Report)</small>		Variety	Area to be Harvested <small>(Outdoor = Acres Indoor = Sqft)</small>		Start Date of Harvest	End Date of Harvest
Site Name	FSA Lot #	Name	Acres	Sqft		
<i>ex: 2136</i>	<i>1258-2687-6A</i>	<i>Cherry Blossom</i>	<i>10</i>	<i>--</i>	<i>9/15/23</i>	<i>9/16/23</i>

By signing below, I (1) understand that following submission of this report, my hemp crop must be sampled by the Division and those samples must be sent to a laboratory for THC testing prior to harvest. (2) understand my hemp crop cannot be harvested or sold until such samples are taken and must remain in my possession after sampling until lab analysis results have been received by the Division that indicate the Total THC concentrations are below the threshold of 0.3% Total THC on a dry weight basis and the Division has released my hemp for sale, and (3) agree to harvest a tested lot not later than 15 days after the Division's sample collection date.

Completed by (print)	Date	
Completed by (sign)		



Hemp Post-Harvest Report Form

Due within 90 days after each harvest

SUBMIT COMPLETED REPORTS TO:
 Plant Material Center
 5310 S. Bodenbug Spur, Palmer, AK 99645-7646
industrialhemp@alaska.gov
 (Only PDF files will be accepted electronically)

Instructions:

1. Complete this report, listing each variety and location separately. Use **acres** for outdoor sites and **square feet** for indoor sites. **Incomplete reports will not be accepted.**
2. This report is required after **each harvest**. If your hemp was destroyed, fill out a Disposal Report instead.
3. ***Site Name:** The site name MUST match the site name listed in the Grower Registration Agreement as assigned by you. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information			
Business Name (as it appears on your License):			
Person Responsible for Management of Hemp Production:			License Number:02-_____
Mailing Address:	City:	State:	Zip Code:
Email:			Phone:

Production Information										
Site Name * <small>(as identified on your Planting Report)</small>		Variety	Product <small>(Whole Plant, Flower, Stalk)</small>	Area Harvested <small>(Outdoor = Acres Indoor = Sqft)</small>		End Date of Harvest	Lot stored onsite	Intent <small>(Sell, Store, Process, Research)</small>	Intended Use <small>(CBD, Fiber, Grain, Seed,</small>	
Site Name	FSA Lot #	Name		Acres	Sqft		Y (yes) or N (no)			
ex: 3205	689-458-1D	Sour Space Candy	Flower	5	--	9/24/22	Yes	Process	CBD	

By signing below, I certify that (1) the harvested crops will be used in a legal manner and in accordance with the provisions of 11 AAC 40.010 – 11 AAC 40.910 (2) the information provided is accurate and complete.

Completed by (print)	Date	
Completed by (sign)		



Hemp Disposal Report Form

Due within 10 days after each disposal

SUBMIT COMPLETED REPORTS TO:
 Plant Material Center
 5310 S. Bodenbug Spur, Palmer, AK 99645-7646
industrialhemp@alaska.gov
 (Only PDF files will be accepted electronically)

Instructions:

1. This report is required for **each disposal** of hemp plants. (Trimming hemp leaves or stems for the maintenance and/or health of the plant does not count as disposal.)
2. Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
3. ***Site Name:** The site name MUST match the site name listed in the Grower Registration Agreement as assigned by you. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information							
Business Name (as it appears on your License):							
Person Responsible for Management of Hemp Production:						License Number: 02-_____	
Mailing Address:				City:		State:	Zip Code:
Email:						Phone:	
Disposal Information							
Site Name * <small>(as identified on your Planting Report)</small>		Variety	Area of Disposal <small>(Outdoor = Acres Indoor = Sqft)</small>		Method of Disposal ** <small>(law enforcement removal, plow under, disk, till, burn, bury, compost, mow) <i>Can have multiple methods</i></small>	Date of Disposal	Reason for Disposal <small>(If disposing because of THC levels, write "High THC")</small>
Site Name	FSA Lot #	Name	Acres	Sqft			
<i>ex: 1365</i>	<i>1089-320-10A</i>	<i>Hawaiian Haze</i>	<i>4</i>	<i>--</i>	<i>Mow, compost</i>	<i>07/04/23</i>	<i>Plants did not mature</i>
<p><i>By signing below, I (1) certify that all hemp plant material was disposed of on the date indicated above by the method listed, (2) certify that any non-compliant hemp has been properly transitioned to the point in cannot be easily separated, sorted, usable, or recognizable, and (3) agree to include upon submission of this report proof of hemp crop destruction in a form that has been approved by the Division .</i></p>							
Completed by (print)					Date		
Completed by (sign)							



Hemp Reconditioning Report

SUBMIT COMPLETED REPORTS TO:
 Plant Material Center
 5310 S. Bodenbug Spur, Palmer, AK 99645-7646
industrialhemp@alaska.gov
 (Only PDF files will be accepted electronically)

Instructions:

- All reconditioned hemp must be separated from any other hemp, clearly labeled as “hemp for reconditioning purposes”, and stored and labeled apart from any other reconditioned hemp. Reconditioned hemp must not leave the Division-approved location until a compliant test result is received or until the hemp is destroyed.
- All reconditioned plant material will be sampled by Division and sent to a testing laboratory. **The registrant is responsible for sampling costs set out in 11 AAC 40.100(11), and testing costs of the reconditioned lots. All reconditioned test results are final.** Only successfully reconditioned plant material may enter the stream of commerce. Any hemp which remains non-compliant must be destroyed.
- Complete this report, listing each variety and location separately. Use **acres for outdoor** sites and **square feet for indoor** sites. **Incomplete reports will not be accepted.**
- *Site Name:** The site name MUST match the site name listed in the Grower Registration Agreement as assigned by you. FSA Lot #'s are the [Farm #]-[Tract #]-[Field #]'s as reported on the FSA-578 form you submitted to the FSA.

Producer Information								
Business Name (as it appears on your License):								
Person Responsible for Management of Hemp Production:							License Number: 02-_____	
Mailing Address:				City:		State:	Zip Code:	
Email:							Phone:	
Reconditioning Information								
Site Name * <small>(as identified on your Planting Report)</small>		Variety	Method of Reconditioning <small>(blending the failing lot with another lot within testing levels)</small>	THC Testing Laboratory		Area of Reconditioning <small>(Outdoor = Acres Indoor = Sqft)</small>		Date of Reconditioning
Site Name	FSA Lot #	Name		Name	State	Acres	Sqft	
<i>ex: 1365</i>	<i>2896-45-3A</i>	<i>Hawaiian Haze</i>	<i>Blend two hemp lots</i>			<i>--</i>	<i>10000</i>	<i>10/04/23</i>
<p><i>By signing below, I (1) certify that all non-compliant hemp has been reconditioned by the method indicated above and in accordance with a Division-approved remediation plan, (2) understand that following submission of this report my hemp crop must be re-sampled by the Division and those samples must be sent to a lab for THC testing, and (3) understand my hemp crop cannot enter the stream of commerce until such samples are taken and must remain in my possession after sampling until lab analysis results indicate that the Total THC concentrations are below the threshold of 0.3% Total THC on a dry weight basis.</i></p>								
Completed by (print)					Date			
Completed by (sign)								