



State of Hawaii
Department of Agriculture
Quality Assurance Division
1851 Auiki Street, Honolulu, HI 96819-3100
Phone: (808) 832-0676

Date: _____

HEMP TRANSPORTATION REPORT

In accordance with the provisions of Chapter 4-66, Hawaii Administrative Rules of the Division of Quality Assurance, Hawaii Department of Agriculture (HDOA), a Transportation Report is required three business days prior to the import, export, or in state transportation of the following forms of hemp:

- Live hemp plants, propagative plant parts, viable seeds.
- Harvested hemp floral material in raw botanical form (including dried).
- Harvested hemp leaf material in raw botanical form (including dried).

Section A. General Information

Mode(s) of Shipment:

Vehicle Mail Air Freight Boat
 Other (describe) _____

Carrier Name(s):

Please type or print clearly.

Hawaii USDA Hemp Producer License Number: _____

License Holder: _____

Mailing Address _____

Telephone number _____

Email Address _____

Name, address, phone number of shipper:

Type of Transportation:

- Intra-Island shipment
- Inter-Island shipment
- Export (to mainland or foreign)
- Import (from mainland or foreign)

Type of Hemp to be Transported:

- Live hemp plants propagative hemp plant parts viable hemp seeds.
- Harvested hemp floral material in raw botanical form (including dried).
- Harvested hemp leaf material in raw botanical form (including dried).

Section C. Transportation Information

Please provide the following information (attach extra sheet if necessary).

- 1. Date(s) of transportation and estimated date of arrival:**

- 2. Identification of person or entity performing the transportation (attach additional sheets as necessary):**
 - a. If person:** provide documentation establishing the person's identity and status as an employee or contractor of the transporting USDA Licensed Hemp Producer (e.g., ID badge, employment contract, etc.).
 - b. If entity:** provide documentation establishing that the entity is contracted or otherwise employed by the transporting USDA Licensed Hemp Producer to perform the transportation (e.g., shipping contract, work order, etc.).

- 3. Mode(s) of transportation:**
 - a.** Provide information or documentation establishing modes of transportation (e.g., shipping records, flight numbers, vehicle identification: make- model- license plate).

- 4. Point of origin:**
 - a.** Address of location hemp will originate:
 - b.** Originating entity's name:
 - c.** USDA hemp producer license number (intra-island, inter-island or export only):
 - d.** Business address (if different from above):
 - e.** Phone number:
 - f.** Email:

- 5. Ending Location:**
 - a.** Address of location to where the product will be moved:
 - b.** Receiving entity's name:
 - c.** USDA hemp producer license number (intra-island, inter-island or import only):
 - d.** Business address (if different from above):
 - e.** Phone:
 - f.** Email:

Section D. Required Documentation

The following documents must be submitted with each report:

1. A copy of the transporting entity's USDA Hemp Producer License.
2. Proof of purchase (if applicable).
3. Documentation identifying the person or entity performing the transportation.
4. Documentation identifying the mode of transportation.
5. Documentation confirming the specific hemp to be transported has passed all hemp compliance testing required by the United States Department of Agriculture.
6. Documentation identifying the shipper, consignee, and specific type/identity and quantity of hemp to be transported.

IF transporting hemp **intra-island or inter-island**, include copies of both the originating and receiving entities' USDA Hemp Producer Licenses.

IF importing hemp, include a copy of the receiving entity's USDA Hemp Producer License.

IF exporting hemp, include a copy of the originating entity's USDA Hemp Producer License.

Section E. Agreement and waiver

I agree that I, as the requesting transporter, will be responsible for all costs, charges or expenses incident to the transportation, inspection and testing of the hemp materials covered under this transportation report.

I further agree that damages or losses incident to the inspection or the fumigation, disinfection, quarantine, or destruction of the articles, by an authorized agent of the Department of Agriculture, shall not be the basis of a claim against the department or the inspectors for the damage or loss incurred.

I certify that the hemp being transported has passed all compliance testing necessary to ensure compliance with the delta-9 tetrahydrocannabinol concentration thresholds for hemp.

I certify that the transport to be performed complies with the requirements of all applicable municipal, state or federal laws and regulations pertaining to the hemp transported under this report, both within the State of Hawaii and at the point of origin and destination of transportation if out of state.

I (print name) _____, declare under penalty of perjury that the information contained in this form is true and correct and that I am the owner or person with legal control of and authority to bind the herein named transporting licensee.

Print name

Signature

Title

Date

Send the completed Transportation Report to: hemp@hawaii.gov as a single attachment.

Or by mail to:
Quality Assurance Division
ATTN: Hemp
1851 Auiki St.
Honolulu, HI 96819

NOTE: If mailing, you must ensure that the report will arrive three business days prior to the planned transportation.