

**Health Regulation and Licensing Administration
 Division of Medical Marijuana and Integrative Therapy**

Letter of Intent Medical Marijuana Testing Laboratory

Please complete the following information below:

<p align="center">Individual, Organization, Corporation, or Company Name</p>	<hr/>
<p>Primary Contact Name</p>	<hr/> <p>First Name Middle Initial</p> <hr/> <p>Last Name Suffix (i.e., Jr., Sr., II, III)</p> <hr/> <p>Title</p>
<p>Primary Contact Mailing Address</p> <p>[May not be a P.O. Box]</p>	<hr/> <p>Street Apt/Suite</p> <hr/> <p>City State Zip Code</p> <hr/> <p>() _____ Phone Number Email Address</p>

Please complete the required statement, defining the prospective applicant’s intent to submit an application for a testing laboratory below (or attach on a separate document). The statement should not exceed 100 words.

By submitting this letter of intent, I understand that:

- Failure to complete all required information will result in my letter of intent being considered non-responsive and I will not be eligible to submit an application.
- This document does not require me to submit an application for a testing laboratory registration.
- Only the individuals and entities that timely submit the Letter of Intent and receive a letter of acceptance from the Department of Health shall be permitted to submit an application for a testing laboratory registration.
- Letters of Intent forms submitted to the Department of Health and letters of acceptance issued by the Department of Health are not assignable or transferable.
- The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical marijuana program will not excuse any person from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.

Primary Contact Signature: _____

Print Primary Contact Name: _____

Date: _____

Submit this completed document to the address below in a manner that ensures receipt. This Letter of Intent Form must be submitted to the DC Department of Health no later than 12:00 ET Noon on Friday February 21, 2020. Late submissions will not be accepted.

Division of Medical Marijuana and Integrative Therapy
899 North Capitol St NE, 2nd Floor
Washington, DC 20002
ATTN: Arian R. Gibson