



Alaska Division of Agriculture Hemp Program

Application for Retest

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A registrant whose industrial hemp product(s) have failed initial testing under 11 AAC 40.630 or 11 AAC 40.640 may submit a request to the division for a retest of the industrial hemp product(s) in accordance with 11 AAC 40.655. The retailer or processor electing to retest must submit new test samples from the same failing batch to the division or authorized testing facility that performed the original test or, submit new test samples from the same failing batch to a different testing facility approved by the division. The registrant requesting the retest shall pay all costs of testing and validation.

The registered grower may elect to recondition a harvest lot(s) in accordance with 11 AAC 40.290 when pre- or post-harvest samples from that lot(s) test greater than 0.3 percent delta-9-THC. The failing lot(s) would be reconditioned with another lot(s) within testing levels in an attempt to reduce the delta-9-THC of the reconditioned lot(s) to not more than 0.3 percent. The registrant is responsible for sampling costs, set out in 11 AAC 40.100(11), and testing costs of the reconditioned lots.

Directions: Complete all parts of the following application and submit the application and all required attachments to Alaska Plant Materials Center Hemp Program, 5310 S. Bodenbug Spur, Palmer, AK 99645. The request must be complete, accurate and legible. Follow all instructions in the document. Be sure to keep a copy of the full report for your records.

The completed application may be filed electronically, mailed, or hand-delivered to the division. All associated fees must be submitted to the division at the time of application. Fees may be in the form of cash, check, money order or the applicant may contact the division at 907-745-4469 to pay electronically. For the electronic mail submission of an application, please send completed forms to industrialhemp@alaska.gov. To facsimile a completed application, send to 907-746-1568. To post mail a completed application, send to Alaska Plant Materials Center Hemp Program, 5310 S. Bodenbug Spur, Palmer, AK 99645.

Registration Holder:	Registration Number:
Name of Signing Authority on License (if business):	
Physical Address:	
Email:	Phone:

- 1) Indicate the type of retest request: Retest **Harvest Lot(s) (Grower)**, proceed to **question 2 a-b**.
 Retest **Industrial Hemp Product(s) (Processor and Retailer)**, proceed to **questions 3-5**.

2) If a registered **GROWER, complete a) and b)** below indicating the planting address and failing lot(s) that you are requesting to be reconditioned. Note: The Planting Address and Location ID must match the Address and ID as listed in the Grower Registration Agreement.

a) Indicate Registered Growing Address for this retest:

Planting Address (MUST match Address on Grower Registration)	City	Zip Code	GPS: Latitude Ex. 38° 9.919'N	GPS: Longitude Ex. 84° 49.276'W

b) Complete the table below indicating the failing lot(s) that tested greater than 0.3 percent delta-9-THC from pre- or post-harvest sample tests. Also indicate the lot(s) you want to recondition the failing lot(s) with.

Location ID and Lot Number of Failed Lot (MUST match Location ID in Grower Registration)	Pre- or Post-Harvest Sample delta-9-THC Results (%)	The Lot(s) to Recondition the Failing Lot in Column 1 with
<i>Ex: PMC North Field, 20-PMCIH-101 (Failed Lot)</i>	<i>0.4 percent</i>	<i>PMC South Field, 20-PMCIH-105</i>

3) If a registered **processor or retailer**, indicate the total number of hemp product(s) requesting to be re-sampled and re-tested:

4) **Indicate where the new test samples will be submitted:**

- To the division or authorized testing facility that performed the original test.

- To a different testing facility approved by the division. **If a different testing facility complete the table below.**

Name of Approved Lab	Physical Address
Contact Number	Email Address

5) **Complete the table below indicating the hemp product(s) that failed initial testing.**

Product Name	Name of Processor or Retailer	Batch or Lot Number	Original Testing Facility	Reason for Failure (failed contaminant or potency test)

I, _____ (printed name) request the hemp product(s) listed in the table above to be retested at the cost of the signatory. Sampling and testing must meet or exceed the testing requirements set out in 11 AAC 40.630 and 11 AAC 40.640 before the hemp products associated with each test batch may be transferred or further processed.

Signature _____

Date _____