



## Montana Medical Marijuana Program

### TEMPORARY MARIJUANA TESTING LABORATORY LICENSE APPLICATION

- Complete all sections of this form in order to comply with the licensing requirements of the Montana Marijuana Program.
- This abbreviated application is for a **temporary** license only; only minimal information is requested. When the marijuana laboratory testing requirements are finalized, a more comprehensive application will be required. Issuance of a **temporary** license does not guarantee an annual testing license will be granted.

#### REVIEW THE CHECKLIST BELOW BEFORE SENDING APPLICATION MATERIALS TO THE DEPARTMENT

→ Testing Laboratory application packets must include:

- This application form
- Two completed fingerprint cards (Call 406-444-0596 to request fingerprint cards) for all business owner(s) and scientific director associated with the testing laboratory. Only fingerprint cards obtained from the Montana Marijuana Program are allowed.
- Photocopy of valid Photo ID for all individuals shown on application
- Landlord Permission Form (if applicable)

→ Packets must be mailed to: DPHHS/MMP, PO BOX 202953, HELENA MT 59620-2953

#### LABORATORY APPLICANT INFORMATION

Laboratory Name: \_\_\_\_\_

Laboratory Owner(s): \_\_\_\_\_

Assumed Business Name: \_\_\_\_\_  
(if applicable)

Laboratory Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Laboratory Physical Address: \_\_\_\_\_  
(Laboratory must be located in Montana and comply with 50-46-312, MCA)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_



## Montana Medical Marijuana Program

**Business Owner (use additional sheets as needed):**

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Social Security Number: \_\_\_\_\_

Valid Photo Identification (type): \_\_\_\_\_

Valid Photo Identification ID number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Business Owner (use additional sheets as needed):**

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Social Security Number: \_\_\_\_\_

Valid Photo Identification (type): \_\_\_\_\_

Valid Photo Identification ID number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_



## Montana Medical Marijuana Program

### Contact Person (if other than the owner):

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Social Security Number: \_\_\_\_\_

Valid Photo Identification (type): \_\_\_\_\_

Valid Photo Identification ID number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Scientific Director:

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Social Security Number: \_\_\_\_\_

Valid Photo Identification (type): \_\_\_\_\_

Valid Photo Identification ID number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_



## Montana Medical Marijuana Program

| <b>SCIENTIFIC DIRECTOR<br/>EDUCATION</b>                         |                                   |  |                                     |
|--|-----------------------------------|--|-------------------------------------|
| Educational Degrees  | Year Earned                       | Institution:<br>Name:<br>City:<br>State: | Major                               |
| BS/BS  |                                   |  |                                     |
| MS/MA  |                                   |  |                                     |
| PhD  |                                   |  |                                     |
| <b>SCIENTIFIC DIRECTOR<br/>POST-DEGREE LABORATORY EXPERIENCE</b> |                                   |  |                                     |
| Post-degree Laboratory Experience<br>Employment Dates            | Employment Information            |  | Summary of Duties /Responsibilities |
|  | Employer Name:<br>City:<br>State: |  |                                     |
|  | Employer Name:<br>City:<br>State: |  |                                     |
|  | Employer Name:<br>City:<br>State: |  |                                     |
|  | Employer Name:<br>City:<br>State: |  |                                     |



## Montana Medical Marijuana Program

**No portion of the property used for laboratory testing of marijuana or marijuana derivatives can be shared with, leased or rented to another provider, MIPP or registered cardholder.**

Do you own the property where you will be testing marijuana?\*  Yes  No

\*If you do not own this property you must include a LANDLORD PERMISSION FORM with this application.

### Types of Products to be tested under Temporary License:

Flower  Concentrate  Marijuana-infused products

### Types of Testing to be performed under Temporary License:

Cannabinoid Profile  Pesticides  Residual Solvents  Mold  
 Contaminants  Terpenes  Moisture Content  Other:

By signing this form, I attest all information on this application is complete, true, and correct and the licensed laboratory will comply with the Montana Medical Marijuana Act 50-46, MCA.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Scientific Director Signature

\_\_\_\_\_  
Date