



Cannabis Laboratory Sampling Firm Application for Collecting Samples of Medical Cannabis and Adult Use Cannabis Products

Non-Refundable Application Fee: \$500.00

Approval Fee: \$1000.00 (returned to the applicant if the applicant is not granted approval)

New Application: [checkbox]

Renewal Application: [checkbox]

1. Applicant

Sampling Firm Name: _____
Physical Address: _____ Phone Number: _____
City: _____ State: ____ Zip: _____ County: _____
Email: _____ Website: _____

Mailing Address (if different from above)

Mailing Address: _____
City: _____ State: ____ Zip: _____ County: _____

Billing Address (if different from above)

Billing Address: _____
City: _____ State: ____ Zip: _____ County: _____

Business Hours (in military time)

Table with 7 columns: Saturday, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday. Each column has two blank lines for input.

Laboratory Sampling Firm Application
for Collecting Samples of Medical Cannabis and Adult Use Cannabis Products

2. Primary Contact Person

Salutation: _____ First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

3. Laboratory Sampling Firm Owner

A laboratory sampling firm or holder of a cannabis laboratory testing permit and its true parties of interest shall have no interest in a registered organization, adult-use cultivator, processor, distributor, retail dispensary, cooperative microbusiness, delivery, nursery, on-site consumption, registered organization cultivator processor distributor retail dispensary, registered organization cultivator processor distributor, cannabinoid hemp process, or any other license pursuant to the Cannabis Law.

Checking a box indicates the applicant's understanding and acceptance of the requirement. When asked, please attach the supporting document that meets the requirement. **Failure to check off all the boxes will result in an incomplete application.**

- Attach a copy of the applicant entity's capitalization table and organizational chart identifying each owner or true part of interest adding up to 100% ownership. Ownership level must trace back to a natural person. For all persons listed in the capitalization table or organizational chart, please list the full name of the person.
- Each owner and their immediate family members must complete a Personal History Disclosure for Laboratory Testing and Sampling form or Entity History Disclosure for Laboratory Testing and Sampling form. Attach each owner's response to the questionnaire.

4. Laboratory Sampling Firm Vehicle Information

a. Complete Attachment 1 – Laboratory Sampling Firm Excel Workbook – Vehicle Information Worksheet. The following information must be provided on Attachment 1 for each vehicle or trailer in use by the firm:

1. Year
2. Make
3. Model
4. VIN number
5. License Plate number

b. Attach a copy of the certificate of ownership or registration card issued by New York State Department of Motor Vehicles for each vehicle or trailer listed in Attachment 1.

c. Attach proof of insurance for each vehicle or trailer listed in Attachment 1.

5. Laboratory Sampling Firm Technician Requirements

a. Complete Attachment 1 – Laboratory Sampling Firm Excel Workbook – Technician Information Worksheet. The following information must be provided on Attachment 1 for each laboratory sampling technician:

1. First Name
2. Last Name
3. Salutation
4. Contact information
5. Age
6. Work Hours

b. Education – For each technician, attach, at a minimum, a copy of high school diploma or high school equivalency diploma.

c. Training – For each technician, attach proof that the individual has received training related to the following: sampling and transport of cannabis and data integrity training.

d. Proof of Age – For each technician, attach the individual's driver's license issued by New York State Department of Motor Vehicles or issued by another State.

6. General Requirements

In addition to the 9 NYCRR § 130.19, below are the requirements that a laboratory sampling firm must meet for the Board to determine that the laboratory sampling firm application has been submitted for review and for the Office to begin the application review process. Checking a box indicates the applicant's understanding and acceptance of the requirement. **Failure to check off all the boxes will result in an incomplete application.**

- A laboratory sampling firm shall have standard operating procedures (SOP) in place for sampling. Please attach a copy of the firm's standard operating procedure for sampling cannabis.
- A laboratory sampling firm shall have standard operating procedures in place for transportation. Please attach a copy of the firm's standard operating procedure for transporting cannabis.
- All laboratory sampling firm employees shall be at least 21 years of age.
- A laboratory sampling firm is approved for a two (2) year period. The approval fee is \$1000.00. Please submit payment at time of application. This fee will be returned if the firm is not granted approval.

- The sampling of cannabis shall be video-recorded and maintained for at least 90 calendar days.
- A registered organization or licensee shall not assist the sampling firm technician nor touch the cannabis or sampling equipment while the sampling firm technician obtains the sample.
- A shipping manifest shall accompany every transport of cannabis.
- A chain of custody shall be signed and dated by both the licensee requesting the sampling and analysis and the sampling firm technician.
- While transporting cannabis, a laboratory sampling firm shall ensure all cannabis is not visible to and secure from the public.
- During the two-year approval period, a laboratory sampling firm shall notify the Office with any changes to the following: a) sampling and transportation procedures, b) drivers, and 3) vehicles or trailers within thirty (30) calendar days of the change. Please submit a re-application for such a change.
- A laboratory sampling firm shall maintain sampling and transportation records, employee training records, and SOPs for no less than five (5) years.
- In the event the laboratory sampling firm goes out of business or ownership is transferred to another approved laboratory sampling firm, it shall have a plan or procedure in place to ensure all records are maintained for no fewer than five (5) years. Please attach a copy of your plan or procedure.

7. Attestation

By checking the box and digitally signing below, a laboratory sampling firm verifies and affirms under penalties of perjury that:

- a) that all statements made in this application are true, and any document that accompanies, or is provided to supplement, this application that is not an original document is a true copy of the original document;
- b) the owners of the laboratory sampling firm are of good moral character;
- c) the laboratory sampling firm and its staff has the skills, resources and expertise needed to accurately and consistently perform all of the sampling required for adult-use cannabis, and medical cannabis;
- d) the laboratory sampling firm has in place and will maintain adequate policies, procedures, and facility security to ensure proper: collection and transport of adult-use cannabis, and/or medical cannabis;
- e) the laboratory sampling firm shall continue to disclose material changes in the information provided for its cannabis sampling firm approval;
- f) for the sampling of cannabis, the laboratory sampling firm is physically located in New York State; and

- g) the laboratory sampling firm meets any and all requirements prescribed by the Cannabis Law and applicable regulations under Subtitle B of Title 9 of New York Codes, Rules and Regulations.

Digital Signature/Date: _____ Date: _____

For Internal Use Only	
Date App. Received _____	Reviewer 1/Date _____
Payment Received ___Y ___N	Reviewer 2/Date _____
All Docs Received ___Y ___N	Approver/Date _____
Approval No. _____	