



Montana State Hemp Program

PO Box 200201, Helena, MT 59620

Hemp Disposal Witness Statement / Correction Report

License Holder Name:		License Number:	MTSHP-30-
Lot Number(s):	FSA assigned Lot Number(s)	Quantity and form of hemp destroyed:	
Variety or strain:			

Acknowledgment:

This form represents a legal document for which civil or criminal liability may attach. By signing below, both Witness and License Holder assert the truth of statements and information provided.

Any false statements or misrepresentations of material fact contained herein shall constitute perjury and may result in the imposition of a fine, imprisonment, or both.

Witness Name:		Date of Disposal:	
Witness' Signature:		Signature Date:	
Witness' Relationship with Licensee:			
Witness Statement (include names of individuals involved, method of destruction, and quantity destroyed):			
<i>I attest the above information is accurate and truthful.</i>			
License Holder Signature:		Date:	

Any disposal/destruction of hemp must occur on-site, be visually observed by an independent third party and requires this signed Witness Statement/Correction Report be submitted to the department, by mail to the address above or emailed. For assistance, contact Mikayla Moore by phone at (406) 444-5430 or by email at Mikayla.Moore@mt.gov.