



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. Clearly denote any portions of your application that you believe to be a trade secret. See "Trade Secrets" below for further details.
6. Submit a hard copy (electronic submissions will not be accepted) of the application, attachment packet, and applicable fee(s). When ready to submit email hemp.program@state.nm.us for submission instructions.

TRADE SECRETS

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: | |
| Main Contact Person: | | Cell: | 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) | | | |
|---|--------------------------------------|--|--|
| | New Construction | | Remodel |
| | Facility Conversion to Hemp Facility | | Opening or Transfer of Ownership of Existing Hemp Facility |

| Type of Hemp Finished Product Manufactured (list all products) | |
|---|--|
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| Construction and Opening Details | | | |
|----------------------------------|--|-----------------------|--|
| Planned Construction Start Date: | | Planned Opening Date: | |

**Below is a checklist of required information needed to complete the plan review.
Please ensure all information is included.**

Lack of complete information will delay review and plan approval.

| | | | |
|---|---|----|---|
| 1 | Floor Plan | 7 | Employee Health |
| | <ul style="list-style-type: none"> Floor Plan with equipment layout Equipment Specification Sheets | | <ul style="list-style-type: none"> Employee Hygiene Plan |
| 2 | Plumbing | 8 | Training |
| | <ul style="list-style-type: none"> Plumbing Connections | | <ul style="list-style-type: none"> Manager and Employee Training |
| 3 | Mechanical (new construction) | 9 | Operational Plan |
| | <ul style="list-style-type: none"> Mechanical Plans and Schedules | | <ul style="list-style-type: none"> List of products See Section 9 for details |
| 4 | Electrical (new construction) | | |
| | <ul style="list-style-type: none"> Electrical Plans and Schedules | | |
| 5 | Site Plan | 10 | Administrative |
| | <ul style="list-style-type: none"> Site Plan Water Test Results (if applicable) Piping diagram of the water supply disinfection system (if applicable) | | <ul style="list-style-type: none"> Other NMED permits held |
| 6 | Chemical and Personal Items | 11 | Signatures |
| | <ul style="list-style-type: none"> List on the floor plan the chemical and employee personal items storage areas | | <ul style="list-style-type: none"> Applicant signatures NMED signatures |

| 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 Hemp Extraction or Manufacturing Area | | |
| Square Footage of the Dishwashing Areas | | |



| 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 table below. Check all that apply to your facility.

| Floor Plan/Equipment Layout | | | |
|------------------------------------|--------------------------------|-----------------------------|--------------------------------------|
| | Hand sink(s) (required) | Ventilation Hoods | Warewashing Sinks/Dish Machines |
| | Stoves | Utility Mop sinks | Toilet Facilities |
| | Refrigerators | Chemical Storage Areas | Floor Sinks/Floor Drains |
| | Ovens | Personal Storage Areas | Hose bibs/hose reels (if applicable) |
| | Walk in refrigerators | Dry Storage Areas | Grease Interceptor/Grease Trap |
| | Ice Bins/Ice Machines | Garbage/Recyclables Storage | Water Heater Locations |
| | Freezer | Chemical Dispensing Units | Other: |
| | Blaster chillers | Laundry Facility Locations | Other: |

B. Provide refrigeration unit information in the tables below.

| Refrigeration Capacities | | |
|---------------------------------|------------|------------------|
| TYPE OF UNIT | # OF UNITS | TOTAL CUBIC FEET |
| Walk-in Cooler | | |
| Walk-in Freezer | | |
| Reach-in Cooler | | |
| Reach-in Freezer | | |
| Blast Chiller | | |
| Other: | | |
| 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.

D. Complete table below to indicate method of equipment installation or attach an equipment schedule, including display units.

| Clean-In-Place Equipment Installation List <i>Note: Under "Installation Method", check all that apply.</i> | | | | | Installation Method | | | | | |
|---|-----------|------------|--------------------|----------------------------|---------------------|--------------------------|-----------------|------------------------|--------------------------|-----------------|
| | | | | | Floor Mounted | | | Counter/ Table-Mounted | | |
| ID # on Plan or Location | Equipment | Make/Model | New (N) / Used (U) | Plumbing Required Yes / No | Casters | Legs (at least 6 inches) | Sealed in Place | Portable | Legs (at least 4 inches) | Sealed in Place |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 Facilities | | |
| | Dish Machines | | |
| | Garbage Disposals | | |
| | Hand sinks | | |
| | Chemical Dispensing Units | | |
| | Refrigeration Units | | |
| | Mop/Utility Sink | | |
| | Others: | | |
| | Others: | | |
| | Others: | | |

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: | | |
|--|------------------------------|-----------------------------|
| 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 hand drying devices and hand cleanser available at each sink? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| Drain boards: | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Will alternate equipment or methods be used in place of traditional drain boards? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | N/A <input type="checkbox"/> |
| If yes, indicate the methods that will be used and provide specification sheets: | | | |

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 | | | | | | | |
|--------------------------------|---------------------------------------|--|----------|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| ID # on Plans or Location | Length (inches) of Soiled Drain board | Dimensions (inches) of Sink Compartments (LxWxD) | | Length (inches) of Clean Drain board | Pre Rinse Sprayer Yes/No | | |
| | | | | | 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"/> |
| | | 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.

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

| Mechanical Warewashing Information | | | | | | | |
|--|---------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|---|
| Make | Model # | Sanitizing | | Drain board Length (inches) | Pre-Rinse | | Utensil Soak Sink Dimensions (inches) (LxWxD) |
| | | 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 putting them into the machine?

Booster Heater:

Is a separate booster heater provided? YES NO N/A

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

Water Heater:

| Type (Ex: Standard, Quick Recovery, Tankless) | Capacity |
|--|----------|
| | |

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. The ventilation schedule shall include exhaust capacities in cubic feet per minute (CFM) for all ventilation hoods and exhaust fans. Indicate the volume of outside air each roof top and make up air unit will supply into the building. **(new construction)**
- B. Provide make and model numbers or shop drawings for each ventilation hood and exhaust fan in table below. **(all existing and new construction)**

Ventilation Information



| ID # on Plans or Location | Make | Model |
|---------------------------|------|-------|
| | | |
| | | |

Section 4 – Electrical (new construction)

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 single use items from broken glass if a bulb is broken.

Section 5 - Site Plan

SITE PLAN:

- A. Submit 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.

| 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: | Water Supply System (WSS)# of facility: |



Private:

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.

| 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

| | | | |
|--|------------------------------|---|-----------------------------|
| 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 – Chemical and Personal Items

Cross Contamination Prevention:

Describe how product, equipment, utensils, linens, and single-service articles will be protected from contamination by chemicals and personal items:

Section 7 – Employee Health

Employee Health:

Describe how employees will report illness information to the person in charge:

| | | |
|---|--|-----------------------------|
| Is there a written policy to exclude or restrict employees who are sick or have infected cuts and lesions? (Reference 2-201.12 <i>Exclusions and Restrictions</i> and 2-201.13 <i>Removal, Adjustment, or Retention of Exclusions and Restrictions</i> , in the <i>Food Code</i> .) | YES <input type="checkbox"/> If yes, please attach. | NO <input type="checkbox"/> |
|---|--|-----------------------------|

If no, please describe.

Bare Hand Contact:



How will bare hand contact with hemp products be avoided during production and packing? Check all that apply and/or explain:

| | | |
|---|---------------------------------|--------------------------------------|
| Utensils <input type="checkbox"/> | Gloves <input type="checkbox"/> | Deli Tissue <input type="checkbox"/> |
| Dispensing equipment <input type="checkbox"/> | Other <input type="checkbox"/> | |

Helpful Resources

Employee Health and Personal Hygiene Handbook:

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm>

Section 8 – Training

Manager and Employee Training:

Describe and/or attach the manager and employee training plan and record keeping system:

Section 9 – Operational Plan

- A. Submit list of all hemp products
- B. Submit an Operational Plan for each product type. Refer to checklist below for requirements:

Hemp Extraction Operational Plan Checklist

Operational Plan includes the product formulation, production steps, safety requirements, distribution, labeling, and Recall procedures of a hemp product that will be implemented by a hemp extractor or manufacturer.

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. The grouping of operational plans together shall be approved by the Regulatory Authority.

| | |
|-----------------------------|---|
| <i>Product information:</i> | |
| 1 | Planned source of hemp products |
| 2 | Names of the ingredient(s) listed in order by weight (largest quantity first) |
| 3 | Final product pH (if applicable) |
| 4 | Final product water activity (a_w) (if applicable) |
| 5 | Names of any preservatives (if none, write none) |
| 6 | The type of packaging to be used and whether the packaging is integral to product stability |
| 7 | The intended distribution and use condition of the product |
| 8 | If the product is to be distributed at ambient, refrigerated or frozen temperature |
| 9 | The expected shelf life during distribution, retail storage, and in the hands of the consumer |



| | |
|----|---|
| 10 | How the product should be prepared for consumption |
| 11 | What mishandling of the product might occur in the merchandising channels or in the hands of the consumer |
| 12 | A description of the batch / lot ID coding system - Hemp facilities shall design, maintain and use a coding system that will identify the date and place of manufacture of each hemp product and shall be clearly visible on the product label or securely affixed to the body of the container |

| | |
|----------------|--|
| <i>Recall:</i> | |
| 13 | <p>Attach a description of the firm's written product recall procedure</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 |

| | |
|-------------------------------|--|
| <i>Operational Procedure:</i> | |
| 14 | <p>The complete operational procedure for the intended process, using a flow chart.</p> <p>In addition, describe in detail the production procedure, including the following, if applicable:</p> <ul style="list-style-type: none"> The proposed extraction method, and approval from RLD/LP Gas Bureau if utilizing propane or butane for extraction; The proposed process for the removal of all harmful solvents used during the extraction process; The intended end use or disposal method for all parts of the hemp plant, residual solvents, and unused hemp-derived material; The safety measures proposed to protect the public and employees from dangers associated with extraction methods |

| | |
|------------------------|---|
| <i>Product Labels:</i> | |
| 15 | <p>Submit proposed product labels that comply with:</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 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>Attach actual size sample label</p> |

| | |
|------------------------|---|
| <i>Record Keeping:</i> | |
| 16 | Proposed record keeping system to assure traceability of hemp products from harvest to hemp finished products |

| | |
|---------------------------|--|
| <i>Pest Control Plan:</i> | |
|---------------------------|--|



| | |
|---|---|
| 17 | Attach proposed pest control plan |
| <i>Monitoring Equipment List:</i> | |
| 19 | Proposed equipment to measure and monitor product safety factors related to the production of proposed products |
| <i>Product Monitoring Logs:</i> | |
| 20 | Provide a copy of each proposed monitoring logs necessary to document achievement of critical product safety factors (critical limits). |
| | |
| | |
| | |
| <i>SSOPs:</i> | |
| 21 | <ul style="list-style-type: none"> • Sanitation Controls - Provide the Sanitation Standard Operating Procedures (SSOPs) that addresses sanitation conditions and practices before, during, and after processing <ul style="list-style-type: none"> ○ Safety of the water that comes into contact with Product or product-contact surfaces or that is used in the manufacture of ice; ○ Condition and cleanliness of product-contact surfaces, including utensils, gloves, and outer garments; ○ Prevention of cross contamination from insanitary objects to Product, product- packaging material, and other product-contact surfaces, including 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; ○ Protection 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; ○ 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 |
| Additional Requirements | |
| <p>If you plan to produce certain hemp products, or food products containing hemp, additional requirements may exist. For example, if you plan to produce a shelf-stable food, such as salsa or beef jerky, additional requirements will include pH lab analysis for salsa or water activity lab analysis for beef jerky. Submit additional information as required. Please direct further questions to the NMED Hemp Program email hemp.program@state.nm.us.</p> | |



Section 10 - Administrative

| Other NMED Permits Held | |
|-------------------------|----------|
| Name of Facility | Permit # |
| | |
| | |

Section 11 – 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. I also certify that I have clearly denoted any portions of the application that I deem to be trade secret under the meaning of Subsection 14-2-1(F) of the Inspection of Public Records Act. | |
| 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: |