



Medical Cannabis Program Manufacturer Application Cover Page

Application Year: _____

Business Name, DBA: _____

Date application submitted: _____ Application submitted by: _____

Telephone: _____ Email address: _____

Are you an existing Approved Manufacturer? Circle one: **Yes** or **No**

Please select the purpose of this application:

- Independent manufacturer applying for a **new approval**
- Independent manufacturer applying for renewal
- LNPP applying for new manufacturing approval (no fee amendment)

Application and Fees (Due Dates and Costs)

An independent manufacturer applicant shall submit an authorized application form to the program with each initial application and at the time of the manufacturer’s renewal, together with a fee of five thousand dollars (\$5,000) issued to the Medical Cannabis Program. An approved independent manufacturer shall apply for renewal annually no later than 30 days prior to expiration.

Check #: _____ Amount: _____

Money Order #: _____ Amount: _____

LNPPs manufacturing under current approved production plan, shall submit an authorized application form to the program each year at renewal.

Submit Application Electronically

Submit application fee and electronic thumb drive by mail to the following address:

**New Mexico Department of Health
5301 Central Ave. NE Suite 204
Albuquerque, NM 87108**

Note: Incomplete applications will not be accepted nor processed.

Year: _____

Applicant Information

Manufacturer Name
 DBA Business
 Name: _____ Date: _____

Address: _____
 Street Address _____ Suite/Unit # _____
 City _____ State _____ ZIP Code _____

Mailing Address: _____ Phone: _____
 _____ Phone: _____
 _____ Phone: _____

Email: _____

Print name of Owner: _____ Anticipated Open Date: _____

Notice: Submission of this manufacturer application, does not guarantee approval. Manufacturer may not begin handling medical cannabis products, until the application is approved by the MCP. Manufacturer applications must be submitted annually; approvals are good for 1 year, following final MCP approval, and shall expire after that year, or upon closure of the manufacturer. An approved manufacturer shall apply for renewal of approval annually no later than 30 days prior to expiration. Manufacturer applications will not be considered, nor approved, at the address of a private residence. Submit all contracts, such as Memorandum of Understanding, Memorandum of Agreements and a listing of all entities the Manufacturer will conduct medical cannabis business with. Identification cards issued by the department are the property of the department and shall be returned to the department upon termination of the holder's employment with the approved manufacture, suspension, or revocation of approval by the department, or upon demand of the department. **Department regulations are subject to change. It is the responsibility of the applicant and or licensee to familiarize themselves with all current and proposed regulations.**

7.34.4.14 Department Approval of Manufacturers of Cannabis Derived Products; General Provisions:

A. Submittal of applications: A manufacturer applicant shall submit a completed application form to the program with each initial application and each renewal application, together with a fee of five thousand dollars (\$5,000) issued to the Medical Cannabis Program. A manufacturer applicant shall comply with the application requirements of Department rule and shall submit such other information as the manufacturer applicant wishes to provide or such information as the department may request for initial approval or periodic evaluation(s) during the approval period.

B. Application requirements: A manufacturer applicant shall submit to the department:

Each item listed must be submitted in order to constitute a complete manufacturer application. The complete application must be submitted in electronic form and must be submitted in full. Check each box when the item is satisfied and ready to submit to MCP. For the electronic submission, each item must be clearly numbered and labeled in the file name and include them on an electronic jump drive or other method approved by the Medical Cannabis Program.

- (1) proof that the manufacturer applicant is in good standing with the New Mexico taxation and revenue department;

- (2) copies of the manufacturer applicant's articles of incorporation and by-laws, applicable;
- (3) a complete written description of the means that the manufacturer applicant shall employ to safely manufacture cannabis-derived products, including but not limited to hygiene standards consistent with the requirements of this rule; and a hazard analysis critical control point plan (HACCP) for each type of product that the manufacturer wishes to manufacture;
- (4) a detailed list of all cannabis derived products to be manufactured;
- (5) a list of all persons or business entities having direct or indirect authority over the management or policies of the manufacturer applicant;
- (6) a list of all persons or business entities having any ownership interest in any property utilized by the manufacturer applicant, whether direct or indirect, and whether the interest is in land, building(s), or other material, including owners of any business entity that owns all or part of land or building(s) utilized;
- (7) a description of the facilities that shall be used in the manufacture of cannabis derived products;
- (8) proof that no buildings to be used by the manufacturer are located within 300 feet of any school, church, or daycare center; or alternatively, proof that any school, church, or daycare center that is located within 300 feet of a building to be used by the applicant did not occupy that location prior to the applicant initially seeking to become licensed to operate at the location;
- (9) a description of how the manufacturer applicant will obtain cannabis or cannabis concentrates from a licensed non-profit producer, and how the manufacturer applicant will transport cannabis derived products to a licensed non-profit producer, including but not limited to chain of custody documentation;
- (10) testing criteria and procedures, which shall be consistent with the testing requirements of this rule;
- (11) a general written security policy, to address at a minimum:
 - (a) safety and security procedures;
 - (b) personal safety; and
 - (c) crime prevention techniques.
- (12) an attestation that no firearms will be permitted on any premises used for manufacture of cannabis derived products by the manufacturer applicant;
- (13) a description of the methods and device or series of devices that shall be used to provide security;
- (14) training documentation prepared for each employee of the manufacturer applicant, statements signed by employees indicating the topics discussed (to include names and titles of presenters) and the date, time, and place the employee received said training;
- (15) employee policies and procedures to address the following requirements:

- (a) job descriptions or employment contracts developed for every employee of the manufacturer applicant that identify duties, authority, responsibilities, qualifications, and supervision; and
- (b) training materials concerning adherence to state and federal confidentiality laws.

- (16) personnel records for each employee of the manufacturer applicant that include an application for employment and a record of any disciplinary action taken;
- (17) employee safety and security training materials provided to each employee of the manufacturer applicant at the time of his or her initial appointment, to include:
 - (a) training in the proper use of security measures and controls that have been adopted; and
 - (b) specific procedural instructions regarding how to respond to an emergency, including robbery or a violent accident.
- (18) an attestation that the manufacturer applicant will ensure that all persons who work at a facility of the manufacturer will be 18 years of age or older;
- (19) a description of how the manufacturer applicant will utilize the electronic inventory tracking system required by the department;
- (20) a written policy to ensure that no cross-contamination of cannabis occurs;
- (21) copies of any applicable lease agreements for facilities to be used by the manufacturer applicant;
- (22) an attestation that the manufacturer applicant has complied and will comply with all applicable state and local zoning, occupancy, licensing and building codes applicable to buildings to be utilized by the manufacturer;
- (23) proof of prior approval by the New Mexico regulation and licensing department for the use of any compressed gas extraction equipment to be utilized by the manufacturer;
- (24) an attestation that the manufacturer applicant will not use dimethylsulfoxide (DMSO) in the production of cannabis derived products, and will not possess DMSO on the premises of the manufacturer;
- (27) a written statement of the days and hours that the manufacturer will operate;
- (26) such other materials as the department may require.

The MCP requires each of the following items to be submitted with this application:

- Attestation that applicant has read, understands and will abide by 7.34.4.14 C. “Prohibited additives” regulations.
- Concept imprinting for each product that is applicable under requirements of 7.34.4.15 C.
- **(Optional)** Sample label and packaging for each product type.
 - Reviewed as courtesy for compliance with licensed non-profit producer regulations of 7.34.4.16 NMAC.

7.34.4.15 STANDARDS FOR MANUFACTURE OF CANNABIS-DERIVED PRODUCTS: The following are minimum requirements for the manufacture of cannabis-derived products which shall apply to all manufacturers and licensed non-profit producers:

A. General requirements: A licensed non-profit producer and a manufacturer shall ensure the following:

- (1) That all manufacturing shall be done in premises that are in compliance with state and local laws, including but not limited to zoning, occupancy, licensing, and building codes;

The department requires each of the following items to be submitted with this application:

- Fire Marshall Inspection
- Certificate of Occupancy
- Current Business License Registration
- Zoning Information
- RLD LP Gas Permit (If applicable)

- (2-39) Please review all regulations from 7.34.4.15 NMAC and ensure each has been met.

Verify each of the following by inserting initials into the corresponding box at the left:

- I certify that I will comply with the manufacturing requirements of Department rule 7.34.4 NMAC and any revisions or amendments that are made thereto.
- I certify that I have read the requirements of 7.34.4.15 NMAC and will comply with all requirements prior to approval and during manufacturing operations.
- I certify that applications for MCP employee cards are attached, along with photocopies of valid ID or driver license.
- I certify that I have attached state and national background check documentation for every person associated with the applicant, including employees, contractors, board members, and persons having direct or indirect authority over management or policies.
- I certify that HIPAA training certificates are attached for each person associated with the applicant, including employees.
- I certify that employee Food and Safety training certificates are attached.
- I certify that we will not use or be in the possession of dimethylsulfoxide (DMSO) at any time.

Signing below, signifies all material in this MCP Manufacturer application are acknowledged, understood and will be adhered to. All above required documentation will be submitted, simultaneously, with this application. I certify this application is correct and complete to the best of my knowledge.

Performed by:

Manufacturer
Representative

Signature: _____ Date: _____

Checked by:

Manufacturer
Representative

Signature: _____ Date: _____

Manufacturer License ID card List

Please attach MCP Employee Identification card request, Department of Public Safety background and national background checks, HIPAA training certificate, copy of driver's license or identification card, and food safety handler certification if applicable. List all employees working for the LNPP or manufacturer on the check list below.

FIRST, LAST NAME	PHOTO ID (Y/N)	STATE BACKGROUND CHECK (Y/N)	NATIONAL BACKGROUND CHECK (Y/N)	HIPAA CERTIFICATION (Y/N)	FOOD HANDLER SAFETY CERTIFICATE (Y/N)	JOB TITLE	LOCATION

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List of All Products Manufactured

Product Name/ Brand	TYPE (FLOWER, EDIBLE, TINCTURE)	PRODUCT USE (TOPICAL, INGESTION, INHALATION, ETC.)

The below section for MCP official use only

Reviewed by:

MCP

Representative

Signature: _____

Date: _____

Checked by:

MCP

Representative

Signature: _____

Date: _____

Application: **Approved**

Denied
reason for denial:

Manufacturer approval given by: _____ **on**

_____.

Manufacturer expiration date:

_____.