



NEBRASKA DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH PROTECTION  
301 CENTENNIAL MALL SOUTH  
P.O. BOX 94756  
LINCOLN, NE 68509-4756  
www.nda.nebraska.gov/hemp  
402-471-2351

**Submit completed application to  
agr.hemp@nebraska.gov**

## **NEBRASKA HEMP FARMING ACT** **Approved Testing Facility Application**

**NAME** of testing facility: \_\_\_\_\_

**MAILING ADDRESS** of testing facility:

**PHYSICAL ADDRESS** of testing facility:

Same as mailing address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

**CONTACT INFORMATION** for lab manager or designee:

\_\_\_\_\_  
Full Name Phone Email

### **PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1) What is the turnaround time for THC potency? (THC + THCA, dry weight basis) \_\_\_\_\_

2) Does your test method involve post-decarboxylation or similarly reliable analysis?

YES  NO

3) Please describe your test method (gas or liquid chromatography with detection):

\_\_\_\_\_

4) Is your lab accredited to ISO/IEC 17025 for THC (delta-9-tetrahydrocannabinol) and THCA (tetrahydrocannabinolic acid) testing?

YES  NO

If yes, please include a current certificate of accreditation and scope of accreditation with your application.

5) Is your lab registered with the DEA to handle Schedule 1 controlled substances? (This requirement is waived for 2020.)

YES  NO

If yes, please provide the registration number and expiration date (a copy of your current DEA registration certificate must be attached):

Registration number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**APPLICANT CERTIFIES:**

- Applicant will include the customer license number, lot number, and any other information required by NDA for each sample on the test results and submit the test results to NDA.
- Applicant will include the measurement of uncertainty on the test results.
- Applicant will comply with all requirements set forth in the Nebraska Hemp Farming Act (Neb. Rev. Stat. §§ 2-501 to 2-519) and 7 CFR Part 990.
- Applicant will submit the test results report to USDA in compliance with 7 CFR Part 990.70 (d) and provide proof of such submission to NDA.
- Applicant will update contact information, changes in methods, or accreditation status to NDA within 30 days.
- Lab manager or designee has not been convicted of a felony related to a controlled substance under either state or federal law within the preceding 10 years.

**ATTESTATION:**

- Applicant is an entity and uses a federal immigration verification system authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a to determine the work eligibility status of new employees physically performing services within the State of Nebraska.

*I am at least 18 years of age. I hereby attest that my response and the information provided on this form, and any related application for public benefits are true, complete, and accurate.*

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature