



# Wyoming

DEPARTMENT OF *Agriculture*

2219 CAREY AVE. | CHEYENNE, WY 82002 | PHONE: 307-777-7321 | FAX: 307-777-6593

**TECHNICAL SERVICES DIVISION  
HEMP HARVEST REPORT**

**PLEASE TYPE OR PRINT CLEARLY** (Incomplete or illegible forms will be rejected.) **REPORT IS DUE AT LEAST 15 DAYS PRIOR TO HARVEST.** A LICENSEE MUST NOTIFY THE DEPARTMENT IMMEDIATELY, BY SUBMITTING AN UPDATED HARVEST REPORT, OF ANY CHANGES MADE IN THE REPORTED HARVEST DATE(S) IN EXCESS OF 5 DAYS (+/-). IF ANY SUCH CHANGES ARE MADE, THE DEPARTMENT MAY REQUIRE ADDITIONAL SAMPLING AND TESTING PRIOR TO HARVEST. *\*NO PLANTS SHALL BE HARVESTED WITHOUT NOTIFICATION VIA A HARVEST REPORT BEING SUBMITTED at LEAST 15 DAYS **PRIOR** TO SUCH ACTION BEING TAKEN.\**

"Harvest" means the collection of any portion of a cannabis plant from a licensed area at any time.

**Return forms to WDA Hemp Program email: [wes.brown@wyo.gov](mailto:wes.brown@wyo.gov)**

DATE OF SUBMISSION: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_  
LAST FIRST MI  
(MUST BE APPLICANT OR KEY PARTICIPANT ON APPLICATION)

BUSINESS NAME\*: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE NUMBER:(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I attest, to the best of my knowledge, that the following statements are complete and true:

All crop(s) reported in this Hemp Harvest Report are of the variety and/or cultivar that have been reported as planted, and were planted, within the location of the acreage or square footage as stated in the application previously submitted to the Department AND:

If crops died, please explain: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## HARVEST REPORT

For each Lot to be harvested, provide the following: Variety Name, Acreage or Square Footage planted, Description of each unique location where each variety is planted, and GPS coordinates (in decimal degree - i.e. 40.12345, -104.1234) of each location. If a map is attached of the licensed area, outline the boundaries of each unique location for each lot.

**Please print additional copies of this page if additional lots need to be reported.**

<b>Lot #</b> _____	<b>Variety Name:</b>			
	<b>PLEASE INDICATE INDOOR OR OUTDOOR:</b> <i>(CHECK ONLY ONE BOX FOR EACH SEPARATE LOCATION FOR THIS VARIETY)</i>	Indicate Whether Plant or Seed	Anticipated Harvest Date: Must report at last 15 days prior to harvest	Grow Site Size (i.e. 1,000 sq ft or acres)
	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			

**GPS COORDINATES of center of lot:** GPS - Longitude & Latitude - in decimal degree format (Lat 44.2345, Long -108.1235)

**Descriptions of Location:** (include adequate detail to clearly define i.e.; 1000 sq ft greenhouse in SW Corner or 100 sq ft shed on N border of licensed area.)

<b>Lot #</b> _____	<b>Variety Name:</b>			
	<b>PLEASE INDICATE INDOOR OR OUTDOOR:</b> <i>(CHECK ONLY ONE BOX FOR EACH SEPARATE LOCATION FOR THIS VARIETY)</i>	Indicate Whether Plant or Seed	Anticipated Harvest Date: Must report at last 15 days prior to harvest	Grow Site Size (i.e. 1,000 sq f or acrest)
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**Descriptions of Location:** (include adequate detail to clearly define i.e.; 1000 sq ft greenhouse in SW Corner or 100 sq ft shed on N border of licensed area.)

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**Descriptions of Locations:** (include adequate detail to clearly define i.e.; 1000 sq ft greenhouse in SW Corner or 100 sq ft shed on N border of licensed area.)

**PLEASE READ CAREFULLY**

I (print name) \_\_\_\_\_, declare under penalty of perjury that the foregoing is true and correct and that I am the owner or person with legal control of and authority to bind, the herein named applicant, and that I have read and understand all of the conditions and obligations stated herein.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_