## Hemp THC Testing Laboratory Registration

### TYPE OF APPLICATION
- [ ] New Registration
- [ ] Renewal Registration #

### LABORATORY INFORMATION
- **Laboratory Name**
- **DEA Registration #**
- **Date of DEA Registration**

### SECTION B
- **Address**: [ ] **City** [ ] **State** [ ] **Zip**
- **Primary Phone**: ( ) - Ext.
- **Fax (optional)**: ( ) - Ext.
- **Email Address**
- **Business Website**

### RESPONSIBLE PARTY INFORMATION
- **First Name (Legal Name)**
- **Middle Initial**
- **Last Name**

### SECTION C
- **Physical Business Address (No P.O. Boxes)**
- **City** [ ] **State** [ ] **Zip**
- **Business Phone Number**: ( ) - Ext.
- **Fax (optional)**: ( ) - Ext.
- **Business Website Address**
- **Email Address**

### PERSON TO CONTACT FOR REGISTRATION RELATED MATTERS
- **First Name**
- **Middle Initial**
- **Last Name**
- **Title**
- **Primary Phone**: ( ) - Ext.
- **Secondary Phone (optional)**
  - **Fax (optional)**: ( ) - Ext.
- **E-mail Address**

### CONTACT MAILING ADDRESS
- **Address**
- **City**
- **State**
- **Zip**
- **County**

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This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

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4/6/2020

**Hemp Registration**

**Agriculture and Consumer Protection**
**Applicant Name _________________**

**SECTION E**

<table>
<thead>
<tr>
<th>Item</th>
<th>Fee Amount</th>
<th>Enter Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Application Fee</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td>Renewal Fee</td>
<td>$250.00</td>
<td></td>
</tr>
</tbody>
</table>

Total Fees Submitted: 

**SECTION F**

**PAYMENT**

REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.

- Method of Payment (payable to Texas Department of Agriculture)
  - [ ] Check # _____
  - [ ] Cashier’s Check # _____
  - [ ] Money Order # _____

- Amount remitted: $ __________

Mail to: Texas Department of Agriculture
P.O. Box 629, Giddings, TX 78942

**SECTION G**

**DOCUMENTATION**

- [ ] ISO/IEC 17025 Accreditation (attach documentation)
- [ ] ISO/IEC 17025 Comparable: (attach documentation)
- [ ] ISO/IEC 17025 Successor Standard: (attach documentation)
- [ ] Drug Enforcement Agency (DEA) Accreditation: (attach documentation)
- [ ] Measurement of Uncertainty (attach documentation)

**SECTION H**

**SIGNATURE, AFFIRMATION STATEMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

By signing this document, we certify individually and collectively that to the best of our knowledge and belief, all documents submitted on behalf of the above named Laboratory are true and correct.

- Applicant Name (print) __________________________
- Title _____________

- Applicant Signature __________________________
- Date / / month day year