

VOLUNTARY DESTRUCTION REPORT



Return completed report to:
 Email (preferred): agr.hemp@nebraska.gov

NAME OF LICENSEE/DESIGNEE: _____

LICENSE NUMBER: _____

BUSINESS NAME: _____

PLANTING DATE: ____/____/____

DATE OF PLANNED DESTRUCTION: ____/____/____

METHOD OF DESTRUCTION (tilling, burning, shredding, etc.): _____

SITE NUMBER: _____

LOCATION ID: _____

TOTAL ACRES OR SQUARE FEET: _____

LIST ALL LOT NUMBERS WITHIN THE SITE TO BE DESTROYED:

- | | | | | | | |
|----|--------|----|---------|----|---------------------------|----------------|
| 1. | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # & SUBFIELD LETTER | |
| 2. | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # & SUBFIELD LETTER | |
| 3. | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # & SUBFIELD LETTER | |
| 4. | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # & SUBFIELD LETTER | |
| 5. | _____ | -- | _____ | -- | _____ | VARIETY: _____ |
| | FARM # | | TRACT # | | FIELD # & SUBFIELD LETTER | |

NDA may verify the information on this report via a site inspection and/or be present to witness the destruction.

SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:

 Printed name

 Signature

 Date of Signature