|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Use this form to notify the Chief Executive Officer of crop failure. Privacy statement 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** |  | | | | |
| **Cultivation address** | | | | | |
|  | | | | | |
| Failure of crop | | | | | |
| Reason for crop failure (if known) |  | | Failure  date | / / | |
| Amount of seed cultivated |  | | Crop disposal method |  | |
| **GPS co-ordinates of failed cultivation site as indicated in cultivation notification form** | | | | | |
| Corner point # | | Latitude | | | **Longitude** |
| 1. | |  | | |  |
| 2. | |  | | |  |
| 3. | |  | | |  |
| 4. | |  | | |  |
| **Licensee declaration** | | | | | |
| Under section 33 of the Hemp Industry Act 2019, the penalty for making a statement that is misleading in any particular is a fine not exceeding $15,700 or imprisonment for 12 months.  I declare that to the best of my knowledge and belief, all information given in this form is true and correct in every particular.  Licensee full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Licensee signature: Date signed: / /  Email completed form to [hempcompliance@nt.gov.au](mailto:hempcompliance@nt.gov.au) or post to:  Hemp Compliance Unit  Department of Industry, Tourism and Trade  GPO Box 3000  Darwin NT 0801 | | | | | |