



Dear Applicant,

A permit is required in New Mexico to operate Hemp Extraction Facilities, Hemp Manufacturing Facilities, Hemp Processing Facilities, and Hemp Warehouses. Each facility type is also required to be permitted separately. For example, if a person conducts hemp extraction and later formulates the hemp extract into a hemp finished product, two permits would be required for that operation.

Permit Applications **must** be completed as follows:

1. All sections of the application must be completed
2. All required attachments **must** be submitted as one "packet" with pages numbered and listed in the table of contents (it's preferred in a three-ring binder)
3. The packet **must** have a table of contents
4. Each section, corresponding to application section #, should be labeled and inserted in chronological order (i.e. Section 1, Section 2, Section 3)
 - a. Hemp Manufacturing Application: Sections and subsections should be labeled to match the updated application. (i.e. Section 6 would be labeled as "Operational Plan" in the packet, Subsection 6.3 would be labeled "Hemp Finished Product Testing" and the SOP or plan for testing Hemp Finished Product would be labeled as 6.3.1 under that Subsection)
5. Submit a **hard copy** (electronic submissions will not be accepted) of the application, attachment packet, and applicable fee(s) to:
NMED Hemp Program
121 Tijeras Ave. NE, Suite 1000
Albuquerque, NM 87102

PRIOR to submitting the application, please clearly denote any portions of your application that you believe to be a trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act.

“Trade Secret”, as used in the Inspection of Public Records Act, means: information, including a formula, pattern, compilation, program, device, method, technique or process, that:

- (1) derives independent economic value, actual or potential, from not being generally known to and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use; and
- (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

If you have further questions, please email us at hemp.program@state.nm.us.



Application Date: _____

All fields must be completed. If a field does not apply, please indicate. Incomplete applications will not be processed.

General Information			
Facility Information			
Name of Hemp Facility:			
Street Address:			Phone:
City:			Cell:
State:	Zip:	Fax:	
Mailing Address (if different than above):			
City:			
State:	Zip:	Email:	
Business/Ownership Information			
Select one: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other Legal Entity _____			
NM Combined Reporting System Identification Number (CRS #) _____			
Individual or Corporate Name:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
State:	Zip:	Email:	
Ownership Information (List all persons comprising legal ownership)			
Name and Title:			Phone:
Mailing Address:			Cell:
City:			Fax:
State:	Zip:	Email:	
Attach separate page, if additional space is required.			

Type of Construction (Check one)			
<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Remodel
<input type="checkbox"/>	Facility Conversion to Hemp Facility	<input type="checkbox"/>	Opening or Transfer of Ownership of Existing Hemp Facility

Construction and Opening Details			
Planned Construction Start Date:		Planned Opening Date:	

Hemp Products Manufactured (list all products)	
Attach separate page, if additional space is required.	



Square Footage and Area Location		
<i>*If the facility is in a multi-story structure, indicate on which floor each area is located.</i>		
Please indicate square footage in each area	Square Footage (ft.²)	*Floor
Total Square Footage of the Hemp Facility		
Square Footage of the Manufacturing/Processing Area		
Square Footage of the Dry Storage/Warehouse		

Days and Hours of Operation											
Insert hours below in the following format: 8am to 8pm											
If there is a break in the hours you are open, use the second line to insert additional hours.											
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
Hours	to	to	to	to	to	to	to				
Hours	to	to	to	to	to	to	to				
For seasonal operations, check all that apply.											
Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>
Additional information (if applicable):											

Section 1 – Floor Plan

FACILITY FLOOR PLAN/EQUIPMENT LAYOUT:

- A. Submit floor plans drawn to scale that include the location and identification of all equipment including but not limited to, the items listed in the table below. Number each item on the floor plan and provide a key identifying the equipment corresponding to each number on the floor plan.

Check all that apply to your facility and add others not listed.

Floor Plan/Equipment Layout					
<input type="checkbox"/>	Hand Sink(s) (required in all processing areas)	<input type="checkbox"/>	Garbage/Recyclables Storage	<input type="checkbox"/>	Rotary Evaporator
<input type="checkbox"/>	Stoves	<input type="checkbox"/>	Chemical Dispensing Units	<input type="checkbox"/>	Isolate Reactor
<input type="checkbox"/>	Refrigerators	<input type="checkbox"/>	Laundry Facility Locations	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Ovens	<input type="checkbox"/>	Warewashing Sinks/Dish Machines (required near processing area(s))	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Refrigerators/Freezers	<input type="checkbox"/>	Toilet Facilities	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Ventilation Hoods	<input type="checkbox"/>	Floor Sinks/Floor Drains	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Utility Mop Sinks	<input type="checkbox"/>	Hose Bibs/Hose Reels (if applicable)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Chemical Storage Areas	<input type="checkbox"/>	Grease Interceptor/Grease Trap	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Personal Storage Areas	<input type="checkbox"/>	Water Heater Location	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Dry Storage Areas	<input type="checkbox"/>	Distillation Unit	<input type="checkbox"/>	Other:



B. Provide refrigeration unit information in the tables below.

Refrigeration Capacities			
ID # on Plan or Location	TYPE OF UNIT	# OF UNITS	TOTAL CUBIC FEET
	Walk-in Cooler		
	Walk-in Freezer		
	Reach-in Cooler		
	Reach-in Freezer		
	Other:		

EQUIPMENT SPECIFICATIONS:

- C. Submit equipment specification sheets, including make and model numbers. If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used. Number each specification sheet with the floor plan number assigned in "A" above.
- D. Complete table below to indicate equipment that cannot be moved to be cleaned and sanitized and must be cleaned in place.

Clean-In-Place Equipment List			
ID # on Plan or Location	Equipment	Make/Model	Installation Method (i.e. floor mounted or table-mounted)

Section 2 - Plumbing

PLUMBING CONNECTIONS:

Complete table below for all related equipment and plumbing fixtures. Indicate if fixtures or equipment will be indirectly drained (e.g. floor sink or air gap), directly connected to the sewer (p-trap), and/or what method of backflow prevention will be used (if applicable).

ID # on Plan or Location	Fixture or Equipment	Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Sinks		
	Dish Machines		
	Garbage Disposals		
	Hand Sinks		
	Chemical Dispensing Units		
	Walk-in Refrigeration / Freezer Units		
	Mop / Utility Sink		
	Other:		
	Other:		

Note: Approved backflow protection is intended to protect the water supply. A vacuum breaker on water inlet lines for dishwashing machines, garbage disposals, or hose bibs is an example. Indirect drainage is intended to protect fixtures from sewage backup. An air gap at warewashing is an example.



Hand Washing Sink: (required in all processing areas)		
Do all sinks have a mixing valve or combination faucet with hot and cold running water under pressure?	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
Are enclosed paper towel dispensers and hand cleanser available at each sink?	YES <input type="checkbox"/>	NO* <input type="checkbox"/>
*If the answer to either question above is "No", explain:		

Manual Warewashing - Include the size of each compartment (*length x width x depth*) of the warewashing sinks, soiled and clean drain board lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area, including bars.

Manual Warewashing Information (required)							
ID # on Plans or Location	Length (inches) of Soiled Drain board (required)	Dimensions (inches) of Sink Compartments (L x W x D)		Length (inches) of Clean Drain board (required)	Pre-Rinse Sprayer Yes/No		
		X	X		YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
		X	X		YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

Drain board Alternatives:
If soiled and clean drainboards will not be provided, indicate the methods that will be used and provide specification sheets:

Mechanical Warewashing - Provide make and model numbers and attach specification sheets for each warewashing machine by completing the table below.

Mechanical Warewashing Information							N/A <input type="checkbox"/>
Make	Model #	Sanitizing Method		Drain board Length (inches)	Pre-Rinse		Utensil Soak Sink Dimensions (inches) (L x W x D)
		Heat	Chemical		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	X X
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	X X

Dirty Dishes:
Where will dirty dishes be stored prior to cleaning?
How will they be rinsed before cleaning and sanitizing?



Water Heater - Provide type and capacity of all water heaters.

Water Heater:		
Type (Ex: Standard, Quick Recovery, Tankless)	Capacity	

Booster Heater:		N/A <input type="checkbox"/>
Is a separate booster heater provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Provide the number of plumbing fixtures requiring hot water in the table below. This information will be used to determine the hot water demand within the facility and sizing criteria for the water heater.

Plumbing Fixtures Requiring Hot Water	Number of Fixtures throughout facility
3-compartment sinks	
Warewashing machines	
Pre-rinse sprayers	
Utensil soak sinks	
Hand sinks include restrooms	
Mop sinks/Utility sinks	
Garbage can washer	
Showers	
Hose bibs used for cleaning	
Other:	
Other:	
Other:	

Section 3 – Mechanical

MECHANICAL VENTILATION PLANS AND SCHEDULES:

- A. Provide plans and schedules that indicate the location and specifications of ventilation hoods, fire suppression systems (as required by state or local fire authority), and restroom exhaust fans.
- B. Provide make and model numbers and CFMs for each ventilation hood and exhaust fan in table below.

Ventilation Information			
ID # on Plans or Location	Make	Model	CFM

Section 4 – Electrical

ELECTRICAL PLANS AND SCHEDULES:

- A. Provide plans and schedules that indicate the locations and specifications of all lights.
Note: All lights in processing areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open products are held or displayed must be equipped with shatter proof bulbs or shields that will protect open product, utensils and equipment from broken glass if a bulb is broken.



Section 5 - Site Plan

SITE PLAN:

A. Provide a site plan which includes the following:

- 1) Dumpster enclosures and trash compactors
- 2) Outside walk-in coolers/freezers
- 3) Outside product storage areas
- 4) Location of well heads and well water supply lines servicing the building (if applicable).
- 5) Location of on-site liquid waste treatment systems and associated lines servicing the building (if applicable)
- 6) Grease interceptors/grease traps (if applicable)
- 7) Submit piping diagram of the disinfection system. Include size of holding tank(s), pressure tank(s), make and model number of treatment system, etc. (if applicable)

Sewage Disposal:
Select the type of sewage disposal system that services the facility
<input type="checkbox"/> Public - Name of municipality:
<input type="checkbox"/> On-site liquid waste system – Permit number:

Water Availability:
I acknowledge and understand that running water is required at <u>ALL</u> times and agree to discontinue all product-related activities, if water is not available, until water service is restored, or an alternative plan is approved by NMED.
Signature:

Water Supply: (Select the type of water supply system that services the facility)												
<input type="checkbox"/> Public Water System - Name of municipality:												
<input type="checkbox"/> Private (sampling required as outlined below):												
Submit a copy of the most recent water sample test results that meet the drinking Water quality standards of a non-community water system as specified in 20.7.10 NMAC.												
<table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Type</th> <th style="text-align: left; padding: 2px;">Frequency</th> <th style="text-align: left; padding: 2px;">Limit</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total Coliform</td> <td style="padding: 2px;">Initial and Monthly</td> <td style="padding: 2px;">Absent</td> </tr> <tr> <td style="padding: 2px;">Nitrate</td> <td style="padding: 2px;">Initial and Annual</td> <td style="padding: 2px;">10 ppm</td> </tr> <tr> <td style="padding: 2px;">Nitrite</td> <td style="padding: 2px;">Initial</td> <td style="padding: 2px;"><1.0 ppm</td> </tr> </tbody> </table>	Type	Frequency	Limit	Total Coliform	Initial and Monthly	Absent	Nitrate	Initial and Annual	10 ppm	Nitrite	Initial	<1.0 ppm
Type	Frequency	Limit										
Total Coliform	Initial and Monthly	Absent										
Nitrate	Initial and Annual	10 ppm										
Nitrite	Initial	<1.0 ppm										
A list of certified labs can be located at: https://www.env.nm.gov/dwb/sampling/CertifiedLabs.htm												

Private Drinking Water Supply Information				N/A <input type="checkbox"/>
Well Depth (feet):		Setback to liquid waste drain field (feet):		
Disinfection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Type:	
Is there a water treatment device?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, how will the device be inspected and serviced?				



Section 6 – Operational Plan

Hemp Manufacturing and Processing Operational Plan Checklist	
General Information (one attachment needed for all products) REQUIRED	
6.1	<p><u>Planned source of hemp and hemp extract for use in production (20.10.2.11.F)</u></p> <p>6.1.1 Attach Standard Operating Procedure(s) OR describe in detail how you determine where hemp and hemp extract will be purchased.</p> <ul style="list-style-type: none"> • Hemp must originate from an NMDA licensed grower or a grower outside NM who is properly licensed. * • Hemp extract must originate from an NMED permitted facility ** or a facility outside NM who is properly licensed. * <p>* Visit https://www.env.nm.gov/hempprogram/approved-out-of-state-sources/ for information regarding approved out of state sources for hemp and hemp extract.</p> <p>** Visit https://www.env.nm.gov/hempprogram/permitted/ for information regarding NMED permitted hemp extraction and manufacturing facilities for hemp extract.</p>
6.2	<p><u>Security and limited access to hemp-derived material (w/ THC concentration >0.30%) and disposition of unused hemp product and residual solvents</u></p> <p>6.2.1 Attach Standard Operating Procedure(s) OR plan to secure and limit access to hemp-derived material with THC concentration >0.30% (20.10.2.11.J).</p> <p>6.2.2 Attach Standard Operating Procedure(s) OR plan of disposition of unused hemp product and residual solvents (20.10.2.8.C(1)(n)(iii)).</p> <p>6.2.3 Attach Standard Operating Procedure(s) OR plan to monitor practices in 5.1 and 5.2.</p> <p>6.2.4 Attach monitoring log.</p>
6.3	<p><u>Hemp Finished Product testing</u></p> <p>6.3.1 Attach Standard Operating Procedure(s) OR testing plan for all Hemp Finished Product. If testing procedures differ by product, clearly identify the differences each subsection. Include specific info concerning use of approved labs, retesting procedures, and holding product until testing confirms limits are met and a COA is obtained (20.10.2.14.A, E, & H and 20.10.2.15).</p> <p>6.3.2 Analytical tests to be performed (20.10.2.14.B&C).</p> <p>6.3.3 Analytical testing limits (20.10.2.14.D).</p> <p>6.3.4 Plan to address product exceeding established limits, including obtaining NMED approval of any actions to be taken and retesting (20.10.2.14.F&G).</p>
6.4	<p><u>Manager and employee training</u></p> <p>6.4.1 Attach Standard Operating Procedure(s) OR describe the manager and employee training plan and record keeping system to track training (20.10.2.9.E, 21 CFR 117.4, 21 CFR 117.9).</p> <p>6.4.2 Attach training log.</p>
6.5	<p><u>Employee Health (20.10.2.9.A – 2017 FDA Food Code 2-201.11, 2-201.11, 201.12, and 2-201.13)</u></p> <p>6.5.1 Attach Standard Operating Procedure(s) OR Employee Illness Policy, describing:</p> <ul style="list-style-type: none"> • How permit holder will require employees report illness information to the person in charge. • How employees will report illnesses to the permit holder/person in charge. • Specific illnesses and symptoms covered by the policy. • How to determine when employees will be excluded or restriction in work duties. • How to determine when employee exclusion or restriction will be removed. <p>6.5.2 Attach Standard Operating Procedure(s) OR describe how will bare hand contact with hemp products will be avoided during production and packing (i.e gloves, utensils, dispensing equipment, others)</p> <p style="text-align: center;">Helpful Resources</p> <p>The FDA Employee Health and Personal Hygiene Handbook is a great resource to utilize for policies and SOPs related to employee hygiene and illness.</p>



6.6	<p><u>Standard Sanitation Operating Procedures (SSOPs)</u></p> <p>6.6.1 Attach SSOPs that addresses sanitation conditions and practices before, during, and after processing. SSOPs to address, at a minimum, the following should be included:</p> <ul style="list-style-type: none"> • Practices <ul style="list-style-type: none"> ○ Safety of the water. <ul style="list-style-type: none"> ▪ Monitoring backflow prevention devices ▪ Water sampling and limits (if private source) ○ Condition and cleanliness of product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments. ○ Prevention of cross contamination from insanitary objects to Product, product packaging material, and other product-contact surfaces, including equipment, work surfaces, utensils, gloves, and outer garments, and from raw product to processed product. ○ Prevention of allergen cross contact. ○ Maintenance of hand washing, hand sanitizing, and toilet facilities. ○ Prevention of adulteration of product, product-packaging material, and product-contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate, and other chemical, physical, and biological contaminants. ○ Proper labeling, storage, and use of toxic compounds. Include: <ul style="list-style-type: none"> ▪ Type and concentration of sanitizer used for warewashing (i.e. chlorine, 100ppm). ▪ Type and concentration of sanitizer used for hemp product surfaces, such as tables/counters (i.e. chlorine, 100ppm). ○ Control of Employee health conditions that could result in the microbiological contamination of hemp products. ○ Exclusion of pests from the hemp facility. • Monitoring - Describe how the hemp facility shall monitor the conditions and practices during extracting and manufacturing with sufficient frequency to ensure, at a minimum, conformance with those conditions and practices specified in the SSOPs are being met. • Records - Describe how the facility shall maintain SSOPs records that, at a minimum, document the monitoring and corrections of practices.
6.7	<p><u>Pest Control Plan:</u></p> <p>6.7.1 Attach proposed pest control plan.</p>
6.8	<p><u>Production Monitoring Equipment List</u></p> <p>6.8.1 Attach a list and specification sheets for proposed equipment to measure and monitor product safety factors related to the production of hemp products. Examples include: food safety thermometer, water activity meter, and pH meter.</p>
6.9	<p><u>Recall Plan</u> (20.10.2.8.C(4))</p> <p>6.9.1 Attach a description of the firm’s written product recall procedure, including:</p> <ul style="list-style-type: none"> • Plans for identifying products which may be adulterated or misbranded • Procedures for collecting, warehousing, controlling, reworking, and/or disposal of recalled products • System for determining the effectiveness of recalls • Persons to contact when implementing a recall, including the regulatory authority
6.10	<p><u>Hemp Transportation Manifest</u> (20.10.2.10.B-C, E-F)</p> <p>6.10.1 Attach Standard Operating Procedure(s) OR plan to ensure hemp transportation manifests used accompany all shipments and contain all required information.</p> <p>6.10.2 Attach proposed hemp transportation manifest to be used for shipments</p>



Hemp Product Information (one attachment per hemp product*) REQUIRED

*Hemp Product Information is required for each hemp product that will be produced. Hemp products or types of production methods may be grouped together, if the Product Hazard, Critical Control Points, Critical Limits, and procedures required are essentially identical.

- An example is a tincture. If you produce multiple tinctures utilizing the same production method and they only vary by CBD content and flavor, a single Operational Plan can be provided with all of the products listed (i.e. 500MG, 1000MG, 500MG Cherry Flavor) on the first page.

Prepare Hemp Product Information as a separate attachment and in the order outlined in the checklist below. This will make the review process more efficient.

6.11	<p><u>Product Information and Production</u></p> <p>6.11.1 Name of Hemp Product(s)</p> <p>6.11.2 Names of the ingredient(s) listed in order by weight (largest quantity first)</p> <p>6.11.3 Final product pH (if applicable)</p> <p>6.11.4 Final product water activity (a_w) (if applicable)</p> <p>6.11.5 Names of any preservatives (if none, write none)</p> <p>6.11.6 Complete operational procedure for producing the product. <u>Include a flow chart.</u></p> <p>6.11.7</p> <p>6.11.8 Type of packaging to be used and whether the packaging is integral to product stability. <u>Attach specification sheet for packaging.</u></p> <p>6.11.9 Proposed product label(s) that comply with (20.10.2.13.A-D, F, & G):</p> <ul style="list-style-type: none"> • human consumption: CFR title 21, part 101 and the New Mexico Food Act; • absorption by humans: CFR title 21, parts 701 and 740 • inhalation by humans: applicable state and federal labeling requirements <p>Hemp finished products labels shall also identify:</p> <ul style="list-style-type: none"> • CBD content in the package and/or container, labeled in milligrams; and • Total THC content in the package and/or container, labeled in milligrams. <p>The FDA Food Labeling Guide is a great resource to assist with labeling requirements of 21 CFR 101.</p> <p>6.11.10 Description of the batch / lot ID coding system (20.10.2.13.E), identifying the date and place of manufacture of each hemp product and how/where it'll be placed on the package to be clearly visible on the product label or securely affixed to the body of the container.</p> <p>6.11.11 Proposed shelf life. <u>Provide supporting documentation to support proposal.</u></p> <p>6.11.12 Product state during transportation (i.e. ambient temp., refrigerated, frozen)</p> <p>6.11.13 Product care, including:</p> <ul style="list-style-type: none"> • Condition of product (i.e. ready-to-eat, raw & must be cooked) • Mishandling that may occur during storage, shipping, and in the hands of consumers • Steps taken to address mishandling that may occur <p>6.11.14 Intended distribution of product (i.e. wholesale to other business entities, direct to the consumer in retail store, direct to the consumer in retail store). <u>List all that apply.</u></p>
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6.12	<p><u>Proposed record keeping system to assure traceability of hemp products from receiving to distribution (20.10.2.8.C(1)(p))</u></p> <p>6.12.1 Attach Standard Operating Procedure(s) OR plan to describe what records will be kept, and how they will be maintained for a minimum of 2 years. The SOP or plan must clearly demonstrate how product can be tracked from receiving to distribution to provide traceability and demonstrate the disposition of all hemp, hemp-derived material, and hemp extract.</p> <p>6.12.2 Attach logs/records used to maintain traceability of all hemp, hemp-derived material, and hemp extract and to monitor/document achievement of critical product safety factors (critical limits). Examples of logs/records include, but are not limited to:</p> <ul style="list-style-type: none"> • Receiving: to document compliance with hemp and hemp extract source requirements. Must contain, at a minimum, the following information (note: terminology may vary): date received, product received, supplier, lot #, amount received, initial or signature of receiver. <ul style="list-style-type: none"> ○ The following must also be a part of the receiving record: <ul style="list-style-type: none"> ▪ Hemp harvest certificate (if receiving hemp) ▪ Hemp transportation manifest from shipper ▪ COA (if receiving hemp finished product) • Storage: to document security and limited access to hemp-derived material. • Production: to monitor production requirements such as ingredient amounts, cooking time/temp, cooling. • Analytical Lab Testing: to verify compliance with testing requirements & limits • Shipping: to maintain traceability in the event of a recall and to document items like presence of transportation manifest & COA (for distribution to other business entities), condition of & temperature (if applicable) of transportation unit.
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Section 7 – Additional Information

Additional Information
<p>If you believe additional information would be helpful to clarify the process, please attach it in the application packet submitted. Please direct further questions to the NMED Hemp Program email hemp.program@state.nm.us.</p>

Section 8 - Administrative

Other NMED Permits Held	
Name of Facility	Permit #



Section 9 – Signatures

Applicant's Signature Page	
Comments:	
STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the State of New Mexico Environment Department may nullify final approval. I agree to comply with 20.10.2 NMAC – Hemp Extraction, Production, Transportation, Warehousing and Testing Regulations and allow the regulatory authority access to the facility and records.	
Applicant or responsible representative(s) Signature / Title	Date
Applicant or responsible representative(s) Signature / Title	Date

Approval of these plans and specifications by the State of New Mexico Environment Department does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed facility (structure or equipment). A pre-opening inspection of the facility with equipment in place & operational will be necessary to determine if it complies with **20.10.2 NMAC – Hemp Extraction, Production, Transportation, Warehousing and Testing Regulations**. After the pre-opening inspection is completed and an approval to open is given, the fee remittance will be required and accepted.

NMED Use Only		
Review Comments (as applicable):		
Signature:		Date:
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Final reviewer's comments:		
Signature/Title:		Date:
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Office	Facility	
District:	Owner #:	
Field Office:	Permit #:	
Inspector:	Type:	
Review Date:	Date Opened:	Date Closed: