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

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