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Illinois Department of Agriculture
 Springfield, Illinois

**APPLICATION FOR LABORATORY APPROVAL
 TO HANDLE, TEST OR ANALYZE CANNABIS IN
 ILLINOIS**

SUBMISSION INSTRUCTIONS: This Application is 2 pages. Complete both pages, and attach any additional documentation necessary. Mail a paper copy of the application and additional documentation, along with a USB containing all of the same information, to: Illinois Department of Agriculture, Attention Division of Cannabis Regulation, P.O. Box 19287, Springfield, IL 62794.

As required by 8 IAC 1000.500 (Compassionate Use of Medical Cannabis Administrative Rules) and 410 ILCS 705/50-5 (Cannabis Regulation and Tax Act) application is hereby made for approval as a laboratory for the purposes of handling, testing, or analyzing cannabis in Illinois.

Name _____ Telephone _____

Mailing Address _____
 Street and/or P.O Box City State Zip

Laboratory Location _____
 Street Address City State Zip

Laboratory attests to the following:

1. It has methods validated to ISO 17025 standards by the following independent organization that has a current ISO 17025 accreditation:

Name of Company, Firm, Corporation		Phone	
<hr/>			
Street Address	City	State	Zip
<hr/>			
Email address: _____			

2. It is independent from all other persons involved in the cannabis industry in Illinois and no person with a direct or indirect interest in the laboratory has a direct or indirect financial, management or other interest in a dispensary, dispensary facility, cultivation center, certifying physician or any other entity that may benefit from the production, manufacture, dispensing, sale, purchase or use of cannabis.
3. It has employed at least one person to oversee and be responsible for the laboratory testing who has earned, from a college or university accredited by a national or regional certifying authority, at least:

- a. A master's level degree in chemical or biological sciences and a minimum of two years post-degree laboratory experience; or
- b. A bachelor's degree in biological sciences and a minimum of four years post-degree laboratory experience. Please identify the employee and the specific information regarding the degree, the accredited college or university and the experience.

Name

Phone

Degree

College/University

Experience -Specific details. This field will expand , or Applicants may choose to attach additional pages.

- 4. It has attached a list of all analytical methods validated with a copy of the most recent annual inspection report granting validation of the aforementioned methods. Additionally, every annual report hereafter will be submitted to the Department.
- 5. It has read and is familiar with Section 1000.510 of the Department's Compassionate Use of Medical Cannabis Administrative Rules (8 IAC 1000.510) AND Section 55-5 of the Cannabis Regulation and Tax Act (410 ILCS 705/50-5), and will handle, test, or analyze each batch and or sample submitted to it and comply with all other requirements in accordance with each.

Signature of Applicant

Title

Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

(SEAL)

Notary Public