

Renewal Application for Maine Cannabis Testing Facility Certification

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 Application: _____ **Expiration Date of Current Certificate:** _____

B. Type of Application:

____ Full Certification (Must currently hold ISO/IEC 17025: 2017 accreditation)

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. Cannabis Testing Facility Contacts

Contact Name	Title	Phone	Cell Phone	Email	*Address	City	State	Zip
	CTF Owner							
	CTF Facility Director							
	CTF QA Officer							
	CTF Representative							
	Other							

Note that the Facility Director and QA Officer positions must meet the Education/Experience requirements as specified in Maine Certification of Cannabis Testing Facilities Rules Section 4.1.2 and 4.1.3.

*Note – only fill in address one time if the same for each employee

I. Fees

Payment is due at the time of the application submission. Certification will not be awarded until all fees are paid.

Base Fee – Full Renewal Certification (currently holds ISO/IEC 17025: 2017 accreditation): \$1,000 for one-year full certification plus technology fees.

Technology Fees – Price below for one-year certification. Fee Calculation: (# of methods requested × fee per method). Sum for total amount owed.

	Fees	Number of Methods Requested	Total
Base Fee – Full Renewal Certification	\$1,000	_____	
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: _____

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. I also attest that I have secured local authorization to locate the CTF in my township, municipality, town, or plantation as required per 18-691 Chapter 1 Section 2.7.2.

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 written policy that, as indicated by signature, ensures management and personnel are free from any undue internal and external commercial, financial and other pressures and influences that may adversely affect the quality of their work or diminish confidence in its competence, impartiality, judgement or operational integrity as per Section 2.1.1.E. NOTE: Submittal of this policy for certification does not fulfill licensing requirements concerning undue influence from OCP, further investigation and criteria shall be required by OCP during CTF licensing.
- Resumes that document appropriate experience and education, including college transcripts and evidence of completed degrees for personnel including Facility Director, Quality Assurance Officer, CTF Analysts, and CTF Samplers as per Section 3.1.1. A. (2)
- A management plan defining the responsibilities of key personnel in the organization who have any involvement or influence on the testing, and if the CTF is part of an organization performing activities other than testing, identifying potential conflicts of interest as per Section 3.1.1. D. (2)
- Written policies and procedures that ensure the protection of its clients' confidential information and proprietary rights, including procedures for protecting the electronic storage and transmission of results as per Section 3.1.1. D. (3)
- Written policies and procedures for receipt of samples for mandatory or other testing as per Section 3.1.1. D. (4)
- A written policy defining legal chain of custody protocols and including procedures to control access to certificate of analysis data and other testing data to prevent it from being falsified or manipulated as per Section 3.1.1. D. (5)
- A Quality Assurance Manual meeting the standards of Section 3.2.2.
- A Cannabis Testing Facility procedures manual (SOPs) meeting the standards of Section 3.3.
- 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.
- 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.

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 Testing Facility Representative

Print Name

Date