

Oregon Department of Agriculture
HEMP SAMPLING REQUEST

TESTING MUST BE COMPLETED PRIOR TO HARVEST

To request sampling and testing, submit a complete copy of this Hemp Sampling Request Form:

To an OLCC licensed and OHA accredited laboratory of your choice according to the laboratory's procedures for requesting sampling; or to request ODA sampling and testing, submit the form to; hemptestreports@oda.state.or.us For a list of accredited laboratories, please visit; <https://www.oregon.gov/oha/PH/LaboratoryServices/EnvironmentalLaboratoryAccreditation/Documents/canna-list.pdf>.

Complete one copy of this form for each harvest lot or production area.

GROWER INFORMATION

Grower Name: <i>Emily Rogue</i>	Business Name (if applicable): <i>Emily's Hemp Farm, LLC</i>	
Phone: <i>(971) 208-2444</i>	Email: <i>erogue@oda.state.or.us</i>	Registration #: <i>AG- R105679 -IHG</i>

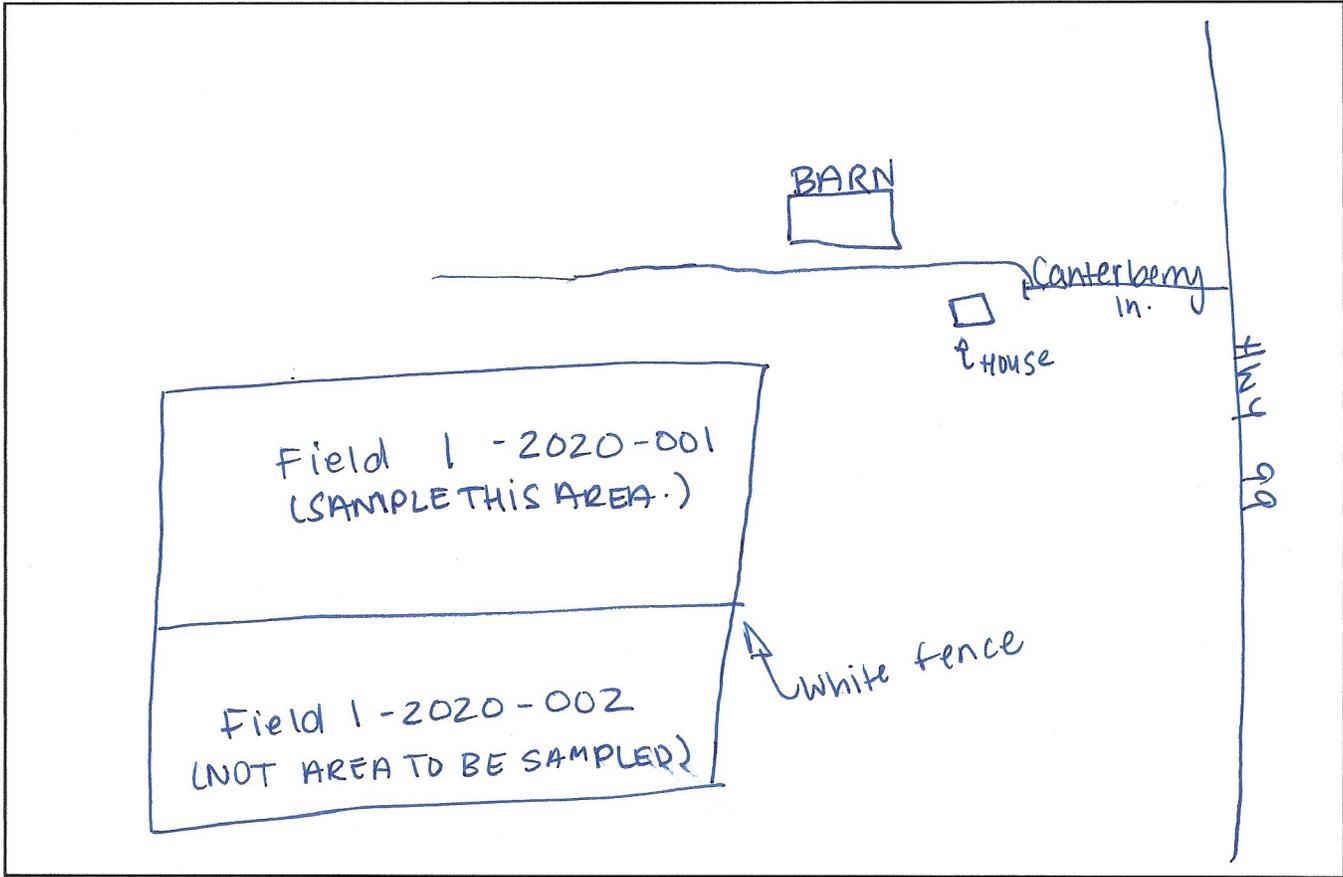
HEMP SAMPLING AREA – MUST BE A REGISTERED PRODUCTION AREA; DO NOT COMBINE PRODUCTION AREAS

Grow Site Name: <i>Emily's Farm</i>	Production Area Name: <i>Field 1</i>	Harvest Lot Name (if applicable): <i>Field 1</i> -2020-00 <u>1</u> <small>(production area name). (lot #)</small>	
Physical Address: <i>635 Canterbury Ln.</i>	City: <i>Salem</i>	Zip Code: <i>97431</i>	Total Size of Production Area: <u>10</u> Acres OR Square Feet
GPS Coordinates: Latitude: <i>45.176051</i> Longitude: <i>-123.465792</i> <small>(must be in decimal format, eg: 45.123456, -123.45623)</small>		Size of Area to be Sampled: <u>5</u> Acres OR Square Feet	
Area Type: <small>(e.g. field, greenhouse, indoor)</small> <i>field</i>	Intended Use For Hemp Crop: <small>(e.g. flower, seed, fiber, biomass)</small> <i>flower</i>	Declared Start Harvest Date: <small>(must be no longer than 28 days from sample date)</small> <i>9/1/2020</i>	

Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

*Field is located west of highway 99.
 Pull into driveway, drive past barn + park along white fence. Field is within the white fence.*

Visual Depiction: Provide a map oriented north, depicting the production area or harvest lot showing at least one prominent feature (road, building, etc.). Please outline and label all surrounding harvest lots and production areas, including areas left untested (May be hand drawn).



GROWER REQUEST FOR SAMPLING AND TESTING

I, Emily Rogue (print name) request pre-harvest sampling and testing

of production area(s) or harvest lot(s) of hemp as described in the attached Hemp Sampling Request Description(s) for THC analysis in accordance with OAR 603-048. Sampling and testing must comply with all requirements of OAR 603-048 including all Exhibits and forms.

Signature [Signature] Date 8/6/2020

Fees will apply. Laboratories or the ODA may have backlogs for sampling and testing. It is the grower's responsibility to ensure timely sampling and testing.



**2020 HEMP REGISTRATION APPLICATION
GROWER/GROW SITE**

GROWER INFORMATION

1. Registrant's Business Name Emily's Hemp Farm, LLC

2. 2019 Hemp Grower Registration Number (if applicable): _____
(example: AG-R1234567IHG)

3. Legal Status of Registrant: Individual _____ LLC Other _____

4. Oregon Secretary of State Registration Number _____
(NOT your tax ID number)

5. Members/Officers (if applicable)

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

6. Contact Person _____

Telephone No. _____ Cell Phone No. _____

Mailing Address: _____

City _____ State _____ Zip _____

Email _____

7. **GROW SITE INFORMATION:** If applicable

Site 1.

Provide grow site name (Limit to 10 Characters) Emily's Farm

Street Address 635 Canterbury Ln. County Marion

City Salem State OR Zip 97431

IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your records.

8. Production Area Information:

List each production area separately

Site 1.

Area: Field Greenhouse/Indoor

Size 10 (acres or square ft)

Intended use (check all that apply): Flower Hemp Seed Fiber Biomass

Other

Provide Area Name (Limit to 10 Characters) Field 1

Latitude 45.176051 Longitude -123.465792

List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)

IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your records.

Site 2.

Area: Field Greenhouse/Indoor

Size _____ (acres or square ft)

Intended use (check all that apply): Flower Hemp Seed Fiber Biomass

Other

Provide Area Name (Limit to 10 Characters) _____

Latitude _____ Longitude _____

List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)

IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your records.

Site 3.

Area: Field Greenhouse/Indoor

Size _____ (acres or square ft)

Intended use (check all that apply): Flower Hemp Seed Fiber Biomass

Other

Provide Area Name (Limit to 10 Characters) _____

Latitude _____ Longitude _____

List Global Positioning System (GPS) coordinates (In Decimal: e.g. 44.123456, -123.123456)

IMPORTANT: Attach copy of a map showing boundaries of this growing area. Keep a copy for your records.

Oregon Department of Agriculture, Hemp Program, Phone 503-986-4652 Email: hemp@oda.state.or.us

• Website: <https://oda.direct/HEMP> •

Rev. 11/25/2019