

Application for Maine Cannabis Testing Facility Certification Revision

Maine CTF Certification Program • 286 Water St., 11 SHS • Augusta, ME 04333-0011
(207) 287-4758 • (207) 287-3220 • FAX: (207) 287-4172

A. Date of Revision Request: _____

B. Type of Revision: ✓ Check all that apply.

Addition of technology(ies) Addition of analyte(s) to existing technology
 Removal of technology(ies) Removal of analyte(s) from existing technology

C. Cannabis Testing Facility Name: _____

Cannabis Testing Facility ID#: _____

D. Physical Address (Cannabis Testing Facility location to appear on certificate):

(Number and Street)

(City)

(State)

(Zip Code)

E. Mailing Address (if different from physical address):

(P.O. Box or Number and Street)

(City)

(State)

(Zip Code)

F. Cannabis Testing Facility Telephone Number: _____

G. Website Address: _____

H. Fees

1. A fee will be charged for the addition of new technologies to the certificate as indicated below.
2. There is no fee to add analytes to a technology for which the cannabis testing facility is currently certified.
3. There is no fee to remove technologies or analytes from the certificate.
4. There are no refunds given for technologies voluntarily dropped or removed due to suspension or revocation.

	Fees	Number of New Methods Requested	Total
New Analyte Categories			
Microbiological Contaminants	\$50 per technology		
Visual Inspection	\$50 per technology		
Water Activity	\$50 per technology		
Metals	\$125 per technology		
Solvents	\$150 per technology		
Pesticides	\$150 per technology		
Cannabinoids	\$150 per technology		
TOTAL PAYMENT:			\$

Payment: Please make check payable to: **'Treasurer, State of Maine'** for the amount listed above. Please mail checks to: Felicia Dumont at Maine CTF Certification Program, 286 Water Street, 11 SHS, Augusta, ME 04333.

Check Number: _____

Check Amount: _____

I. When adding a new technology or analyte to the certificate, the following information is required:

Submit an electronic copy of the analytes and technologies requested from the Maine technology/analyte table with associated, current MDL/RL data.

J. Statement of Validation:

I have read 18-691 CMR, Chapter 5, Maine Certification of Cannabis Testing Facilities Rules and 18-691 CMR, Chapter 1, Maine Adult Use Cannabis Program Rules.

I submit this completed Application to the Maine Cannabis Certification Program. I attest that the information in this application is true, accurate and complete to the best of my knowledge.

In addition to this form and the applicable fees, I have submitted the following documents electronically in accordance with 18-691 CMR, Chapter 5:

- A Cannabis Testing Facility procedures manual (SOP) meeting the standards of Section 3.3 (when applicable).
- The list of technology/analyte combination requested (in the electronic format specified by the State, found in the Technology Analyte Table (TAT)). Please include Cannabis testing facility-determined MDL and RL values with units in this table.
- The most recent passing proficiency testing result for each field of testing for which the testing facility seeks certification and for which there are proficiency tests available. The proficiency testing samples must be from an approved provider and be analyzed within 6 months prior to the date that this application is received by the certification officer as per Section 3.4.

With the attached application(s), I hereby apply for certification in accordance with the terms listed in 18-691 Chapter 5, Maine Certification of Cannabis Testing Facilities Rules and Chapter 1 Maine Adult Use Cannabis Program Rules Section 2.7.2.

Signature of Laboratory Representative

Print Name

Date