

**Michigan Department of Agriculture and Rural Development**

**Cannabis Pesticide Evaluation Form**

\*Email completed forms and a copy of the product label to [MDARD-Pesticide@michigan.gov](mailto:MDARD-Pesticide@michigan.gov)

Product Name: \_\_\_\_\_

EPA Registration Number (if applicable): \_\_\_\_\_

Is product label included?     Yes             No

Is the product currently registered in Michigan per MDARD's [Pesticide Registration database](#)?

Yes             No

Evaluate pesticide for use on:     Marijuana     Hemp

Requestor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**----MDARD Use ONLY----**

Date Received: \_\_\_\_\_

Toxicological Review Completed: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Label Review Completed: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product Approved for Requested List:     Yes             No