



Florida Department of Agriculture and Consumer Services
Division of Plant Industry (FDACS-DPI)

HEMP CULTIVATION - NOTICE OF HARVEST

This serves as a Notice of Harvest and should be sent to the Department at DPIHemp@FDACS.gov at least 30 days prior to the intended harvest date, per [Rule 5B-57.014](#).

Date of Notice (MM/DD/YYYY): _____ Intended Harvest Date (MM/DD/YYYY): _____

Responsible Person Name (First and Last): _____

Phone Number: _____ Email Address: _____

Hemp License #: _____ Business Name: _____

Designated Laboratory (if known): _____

Cultivation Location Address/Tax Parcel ID Number: _____

Additional Cultivation Location Address/Parcel#

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

If you have any questions, please email the Permit Unit at DPIHemp@FDACS.gov
or contact the FDACS-DPI Helpline number: 1-888-397-1517

----- FOR STATE OFFICIAL USE ONLY -----

Date Lab Report Received: _____

Total THC: _____% Pass ☐ Fail ☐

Approved to Harvest: Yes ☐ No* ☐

Licensee Notification Date: _____

****If harvest not approved, select and date (MM/DD/YYYY):***

☐ Re-test retained sample at Designated Lab _____

☐ Confirmatory Sample Collection by DPI _____

☐ ☐ Destruction ☐ Collection (select one) of Lot _____

☐ Disposal of Lot _____