

# Kansas Commercial Industrial Hemp Program

## HARVEST REPORT – INDUSTRIAL HEMP PRODUCER LICENSE

Please review *K.A.R. 4-34-24: Sampling, testing, and harvest requirements*, before completing and submitting the required document.

### **K.A.R. 4-34-24 (d). Harvest report requirements.**

(d) Each licensee shall submit a harvest report to the department no more than 15 days after each harvest of industrial hemp plants, plant parts, grain, or seeds is completed for each lot. Each harvest report shall identify the following

- (1) The global positioning system coordinates of the entrance to the licensed growing area and each lot where industrial hemp plants were harvested;
- (2) the total number of acres planted in the licensed growing area;
- (3) the number of acres planted in each lot;
- (4) the planting date for each lot;
- (5) the total number of acres harvested from the licensed growing area;
- (6) the number of acres intended for harvest in each lot;
- (7) the number of acres harvested from each lot;
- (8) the official name of the industrial hemp variety harvested from each lot; and
- (9) a statement of intended end-use for all industrial hemp plants, plant parts, grain, or seeds harvested from each lot.

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Please reference the Kansas Department of Agriculture’s Commercial Industrial Hemp Program’s [Rules and Regulations](#)

After completion of the Harvest Report, please attach all relevant documentation to support the report.

### HOW TO SUBMIT REPORT FORMS TO KDA

#### **by email:**

[kda.industrialhemp@ks.gov](mailto:kda.industrialhemp@ks.gov)

Please name the file: KDA license number: Licensee’s Name – Hemp Producer, Report Type, date submitted (ex. 20-XXXX: First Name Last Name- Hemp Producer Harvest Report DDMMYYYY)

Acceptable file types: .pdf, .jpeg, .png

#### **by mail:**

Kansas Department of Agriculture  
Commercial Industrial Hemp Program  
1320 Research Park Drive  
Manhattan, KS 66502

Acceptable file types: 8.5 x 11 in. paper copy

#### **Your Industrial Hemp License Information Online**

<https://portal.kda.ks.gov/>



**HARVEST REPORT –  
INDUSTRIAL HEMP PRODUCER  
LICENSE**

KANSAS DEPARTMENT OF AGRICULTURE  
PLANT PROTECTION AND WEED CONTROL  
PROGRAM

KDA requires that each licensee who harvests industrial hemp must submit a harvest report to the department no more than 15 days after each harvest of industrial hemp plants, plant parts, grain, or seeds is completed.

**SECTION 1: Producer Information**

Licensee’s Name: \_\_\_\_\_ KDA License Number: \_\_\_\_\_  
(as it appears on the license) (Ex. 20-XXXX)

**SECTION 2: Harvest Information (Tables 2.1 – 2.3)**

**Table 2.1-** Lot information

Entry	Lot Name	GPS: Latitude Ex: 39.12345	GPS: Longitude Ex: -96.12345	Acres Planted	Date Planted (MM/DD/YYYY)
1					
2					
3					
4					
5					

**Table 2.2-** Variety and intended end-use information

Entry	Variety	End-Use Information					
		Grain	Floral	Fiber	Seed	Seedlings	Clones
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Table 2.3-** Intended harvest information

Entry	Acres Harvested	Harvest Date
1		
2		
3		
4		
5		

**SECTION 3: Licensee Certification**

I hereby verify and affirm that the information contained above is true and accurate. I understand that if KDA determines this information to be false, misleading or incorrect, KDA may revoke any license and any future license applications that I submit may be denied. I acknowledge and will comply requirements in K.A.R. 4-34-23 and K.A.R. 4-34-24.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date