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**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 OFFICE OF POLICY, PLANNING, AND RESEARCH**

P.O. Box 1163 · Richmond, VA 23218  
 804-786-1241 · [www.vdacs.virginia.gov](http://www.vdacs.virginia.gov)

**INDUSTRIAL HEMP PLANTING AND PROPAGATION REPORT**

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**OPPR-500 (Eff. 08/19)**

**This form is due for each and every registered production field location.**

This form must be completed and submitted **within 14 calendar days following the first day of each planting. If you will plant at multiple times throughout the growing season, you may need to submit multiple reports.**

If you **WILL NOT** plant industrial hemp on a production field stated on your registration, **you must complete Section 2-A and submit this report by July 31<sup>st</sup>.**

**SECTION ONE – REGISTRANT IDENTIFICATION**

Registration Number: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

Name of Responsible Authority (if applicable): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION TWO – CULTIVATION INFORMATION**

**SECTION 2-A.** Please complete Section 2-A if you **DID NOT** plant industrial hemp on a production field stated on your registration. **Attach additional sheets as needed for all production fields on which you DID NOT plant industrial hemp.**

Production Field	
Coordinates ( <b>As stated on your registration</b> )	Physical Address/Location
Reason for Not Planting	

Production Field	
Coordinates ( <b>As stated on your registration</b> )	Physical Address/Location
Reason for Not Planting	

**NOTE:** VDACS may inspect to verify that industrial hemp is not growing on a production field on which you reported you did not plant industrial hemp.

By signing below, you attest that all production fields reported in Section 2-A of this Industrial Hemp Planting and Propagation Report are vacant of industrial hemp within the location of the production field as stated on your application or the change request form you submitted.

Signature

Date

Print Name

**SECTION 2-B.** Please complete Section 2-B if you **DID** plant. **Attach additional sheets as needed for all production fields planted at this time.**

Planting Date	Indoor/Outdoor		
Production Field			
Coordinates ( <b>As stated on your registration</b> )	Physical Address/Location		
Variety Name	Type (Fiber, Grain, or Floral)	Acres/Sq. Ft.	Anticipated Harvest Date

Planting Date	Indoor/Outdoor		
Production Field			
Coordinates ( <b>As stated on your registration</b> )	Physical Address/Location		
Variety Name	Type (Fiber, Grain, or Floral)	Acres/Sq. Ft.	Anticipated Harvest Date

By signing below, you attest, to the best of your knowledge, that all crop(s) reported in this Industrial Hemp Planting and Propagation Report are of the variety and cultivar that have been reported as planted and were planted within the location of the acreage or square footage as stated on your registration application or the change request form you submitted.

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Signature

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Date

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Print Name