

**Maryland Department of Health Mental Hygiene  
Maryland Medical Cannabis Commission (“MMCC”)**

**Registration for Medical Cannabis Independent Testing  
Laboratory “ITL”**



MARYLAND  
**MMCC**

Natalie M. LaPrade  
**Maryland Medical Cannabis Commission**

**Publication Release Date:  
December 11, 2015**

**For additional information regarding the registration process, please contact:  
Natalie M. LaPrade Medical Marijuana Commission  
Department of Health and Mental Hygiene  
For Registration Questions: [dhmh.medicalcannabis.gov](http://dhmh.medicalcannabis.gov)**



**REGISTRATION INFORMATION SHEET**

<b>1</b>	<b>REGISTRANT NAME</b>		
<b>2</b>	<b>STREET ADDRESS</b>		
<b>3</b>	<b>CITY, STATE, ZIP</b>		
<b>4</b>	<b>TELEPHONE NUMBER</b>		
	<b>AREA CODE</b>	<b>NUMBER:</b>	<b>EXTENSION:</b>
<b>5</b>	<b>FAX NUMBER</b>		
	<b>AREA CODE</b>	<b>NUMBER:</b>	<b>EXTENSION:</b>
<b>6</b>	<b>TOLL FREE NUMBER</b>		
	<b>AREA CODE</b>	<b>NUMBER:</b>	<b>EXTENSION:</b>
<b>7</b>	<b>Contact person for providing information, signing documents, or ensuring actions are taken regarding COMAR chapter 10.62.16.</b>		
	<b>Name:</b>		
	<b>Title:</b>		
	<b>Address:</b>		
	<b>Email Address:</b>		
<b>8</b>	<b>TELEPHONE NUMBER AND FAX FOR CONTACT PERSON</b>		
	<b>AREA CODE</b>	<b>TELEPHONE NUMBER:</b>	<b>EXTENSION:</b>
		<b>FAX NUMBER:</b>	
<b>9</b>	<b>CONTACT PERSON SIGNATURE</b>		
	<b>SIGNATURE:</b>		<b>DATE:</b>



**A. Laboratory Employee Registration Form**

Complete this form for every ITL employee. Use as many registrations forms as needed.

**1. Laboratory Director Information**

Laboratory Director Name

Degree(s)

Employment Type

\_\_\_\_\_

\_\_\_\_\_

Full Time  Part Time

Date of Birth

\_\_\_\_\_

**2. Laboratory Supervisors and Managers Information**

Supervisor or Manager Name

Degree(s)

Employment Type

\_\_\_\_\_

\_\_\_\_\_

Full Time  Part Time

Date of Birth

\_\_\_\_\_

**3. Laboratory Employee(s)**

Employee Name

Degree(s)

Employment Type

\_\_\_\_\_

\_\_\_\_\_

Full Time  Part Time

Date of Birth

\_\_\_\_\_

### **B. (1) Registration Submission Instructions**

To register, an ITL shall:

- (1) Submit this completed ITL registration form as both a hard copy and an electronic copy in Microsoft Word format using a USB drive.
- (2) Submit a copy of the certificate of accreditation for the laboratory accompanied by the scope of accreditation;
- (3) Submit a registration for each ITL employee actually employed at the time of registration or intended to become employed; and
- (4) Pay the registration fee specified in COMAR 10.62.35.01 of \$100 per ITL, and \$200 for each ITL employee. All fees must be provided in the form of a check payable to the Maryland Medical Cannabis Commission.

### **B. (2) Provisional Registration Submission Instructions**

Alternately, the ITL may apply for a provisional registration if it has not been issued a certificate of accreditation in Maryland. To register for a provisional registration, an ITL shall:

- (1) Submit a completed ITL registration form as specified above;
- (2) Submit a copy of the contract with an accreditation body for the Maryland-based laboratory seeking to register to become accredited, accompanied by a copy of the proposed scope of the accreditation; or
- (3) Submit evidence that the ITL has been accredited by the accreditation body in another jurisdiction;
- (4) Submit a registration for each ITL employee then intended to be employed; and
- (5) Pay the registration fee specified in COMAR 10.62.35.01 of \$100, and \$200 for each employee, in the form of a check payable to the Maryland Medical Cannabis Commission.

### **B. (3) Conversion of Provisional Registration to Regular Registration**

Once a provisionally registered ITL has obtained a certificate of accreditation, it shall apply to be regularly registered, but:

- (1) The term of the registration may not exceed the term of the provisional registration; and
- (2) No additional registration fee need be paid for that term.

### C. Definitions

**For the purpose of this registration, the following terms and definitions are used:**

(1) **“Accreditation body”** means a nonprofit, impartial organization that requires conformance to 17025 ISO/IEC requirements and is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement for Testing.

(2) **“Certificate of accreditation”** means a certificate issued by an accrediting body for the ITL facility, entity or site to be registered in Maryland.

(3) **“Independent Testing Laboratory” or “ITL”** means any facility, entity, or site in Maryland that offers or performs tests of medical cannabis or products containing medical cannabis, is independent of any entity that grows, processes or dispenses cannabis, and is recommended to comply with all of the below:

(a) Accredited as operating to ISO standard 17025 by an accreditation body:

(i) Operating in accordance with the International Organization for Standardization (ISO) standard ISO/IEC 17011; and

(ii) That is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA); and

(iii) That is independent from all other persons involved in the Maryland cannabis industry; and

(b) Registered with the Commission.

(4) **“Scope of accreditation”** means a document issued by the accreditation body which describes the methodologies, range, and parameters for testing medical cannabis or products containing medical cannabis for which the accreditation has been granted.

For additional definitions, please see Md. Code, Health Gen §§13-3301- *et seq.*; and COMAR 10.62.01, *et seq.*

**D. Laboratory Affirmation Section**

**The Registrant understands and agrees to the following:**

	Yes	No	N/A
1. An ITL shall register with the Commission	<input type="checkbox"/>	<input type="checkbox"/>	
2. This Registration Form shall be complete in every material detail.	<input type="checkbox"/>	<input type="checkbox"/>	
3. To register, an ITL shall submit a completed ITL registration form.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The Commission may disallow or terminate a registration if any part of the Registration Form contains a misstatement, omission, misrepresentation, or untruth.	<input type="checkbox"/>	<input type="checkbox"/>	
5. The Commission may request any additional information it deems necessary.	<input type="checkbox"/>	<input type="checkbox"/>	
6. The party seeking to register shall provide any additional information requested by the Commission, by the close of business of the 14th business day after the request has been received by the Registrant.	<input type="checkbox"/>	<input type="checkbox"/>	
7. If the party seeking to register does not provide the requested information within 14 business days, the Commission may deny the registration.	<input type="checkbox"/>	<input type="checkbox"/>	
8. To register, an ITL shall pay the registration fee specified in COMAR 10.62.35.01.	<input type="checkbox"/>	<input type="checkbox"/>	
9. To register, <b>for a non-provisional license</b> , an ITL shall submit a copy of the certification of accreditation accompanied by the scope of accreditation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To register, <b>for a non-provisional license</b> , an ITL shall submit detailed information regarding all laboratory employees and complete the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No	N/A
Laboratory Employee Registration Form.			
11. The Commission may issue a <b>provisional license</b> to an ITL that has not yet been issued a certification of accreditation in Maryland if the ITL:			
a. Submits detailed information regarding all laboratory employees and a completed ITL registration form;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pays the registration fee as specified in COMAR 10.62.35.01;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Submits a copy of the contract with the accreditation body applying to become accredited, accompanied by a copy of the proposed scope of the accreditation;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If accredited in another jurisdiction, the registrant will submit evidence the ITL has been accredited by the accreditation body in another jurisdiction; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Submits the name, address, and date of birth of each ITL employee and a copy of the application form completed by each ITL employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Once it has obtained a certification of accreditation, a provisionally registered ITL shall apply to be registered, but:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. The term of the registration may not exceed the term of the provisional registration; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. No additional registration fee need be paid for that term.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The ITL shall require each employee to complete and execute the	<input type="checkbox"/>	<input type="checkbox"/>	

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	Yes	No	N/A
Laboratory Employee Registration Form, as they are hired.			
14. The ITL shall establish and follow written procedures to verify the experience and education of laboratory employees, and to train every laboratory employee to completely carry out the employee’s responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	
15. The ITL shall submit to the Commission the registration form for each ITL employee within 15 days after the date the ITL employee was hired.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Upon termination of the association of a registered ITL employee with it, the ITL shall:			
a. Obtain any keys or other entry devices from the terminated ITL employee; and	<input type="checkbox"/>	<input type="checkbox"/>	
b. Ensure the terminated ITL employee can no longer gain access to the laboratory premises; and	<input type="checkbox"/>	<input type="checkbox"/>	
c. Within 1 business day of the termination of ITL employee, notify the Commission of the termination.	<input type="checkbox"/>	<input type="checkbox"/>	
17. The ITL shall notify the Commission within 1 business day after the ITL obtains notice of any kind that its accreditation has been denied, suspended or revoked.	<input type="checkbox"/>	<input type="checkbox"/>	
18. Registrant understands that the registration is valid for 2 years from the date it is issued by the Commission.	<input type="checkbox"/>	<input type="checkbox"/>	
19. The registration may be renewed by submitting to the Commission:			



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	Yes	No	N/A
a. A copy of the ITL registration form;	<input type="checkbox"/>	<input type="checkbox"/>	
b. Payment of the registration fee in COMAR 10.62.35;	<input type="checkbox"/>	<input type="checkbox"/>	
c. Submission of copies of the most recent:			
i. Assessment from the accreditation body; and	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Periodic review of the proficiency testing of the results obtained by the ITL.	<input type="checkbox"/>	<input type="checkbox"/>	
20. No ITL may handle, test, or analyze cannabis or cannabis products unless the ITL:			
a. Has been registered by the Commission;	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is independent from all other persons and entities involved in the medical cannabis industry;	<input type="checkbox"/>	<input type="checkbox"/>	
c. Is accredited by an accreditation body or has a provisional registration from the Commission; and	<input type="checkbox"/>	<input type="checkbox"/>	
d. Has established standard operating procedures that provide for adequate chain of custody controls for samples transferred to the ITL for testing.	<input type="checkbox"/>	<input type="checkbox"/>	
21. The ITL shall follow the methodologies, ranges, and parameters which are contained in the scope of the accreditation for testing medical cannabis or products containing medical cannabis.	<input type="checkbox"/>	<input type="checkbox"/>	
22. The ITL will adopt a standard operating procedure to test medical cannabis	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	N/A
and medical cannabis infused products that are approved by an accreditation body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement.			
23. The ITL will obtain sufficient samples of each batch according to a statistically valid sampling method to conduct the necessary analyses.	<input type="checkbox"/>	<input type="checkbox"/>	
24. The ITL will analyze the samples according to:			
a. The most current version of the cannabis inflorescence monograph published by the American Herbal Pharmacopeia (AHP); or	<input type="checkbox"/>	<input type="checkbox"/>	
b. A scientifically valid methodology that is equal or superior to that of the AHP monograph.	<input type="checkbox"/>	<input type="checkbox"/>	
25. In the event of a test result for a sample which falls out of specification, the ITL shall:			
a. Follow its standard operating procedure to confirm or refute the original result;	<input type="checkbox"/>	<input type="checkbox"/>	
b. Issue a certificate of analysis; and	<input type="checkbox"/>	<input type="checkbox"/>	
c. Destroy the remains of the samples of medical cannabis after the analysis is completed.	<input type="checkbox"/>	<input type="checkbox"/>	
26. The ITL shall issue a certificate of analysis for each batch, with supporting data, that reports:	<input type="checkbox"/>	<input type="checkbox"/>	
a. The chemical profile of the batch, and that the batch conforms to the specifications of the grower for the variety, for the following	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	N/A
compounds: <ul style="list-style-type: none"> <li>i. Δ 9-Tetrahydrocannabinol (THC);</li> <li>ii. Tetrahydrocannabinolic Acid (THCA);</li> <li>iii. Cannabidiol (CBD);</li> <li>iv. Cannabidiolic Acid (CBDA); and</li> <li>v. The terpenes described in the most current version of the cannabis inflorescence monograph published by the American Herbal Pharmacopeia (AHP);</li> <li>vi. Cannabigerol (CBG); and</li> <li>vii. Cannabinol (CBN).</li> </ul>			
b. That the presence in the batch of the following contaminants does not exceed the levels as required by the AHP monograph: <ul style="list-style-type: none"> <li>i. Heavy metals, mercury, lead, cadmium, or arsenic;</li> <li>ii. Foreign material such as hair, insects, or any similar or related adulterant;</li> <li>iii. Any microbiological impurity, including:               <ul style="list-style-type: none"> <li>1. Total aerobic microbial count (TAMC);</li> <li>2. Total yeast mold count (TYMC);</li> <li>3. P. aeruginosa;</li> <li>4. Aspergillus spp.;</li> <li>5. S. aureus;</li> <li>6. Aflatoxin B1, B2, G1, and G2; and</li> <li>7. Ochratoxin A.; and</li> <li>8. Pesticide residue.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Whether the batch is within the specification of the grower for the characteristics of the variety regarding:	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	N/A
i. Odor; ii. Appearance; iii. Fineness; and iv. Moisture content.			
d. That in the batch the residual levels of volatile organic compounds (VOCs) are below the specifications as set by the United States Pharmacopeia (USP Chapter 467).	<input type="checkbox"/>	<input type="checkbox"/>	
27. An ITL shall conduct stability testing of samples provided by Licensed Growers at 6-month intervals.	<input type="checkbox"/>	<input type="checkbox"/>	
28. As a part of the stability testing, the ITL shall ensure the potency and purity of the sample.	<input type="checkbox"/>	<input type="checkbox"/>	
29. As a part of the stability testing, the ITL shall provide support for expiration dating for the sample.	<input type="checkbox"/>	<input type="checkbox"/>	
30. Submission of a Registration to register as an ITL irrevocably gives the Commission consent to conduct all inspections to ensure compliance with State law and regulations including inspection of:	<input type="checkbox"/>	<input type="checkbox"/>	
a. All premises of an ITL seeking to be registered; and	<input type="checkbox"/>	<input type="checkbox"/>	
b. All aspects of a registrant’s operation to determine that the operation conforms to the terms of the registration.	<input type="checkbox"/>	<input type="checkbox"/>	
31. The Commission may conduct announced and unannounced inspections of the facilities of independent testing laboratories to determine compliance	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	N/A
with statute and regulations.			
32. Failure by a registered ITL to provide the Commission with immediate access to any part of a premises, requested material, information, as part of an inspection may result in the imposition of a civil fine, suspension of or revocation of the registration.	<input type="checkbox"/>	<input type="checkbox"/>	
33. During an inspection, the Commission may:			
a. Review and make copies of all records.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Enter any place, in which medical cannabis is held, tested, delivered, transported or otherwise disposed of.	<input type="checkbox"/>	<input type="checkbox"/>	
c. Inspect any records or files related to: <ul style="list-style-type: none"> <li>i. Controls;</li> <li>ii. Facilities; and</li> <li>iii. Employee data.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Question personnel present at the location.	<input type="checkbox"/>	<input type="checkbox"/>	
e. Review and make copies of all records.	<input type="checkbox"/>	<input type="checkbox"/>	
f. Enter any place, including a vehicle, in which medical cannabis is held, dispensed, sold, produced, tested, delivered, transported, manufactured or otherwise disposed of.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Inspect all equipment, raw and processed material, containers and labeling, and all things therein including: <ul style="list-style-type: none"> <li>i. Records;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	N/A
ii. Files; iii. Financial data; iv. Sales data; v. Shipping data; vi. Pricing data; vii. Employee data; viii. Research; ix. Papers; x. Processes; xi. Controls; and xii. Facilities.			
h. Inventory any medical cannabis.	<input type="checkbox"/>	<input type="checkbox"/>	
i. Inspect any equipment, instruments, tools or machinery used to analyze: <ul style="list-style-type: none"> <li>i. Medical cannabis;</li> <li>ii. Medical cannabis concentrate; or</li> <li>iii. Medical cannabis-infused product.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Question personnel present at the location and any agent of the registrant.	<input type="checkbox"/>	<input type="checkbox"/>	
k. Obtain portions of any samples held by the laboratory for testing any: <ul style="list-style-type: none"> <li>i. Cannabis;</li> <li>ii. Medical cannabis concentrate; or</li> <li>iii. Medical cannabis-infused product.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	N/A
34. In the event that an inspector has reasonable suspicion of an operational failure or of conditions that create a likelihood of diversion, contamination, or a risk to the public health, an inspector may: <ul style="list-style-type: none"> <li>a. Suspend the activities of the registered premises;</li> <li>b. Order immediate evacuation of the premises and seal the entry door; or</li> <li>c. Notify the Maryland State Police if diversion is suspected.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
35. The inspector or Commission may notify the local fire department or police department, or appropriate regulatory agency, regarding a risk to public health and safety.	<input type="checkbox"/>	<input type="checkbox"/>	
36. If an inspection report contains a suggestion or demand for corrective action, the inspected entity shall within 10 business days from the delivery of the report:			
<ul style="list-style-type: none"> <li>a. Respond in writing to every suggestion or demand for corrective action; and</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>b. Set forth the plan for corrective action to be taken and the timetable for correction.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
37. In the event the Commission finds there is a reasonable likelihood of diversion, contamination of medical cannabis, or any risk to the health of a patient or any other individual, after written notice and a hearing in accordance with the State Government Article, §§ 10-201-10-226, Annotated Code of Maryland, the Commission may: <ul style="list-style-type: none"> <li>a. Impose a fine of up to \$10,000 per violation on a licensed grower, licensed processor, licensed dispensary or registered independent</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	N/A
<p>testing laboratory;</p> <p>b. Deny the license or registration;</p> <p>c. Suspend the license, licensee, agent, employee, registration or registrant; or</p> <p>d. Revoke the licenses, licensee, agent, employee, registration or registrant.</p>			
<p>38. In the event the Commission finds there is a pattern of deviations from standard operating procedures or the terms set forth in the application or the license/registration but the pattern does not directly create a risk of endangering the health or safety of a patient, after written notice and a hearing in accordance with the State Government Article, §§ 10-201-10-226, Annotated Code of Maryland, the Commission may:</p> <p>a. Impose a fine of up to \$5,000 per violation on a licensed grower, licensed processor, licensed dispensary, or independent testing laboratory;</p> <p>b. Deny the license or registration;</p> <p>c. Suspend the license, registration, licensee, registrant, or agent; or</p> <p>d. Revoke the license or registration.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>39. In the event the Commission finds that a licensee, registrant, agent or employee violated a requirement of this subtitle, after written notice and a hearing in accordance with the State Government Article, §§ 10-201-10-226, Annotated Code of Maryland, the Commission may:</p> <p>a. Impose a fine of up to \$5,000 per violation on a licensed grower, licensed processor, licensed dispensary or independent testing laboratory;</p> <p>b. Suspend the license, registration, licensee, registrant, employee or</p>	<input type="checkbox"/>	<input type="checkbox"/>	



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	Yes	No	N/A
agent; or c. Revoke the license or registration.			



**FORM 1**

**AUTHORIZATION FOR RELEASE OF INFORMATION-EMPLOYEE**

I, \_\_\_\_\_, am an employee of a laboratory seeking to register as an ITL with the State of Maryland’s, Natalie M. LaPrade Medical Cannabis Commission.

The Maryland Medical Cannabis Commission (“Commission”) may conduct a background investigation which, directly or indirectly, may include information about me. I irrevocably give consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the registration application documents; (2) conduct a background investigation of me; and to have access to any and all information that I have provided to any other jurisdiction seeking a similar registration in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about me.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about me that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Registrant



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NOTARY

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

Stamp or Seal

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_



**FORM 2**

**AUTHORIZATION FOR RELEASE OF INFORMATION-BUSINESS ENTITY**

Business Entity Name: \_\_\_\_\_

Name of Authorized Representative Completing Form: \_\_\_\_\_

I, \_\_\_\_\_, am an Authorized representative of \_\_\_\_\_, (“Business Entity”) and I am empowered by the Business Entity to execute this form on its behalf. Business Entity is a registrant for a Medical Cannabis Independent Testing Laboratory “ITL” Registration in the State of Maryland.

The Maryland Medical Cannabis Commission (“Commission”) may conduct an investigation of a registrant for a Medical Cannabis ITL. This investigation may collect and evaluate information about the Business Entity. The Business Entity irrevocably gives its consent to the Commission, the Maryland State Police, and persons authorized by the Commission to: (1) verify all information provided in the registration application documents; (2) conduct a background investigation of the Business Entity; and to have access to any and all information that the Business Entity has provided to any other jurisdiction seeking a similar registration in that jurisdiction, as well as information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the Business Entity.

By executing this Authorization, the Business Entity authorizes any of the following entities to release to the Commission any and all information about the Business Entity that the Commission requests: any local, State or federal unit; any commercial or business enterprise; any non-profit entity; any individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, the Business Entity expressly waives, releases, discharges and forever holds harmless and agrees to indemnify, the unit, entity, or individual that releases the information to the Commission under the authority of this Authorization.

A photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally as effective as an original.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative



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NOTARY

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named individual, as an Authorized Representative of \_\_\_\_\_, appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

Stamp or Seal

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_



**FORM 3**

**Trade Secret & Financial Data Notification**

\_\_\_\_\_ is a registrant for a Medical Cannabis ITL Registration.  
\_\_\_\_\_ understands that the Commission is an entity of the State of Maryland and any documents or data that is submitted to the State of Maryland may be disclosed by the State pursuant to a Maryland Public Information Act (“MPIA”) Request.

While the MPIA permits certain exclusions from disclosure, \_\_\_\_\_ understands the State makes no guarantees or promises that such data will not be disclosed.

\_\_\_\_\_ has reviewed the MPIA, as it is available online at <http://www.lexisnexis.com/hottopics/mdcode>. \_\_\_\_\_ understands that other helpful resources may be found at [www.oag.state.md.us/Opengov](http://www.oag.state.md.us/Opengov).

\_\_\_\_\_ understands that the documents or data it provides to the State of Maryland may not be confidential, or if confidential, may or may not be disclosed pursuant to a MPIA request.

\_\_\_\_\_  
Signature of Person or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**FORM 4**

**Business Interest Identification & Authorization Form**

I, \_\_\_\_\_, am an Authorized representative of \_\_\_\_\_, (“Business Entity”) and I am empowered by the Business Entity to execute this form on its behalf. Business Entity is a registrant for a Medical Cannabis Independent Testing Laboratory “ITL” Registration in the State of Maryland.

The Business Entity has either applied for, is currently, or has been previously registered, licensed or authorized to have contact with Cannabis in any form, in the following States or jurisdictions by the corresponding agency or authority.

State & Name of Agency	Type of Registration/License	Name of Registration/License	License or Registration #

Business Entity hereby specifically grants to the Maryland Department of Health & Mental Hygiene permission to contact the above listed States or jurisdiction and its licensing agency or authority to confirm the information contained in the Registration, and affirms that as a registrant, it will adhere to all requirements in the law.

Business Entity hereby specifically grants permission to the above listed States or jurisdictions and its licensing agency or authority to release to the Maryland Department of Health & Mental Hygiene any and all information relating to the application, registration, licensing, or authorization to have contact with Cannabis in any form, including the following: (a) any denial, suspension, revocation or other sanction of the license, registration or authorization; (b) a copy of documentation so indicating; or (c) a statement that the registrant was so licensed or authorized and was never sanctioned.

\_\_\_\_\_  
 Authorized Representative- Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Representative- Printed



**FORM 5**

**Business Entity Certification Statement Form**

<p>1. Business Entity certifies that it, any other laboratory, Cannabis entity, or like entity, in which it holds or has held an interest, has not had the registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation.</p> <p><a href="#">Click here to enter text.</a></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>2. Business Entity is not a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? If yes, provide an explanation.</p> <p><a href="#">Click here to enter text.</a></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>3. Business Entity certifies that it is not delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation.</p> <p><a href="#">Click here to enter text.</a></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>4. Business Entity affirms that if it has held any license or registration relating to Cannabis in another State, it has not been disciplined (including, but not limited to restricted, suspended, or terminated) by any State? If disciplined, provide a brief explanation.</p> <p><a href="#">Click here to enter text.</a></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>5. Business Entity certifies that it has not been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Maryland or other State. If no, provide a brief explanation.</p> <p><a href="#">Click here to enter text.</a></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>6. Business Entity acknowledges that it fully understand that:</p> <p>Cannabis is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 <u>et seq.</u>);</p> <p>Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and</p> <p>Any activity regarding cannabis that does not comply with Maryland law</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges.		
7. Business Entity certifies its acknowledgement that Application Fees are non-refundable.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Business Entity acknowledges that in filing a Registration form: a. The Commission is vested with broad discretion to select the Registrants; and b. The Commission’s decisions in selecting the Registrants shall be final.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Authorized Representative

The undersigned, a Notary Public in and for the County of \_\_\_\_\_, in the State of \_\_\_\_\_, certifies that the above named Authorized Representative, appeared in person, and before me, either known to me or satisfactorily proved to be individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and to which witness my hand and seal.

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Printed Name

Stamp or Seal

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

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