

## APPLICATION FOR LABORATORY APPROVAL TO HANDLE, TEST, OR ANALYZE HEMP IN ILLINOIS

**INSTRUCTIONS:** This application is 2 pages and requires notarization. The signature section must be completed with a notary present. Retain originals for your records and make a copy for submitting to the Illinois Department of Agriculture. Complete all sections and attach any additional documentation necessary. Mail the completed application (and attachments), 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 1200.60 (Industrial Hemp Act Administrative Rules) and 505 ILCS 89 (Industrial Hemp Act) application is hereby made for approval as a laboratory for the purposes of handling, testing, or analyzing hemp in Illinois.

Lab Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Laboratory Location: \_\_\_\_\_  
Street Address City State Zip

Contact Email: \_\_\_\_\_

Lab Website Address: \_\_\_\_\_

Laboratory attests to the following:

1. The laboratory has a valid Laboratory Accreditation Certificate documenting conformance to the ISO/IEC 17025:2017 standard from an accrediting body, identified directly below, that is recognized by the international organization for accrediting bodies (ILAC MRA) and operating in accordance with ISO/IEC 17011. Furthermore, **a copy of the accreditation certificate is provided with this application.**

\_\_\_\_\_  
Name of Accrediting Body

\_\_\_\_\_  
Telephone

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

2. The laboratory is independent from all other persons involved in the hemp 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 licensed hemp growing operation or registered hemp processing operation or any other entity that may benefit from the production, manufacture, dispensing, sale, purchase or use of hemp.
3. The laboratory 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.

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Name of Qualified Person Overseeing Lab

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Title

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Degree Earned

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College/University

Provide details of experience below. If more space is required, attach additional pages and note it below.

4. The laboratory possess a scope of accreditation from the accrediting body named above, which shall encompass all services and testing offered by the laboratory concerning hemp plant materials and/or hemp products. Furthermore, **a copy of the scope of accreditation is provided with this application.**
5. The laboratory acknowledges that, if approved, the Department of Agriculture will list the laboratory as an approved testing lab on it's website. Furthermore, while approved, the Department may request updated supporting documentation or information to support the fact that requirements are continually being met. Failure to provide all necessary information may result in the laboratory approval being rescinded and the laboratory being removed from the Department's website.
6. The laboratory has read and is familiar with Section 1200.70 of the rules of the Department (8 Ill. Adm. Code 1200.70) and will handle, test or analyze each batch and or sample submitted to it and comply with all other requirements in accordance with Section 1200.70.

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Name of Individual Completing the Application on Behalf of the Laboratory

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Title

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Signature of Individual Completing the Application

Signed (or subscribed or attested) before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name of person).

(seal)

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Signature of Notary Public