



CANNABIS TESTING LABORATORY LICENSE AND RENEWAL APPLICATION

New Application

Renewal Application

SECTION 1 – BUSINESS INFORMATION

Business Organizational Structure: (check one):

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Domestic NM LLC | <input type="checkbox"/> Domestic NM Profit Corporation |
| <input type="checkbox"/> Domestic NM Nonprofit Corporation | <input type="checkbox"/> Domestic NM Cooperative Association |
| <input type="checkbox"/> Foreign Limited Liability Company | <input type="checkbox"/> Foreign Profit Corporation |
| <input type="checkbox"/> Foreign Nonprofit Corporation | <input type="checkbox"/> Foreign Cooperative Association |
| <input type="checkbox"/> Foreign Business Trust | |

Legal Business Name: _____

Doing Business As (DBA): _____

SS#, TIN, or FEIN: _____

Physical Business Address: _____

City: _____ State: _____ Zip Code: _____

By checking this box, I affirm that the address listed above is not located within the exterior boundaries of a federally recognized Indian Nation, Tribe or Pueblo located wholly or partially in the state.

Mailing Address (if different than primary address): _____

City: _____ State: _____ Zip Code: _____

Business Website (if any): _____

Email Address: _____ Phone Number: _____

Business Days and Hours of Operation: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Is Applicant a New Mexico resident? Yes No Not Applicable

Please specify race, if applicable (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Some Other Race |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Not applicable |

Please specify ethnicity (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Not of Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Another Hispanic, Latino or Spanish origin | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Mexican, Mexican American, Chicano | |

Gender

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-conforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Not applicable |

SECTION 3 - CONTROLLING PERSON(S) BACKGROUND INFORMATION:

*Controlling Person means a person that controls a financial or voting interest of ten percent or more of, or an officer or board member of, a cannabis establishment; and does not include a bank or licensed lending institution.

Has any Controlling Person, or a business entity in which the Controlling Person was associated, been: (1) denied a license or had a license suspended or revoked by the division or any other state cannabis licensing authority; or (2) had any administrative orders, or sanctions for unlicensed cannabis activity by any state licensing authority, against the applicant or controlling person within the three years immediately preceding the date of the application:

Yes No

*If the answer to the question above is yes, Controlling Person(s) must provide a detailed description, as an attachment to the application, of any administrative orders, civil judgements, denial or suspension of a cannabis license, revocation of a cannabis license, or sanctions for unlicensed cannabis activity by any state licensing authority, against the applicant, controlling person, or a business entity in which the applicant or controlling person was a controlling person within the three years immediately preceding the date of the application.

Has a Controlling Person(s) ever been convicted of the following crimes:

- A felony conviction involving fraud, deceit, or embezzlement;
- A felony conviction for hiring, employing, or otherwise using a person younger than eighteen years of age to:
 - Prepare for sale, transport or carry a controlled substance; or,
 - Sell, give away or offer to sell a controlled substance to any person;
- A felony offense for the possession, use, manufacture, distribution or dispensing or possession with the intent to manufacture, distribute or dispense a controlled substance, which no longer includes cannabis.

Yes

No

*If the answer to the question above is yes, Controlling Person(s) must provide a detailed description of any criminal convictions, including for each: the date of the conviction; dates of incarceration, probation, or parole; description of the offense; and any evidence of rehabilitation, including court documents, personal or professional references, completion of treatment, employment records, and other relevant information.

SECTION 4 - PRIMARY CONTACT PERSON

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

SECTION 5 – DOCUMENTATION

- 1) Copy of approved identification as proof of age for the applicant, if applicable, and each controlling person. Approved proof of age includes identification issued by a federal or state government that includes the name, date of birth, and picture of the applicant or controlling person.
- 2) Applicant’s social and economic equity plan to encourage economic and social diversity in employment, including race, ethnicity, gender, age, and residential status of licensee, controlling persons, and employees of applicant and whether the applicant, controlling persons, employees or the locations where the cannabis products are produced are located in an underserved rural community, including tribal, acequia, land grant-merced, federally designated opportunity zone, or other rural historic communities.
- 3) Notarized Authorization for Release of Information form for each controlling person.
- 4) If applicable, proof of Initial Demonstration of Capability (IDC) identifying a limit of quantitation that is equal to or lower than the action level for each type of test the laboratory intends to conduct, except tests for research and development purposes.
- 5) If applicable, proof of a Continuing Demonstration of Capability (CDC) for each test performed.
- 6) If applicable, a written claim of confidentiality for documents submitted to the division that disclose operating procedures and protocols the applicant considers Confidential Trade Secrets (CTS), as defined in the Uniform Trades Secrets Act.
- 7) If applicable, a list of categories of testing for which licensure is sought as set forth in 16.8.2.44(A)(4)(a)

SECTION 6 – ATTESTATION/CERTIFICATION.

- 1) I consent to undergo a national criminal history background check and department of public safety (DPS) statewide criminal history screening background check. I understand for purposes of this rule, background checks shall be required for: (1) each partner of a limited partnership; (2) each member of a limited liability company; (3) each director, officer, or trustee of a corporation or trust; and (4) any controlling person of the applicant.
- 2) I certify I will adhere to cannabis testing laboratory requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 3) I certify I will adhere to cannabis transport requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 4) I certify I will adhere to the quality assurance requirements pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, and division rules.
- 5) I certify I will adhere to applicable federal, state and local laws governing the protection of public health and the environment, including occupational health and safety, food safety, environmental impacts, natural resource protections, air quality, solid and hazardous waste management, and wastewater discharge.
- 6) I certify I have never been denied a license or had a license suspended or revoked by the division or any other state cannabis licensing authority or a detailed description of any administrative orders, civil judgements, denial or suspension of a cannabis license, revocation of a cannabis license, or sanctions for unlicensed medical or commercial cannabis activity by any state licensing authority, against the applicant, controlling person, or a business entity in which the applicant or controlling person was a controlling person within the three years immediately preceding the date of the application.
- 7) I certify that a premises diagram shall be kept at each licensed premises at all times and made available for in person inspection by the Cannabis Control Division or its agents upon request. This premises diagram will conform to the requirements set forth in 16.8.2.46 NMAC: Testing Laboratory Premises Diagram.
- 8) Applicant is not licensed under the Liquor Control Act and the same location as the testing laboratory as set forth in 16.8.2.44(A)(3)(e) NMAC.
- 9) Under penalty of perjury, Applicant hereby declares that the information contained within and submitted with the application is complete, true and accurate. Applicant understands that a misrepresentation of fact or violation of the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules may result in denial of the license application or revocation of a license issued.
- 10) I certify I have obtained a current local jurisdiction business license, or will prior to operation of the cannabis establishment, and shall adhere to local zoning ordinances.

Applicant Signature

Printed Name

Date Signed

CONTROLLING PERSON ADDENDUM:

A copy of this addendum shall be filled out for each controlling person associated with the application for licensure.

*Applicant means any person who is seeking to become licensed pursuant to the Cannabis Regulation Act, the Lynn and Erin Compassionate Use Act, or division rules.

*Controlling Person means a person that controls a financial or voting interest of ten percent or more of, or an officer or board member of, a cannabis establishment; and does not include a bank or licensed lending institution.

*Person means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, or any other legal or commercial entity.

Controlling Person's Name (first and last): _____

Date of Birth: _____

Preferred Gender Pronoun He She They

Has Controlling Person ever legally changed their name or used a different name for employment or school?

Yes No

If yes, list additional names used: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Is Controlling Person a New Mexico resident? Yes No

Please specify race (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Some Other Race |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Korean | |

Please specify ethnicity (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Not of Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Another Hispanic, Latino or Spanish origin | <input type="checkbox"/> Prefer not to answer |

Please specify gender

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-conforming |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Non-binary | |



The below section for CCD official use only

Date application was rec'd: _____ Application fee: \$ _____

Date payment was rec'd: _____ Check number: _____

Staff member processing application: _____

Request approved: Yes No Approved date: _____

License number: _____

BioTrack UBI number: _____ BioTrack license: _____

Notes: _____

