Department of Primary Industries
and Regional Development

Low-THC Hemp Annual Report

This form **must** be submitted **by 1 August each year for each location** approved at any time in the preceding year from 1 August to 31 July, even where no planting has occurred. A separate Annual Report must be submitted for each approved location.

Licence Holder Details			
Licence holder name:			Licence number:
Postal address:			
Suburb:		State:	Postcode:
Phone:	Mobile:	Email:	

Information Relating to the Low-THC Hemp Crop/Location					
Address:					
Lot / DP number(s):					
☐ No planting					
Planting #1 (Planting notification ref #)	**Variety**	**Crop Area (ha/m²)**	**Crop Type**	**Crop Outcome**	
			☐ Fibre ☐ Seed ☐ Flower ☐ Cuttings ☐ Whole plant/seedlings	☐ Current crop ☐ Partial failure ☐ Successful harvest ☐ Complete failure	
Successful Harvest:	**Harvest Area (ha/m²)**		**Yield (volume per crop type – g/kg/tonnes)**	**Purpose**	
				☐ Viable seed/resowing ☐ Construction ☐ Food ☐ Cosmetics ☐ Textile ☐ Oil ☐ Resin ☐ Research ☐ Animal products ☐ Other	
Failed Harvest:	**Reason for Failure**			**Disposal/Destruction Method**	**Volume (g/kg/tonnes) or Number of plants**
Research:	**Status**		**Destination of Used Material**	**Disposal/Destruction Method**	**Research Topic/s**
	☐ Ongoing ☐ Complete		☐ Disposed of ☐ Destroyed ☐ Further research		

Planting #2 (Planting notification ref #)	Variety	Crop Area (ha/m²)	Crop Type	Crop Outcome
			☐ Fibre ☐ Seed ☐ Flower ☐ Cuttings ☐ Whole plant/seedlings	☐ Current crop ☐ Partial failure ☐ Successful harvest ☐ Complete failure

Successful Harvest:	Harvest Area (a)	Yield (volume per crop type – g/kg/tonnes)	Purpose
			☐ Viable seed/resowing ☐ Construction ☐ Food ☐ Cosmetics ☐ Textile ☐ Oil ☐ Resin ☐ Research ☐ Animal products ☐ Other

Failed Harvest:	Reason for Failure	Disposal/Destruction Method	Volume (g/kg/tonnes) or Number of plants

Research:	Status	Destination of Used Material	Disposal/Destruction Method	Research Topic/s
	☐ Ongoing ☐ Complete	☐ Disposed of ☐ Destroyed ☐ Further research		

Declaration

- I/we hereby certify that all information provided on this form is true and correct.
- I/we hereby certify that I am authorised to submit this form on behalf of this business.

Name:

Signature: Date:

Please return this form by post or email to:

Department of Primary Industries and Regional Development
PO Box 232, Taree NSW 2430
bfs.admin@dpird.nsw.gov.au