THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

Department of Agricultural Resources
251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr

MDAR
MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES

MA Hemp Harvest Report

Directions

Complete all parts of the following report and submit to the MDAR Hemp Program *at least twenty-one (21) days* before to harvest to allow time to schedule sample testing.

Following the submission of this report, the Program will contact you to schedule an appointment to collect regulatory THC samples. *Harvest may not begin until samples have been collected by the Program.*

The licensee or a previously designated authorized signatory must be physically present during sampling.

Crop must be harvested within 30 days after sampling has taken place, unless otherwise authorized in writing.

Each individual hemp variety by planting location is considered a "Lot." Each Lot must be tested individually by the MA Hemp Program at harvest. Lots may not be co-mingled or combined until a Hemp Certificate is issued.

This report should contain information that corresponds with your Planting Form. All planted crops MUST be reported for harvest, or as a loss.

Please email completed forms to: MAHemp@mass.gov

Please type or print clearly (incomplete or illegible forms will be returned).

License Holder Information

Name of License Holder: First Harvest Hemp	License Number: 25180006D
Primary Contact Name (*if different*): Kevin McGovern	
Submitted by (*please print*): Kevin McGovern	Date: 8-26-2026

Harvest Area Detail

If there is more than one licensed site with hemp to be harvested, please fill out additional Harvest Reports for each site.

Site Name: Field 11		
Physical Address: 464 Hollis St.		
City: Dunstable	State: MA	Zip Code: 01827
FSA Number (*Farm & Tract*): 12256-15998		

FSA numbers are assigned as "Farm Number - Tract Number - Field Number - Subfield Number." Ex: 8736-6253-10-C
To locate your FSA number, please refer to your FSA Farm Map and/or acreage reports filed with your local FSA agent.

Harvest Information *This report should contain information that corresponds with your Planting Form*

Grow Area Name	Variety/Strain	FSA Field No.	Requested Sample Date*	Harvest Area
Field 1	Bulls Eye	3B	8-31-26	1 ☒ acres ☐ ft²
				☐ acres ☐ ft²
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				☐ acres ☐ ft²

*** We will do our best to accommodate your preferred sampling date. Please note that we do not schedule samples on holidays or weekends and will offer alternative dates based on nearest availability.**

Hemp Loss Report: *If you have lost any crops due to poor plant health, pests, disease, weather events or theft, please indicate below. This report should contain information that corresponds with your Planting Form*

Grow Area Name	Variety/Strain	Planting Date	Reason for Loss	Amt. Lost	Total Loss?
				☐ acres ☐ ft²	☐ YES ☐ NO
				☐ acres ☐ ft²	☐ YES ☐ NO
				☐ acres ☐ ft²	☐ YES ☐ NO
				☐ acres ☐ ft²	☐ YES ☐ NO