



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF AGRICULTURE  
AND RURAL DEVELOPMENT

GARY MCDOWELL  
DIRECTOR

## Industrial Hemp Sample Submission Form

<b>Licensed Grower:</b>	First Name		Last Name	
<b>Licensed Grower Business Name (if applicable):</b>	Business Name			
<b>License Number:</b>	License Number			
<b>Email:</b>	Email.		<b>Phone:</b>	Phone.
<b>Total acres or Sq ft. to be sampled:</b>	Total Acres or Sq Ft. Sampled		<b>Declared Harvest Date:</b>	Declared Harvest Date
<b>Harvest Crop Coordinates:</b>	<b>Longitude:</b>	Longitude Coordinates.	<b>Latitude:</b>	Latitude Coordinates
From approx. center the harvest field or door of greenhouse, and in decimal format (eg: 45.123456, -123.456789)				
<b>Grow Area Type:</b>	Choose an item.	<b>Field (Outdoor)</b>	<b>Greenhouse (Indoor)</b>	
<b>Strain ID</b>		<b>Sample Type*</b>	<b>Analysis*</b>	
		<b>Plant/Flower</b>	<b>THC</b>	<b>CBD</b>
<b>Cost of Testing Services:</b>		\$125.00 per sample, to be billed to the client		

*\*If you have other products or tests you would like performed or if you have sampling questions, please call 517-284-0500.*

<b>X</b>	<b>X</b>
License Holder	Date