



Cannabis Laboratory Permit Application for Testing Medical Cannabis and Adult Use Cannabis Products

Non-Refundable Application Fee: \$1000.00

New Application: [checkbox]

Renewal Application: [checkbox]

1. Applicant

Laboratory Name: _____
Physical Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ County: _____
Email: _____ Website: _____

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.

2. Primary Contact Person

Salutation: _____ First Name: _____ Last Name: _____

Phone Number: _____ Email: _____



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3. Cannabis Laboratory Permit Information

A 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 processor, or any other registration, license or permit pursuant to the Cannabis Law.

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.**

- Attach a copy of the applicant entity's capitalization table and organizational chart identifying each owner or true party of interest adding up to 100% ownership. Ownership level must track back to a natural person, including when ownership involves a multi-level ownership structure. For all persons listed in the capitalization table or organizational chart, please list the full name of the individual.

- 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. Certification

All cannabis laboratories shall have ISO/IEC 17025 accreditation, or accreditation that is based on ISO/IEC 17025 accreditation by any other laboratory accreditation authority approved by the Office (i.e., New York State Department of Health, Environmental Laboratory Approval Program (ELAP)).

ISO or ELAP Certification #: _____ Date of Certification: _____

Attach 1) a copy of your ISO Certification and 2) most recent audit report.



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5. Cannabis Personnel Requirements

- a. Complete Attachment 1 – Cannabis Personnel Requirements Excel Workbook. The following positions must be provided on Attachment 1:
 - i. Lead Cannabis Technical Director - The lead Technical Director must be designated. Proof of such designation shall be provided to the Office when requested.
 - ii. Cannabis Technical Director(s)
 - iii. Cannabis Quality Assurance Officer
 - iv. Cannabis Laboratory Technician(s)

Cannabis laboratories must appoint a technical director(s) who shall have the requisite credentials and experience for the specific area or areas in which the cannabis laboratory intends to conduct testing.

- b. Education - Attach undergraduate and graduate transcripts. If degrees were obtained from a foreign university or college, please provide a copy of the evaluation of the transcript performed by an organization such as World Educational Service, Inc.
- c. Experience - Attach a current curriculum vitae or resume.

6. General Requirements

In addition to 9 NYCRR § 130.7, below are the requirements that a cannabis laboratory must meet for the Office to begin the application review process. 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.**

- A cannabis laboratory shall have an effective quality system in place. Please attach a copy of your cannabis laboratory's quality manual.
- A cannabis laboratory shall have participated in required proficiency testing as determined by the Office. Please have the proficiency test provider send all proficiency test results directly to labs@ocm.ny.gov.
- A cannabis laboratory shall have a security system to prevent and detect diversion, theft or loss of cannabinoid hemp, cannabis product, or medical cannabis and any other intermediates or forms, utilizing commercial grade equipment. Please attach a detailed plan or standard operating procedure related to the security, safety and storage of cannabis at your cannabis laboratory.



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- A cannabis laboratory shall have a chain of custody (COC) procedure to ensure accurate documentation is recorded for the sampling, transport, receipt, handling, storage, and destruction of samples. Please attach a copy of your procedure and COC form.
- A cannabis laboratory shall prepare a certificate of analysis (COA). Please attach a copy of your COA template.
- A cannabis laboratory shall retain records for no less than five (5) years.
- In the event a cannabis laboratory goes out of business or ownership is transferred to another permitted cannabis laboratory, it must 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.
- A cannabis laboratory shall comply with the Cannabis Law and associated regulations and guidance that govern cannabis testing in New York State.

7. Testing of Cannabis

Please select the area of testing for which your cannabis laboratory seeks a permit. Attach the following with each area of testing: 1) standard operating procedure and 2) initial demonstration of capability (DOC), including summary data for the *primary technician only* as part of the application process.

- | | |
|---|---|
| <input type="checkbox"/> Phytocannabinoid profile | <input type="checkbox"/> Mycotoxins |
| <input type="checkbox"/> Heavy metals | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Residual solvents | <input type="checkbox"/> Water activity |
| <input type="checkbox"/> Moisture content | <input type="checkbox"/> Filth and Foreign material |
| <input type="checkbox"/> Terpenoids | <input type="checkbox"/> Microbiology |

8. Attestation

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

- a) 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 and directors of the cannabis laboratory are of good moral character;
- c) the cannabis laboratory and its staff has the skills, resources and expertise needed to accurately and consistently perform all of the testing required for adult-use cannabis, medical cannabis and/or cannabinoid hemp or hemp extract;



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- d) the cannabis laboratory has in place and will maintain adequate policies, procedures, and facility security to ensure proper: collection, labeling, accessioning, preparation, analysis, result reporting, disposal and storage of adult-use cannabis, and/or medical cannabis;
- e) the cannabis laboratory shall continue to disclose material changes in the information provided for its cannabis laboratory permit;
- f) for the testing of cannabis, the cannabis laboratory is physically located in New York State; and
- g) the cannabis laboratory meets any and all requirements prescribed by the Cannabis Law.

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 _____
Permit No. _____	