



**HEMP PLANTING REPORT**  
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE  
 PLANT INDUSTRIES  
 SFN 61979 (4-2021)

**This form must be emailed or sent hard copy no later than 2 weeks after planting.  
 A separate form must be filled out for each variety and field location.**

Failure to fill out this report in its entirety can cause future ineligibility for hemp licensure.

|   |                  |                |
|---|------------------|----------------|
| Name  | Telephone Number | License Number |
| <input type="checkbox"/> Check here if you did not plant or do not plan to plant any hemp, sign form and return to our office |                  |                |

**FIELD LOCATIONS**

**Provide a map outlining the field and include a GPS point of the field access:**

|                                  |   |
|----------------------------------|---|
| Field Access Latitude            | Field Access Longitude                  |
| Date(s) of Planting              | Total Acreage or Square Footage Planted |
| Seed, Clone or Seedling Supplier | Variety Planted                         |

**Planting Information**

|                                       |                        |   |                                 |
|---------------------------------------|------------------------|---|---------------------------------|
| Plant to Plant Distance               |                        | Row Spacing   |                                 |
| Number of Clones or Seedlings Planted |                        | Average Height of Clone or Seedling Planted   |                                 |
| Seed Count (seeds per pound)          | Germination Percentage | Purity Percentage   | Amount of Seed Planted (weight) |
| Seeding Rate (lbs/acre)               | Planting Depth         | Soil Temperature at Planting Depth (degrees Fahrenheit)                                       |                                 |
| Previous Crop                         |                        | Soil <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Wet | Depth to Moisture at Planting   |
| Herbicide                             |                        | Rate of Application   | Date of Application             |
|                                       |                        |   |                                 |
|                                       |                        |   |                                 |

Describe method and equipment used for tillage and planting:

I verify that to the best of my knowledge, the above information is accurate.

|                    |      |
|--------------------|------|
| Licensee Signature | Date |
|--------------------|------|

Email or send form to:  
 North Dakota Department of Agriculture  
 Attn: Hemp Program  
 600 E Boulevard Ave, Dept 602  
 Bismarck, ND 58505-0020  
[jmortenson@nd.gov](mailto:jmortenson@nd.gov)  
 Phone: 701-328-4128