



Alaska Division of Agriculture Hemp Program

Retailer Report

A registered retailer shall submit a retailer report for each registration term on or before March 1 of the following registration year.

Directions: Complete all parts of the following form and submit to the division on or before March 1 of the following registration year. It is the sole responsibility of the registrant to maintain and keep this documentation. The report must be complete, accurate and legible. Follow all instructions in the document. Be sure to keep a copy of the full report for your records.

The completed form may be filed electronically, mailed, or hand-delivered to the division. For the electronic mail submission of the report, please send completed forms to industrialhemp@alaska.gov. To facsimile a completed form, send to 907-746-1568. To post mail a completed form, send to Alaska Plant Materials Center Hemp Program, 5310 S. Bodenbug Spur, Palmer, AK 99645.

Registered Retailer Name:	
Name of Signing Authority on License (if business):	
Registration Number:	
Email:	Phone:

1) Processed Industrial Hemp or Industrial Hemp Products offered for compensation. Complete the table below. Attach additional page(s) as necessary.

Product Name	Processor/Grower Registration Number	Endorsement Number	Received compensation for the product	Intended for human or animal consumption
1)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2) Consumer Complaints. As a retailer business you are required to document all consumer complaint(s). If a consumer complaint form was filed through the Consumer Protection Unit of the Attorney General’s Office, please attach all complaint form(s) with this report.