|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | |
| The Northern Territory Government will only use the information collected for the purpose for which it was supplied and such information will not be disclosed to any third party unless required by law. | | | | | | | | | |
| Licensee details | | | | | | | | | |
| Full name | |  | | | Licence number | | |  | |
| Hemp crop details | | | | | | | | | |
| Seed crop | | |  | | | |  | | |
| Variety | | |  | | | |  | | |
| Fibre crop | | |  | | | |  | | |
| Variety | | |  | | | |  | | |
| Stage of flowering % | | |  | | | **Estimated harvest date** | | |  |
| Size of hemp crop (hectares) | | |  | | | **No. of hemp crop varieties being grown** | | |  |
| Crop address /location | | |  | | | | | | |
| Directions to crop | | |  | | | | | | |
| Access issues (e.g. stock, electric fence) | | |  | | | **Mobile phone reception?** | | | Y/N |
| Inspector’s use only | | | | | | | | | |
| Sampling date | | |  | | | **Time** | | |  |
| Arrangements to meet who/where | | |  | | | Phone number | | |  |
| Licensee will be attending on the day | | | Y/N | | | **Copy of licence accessed** | | | Y/N |
| Further information **This form must be sent to the Hemp Compliance Unit at least two weeks before sampling is required.**  Post or email to Hemp Compliance Unit**.** | | | | | | | | | |
| Hemp Compliance Unit Plant Biosecurity Branch Department of Primary Industry and Resources GPO Box 3000  Darwin 0801 Northern Territory | | | | Phone: 08 8999 2118  [hempcompliance@nt.gov.au](mailto:hempcompliance@nt.gov.au) | | | | | |
| End of form | | | | | | | | | |