

Product Manufacturer - Extraction Endorsement Attestation Form

This form must be completed as part of the Natural Medicine Business - Product Manufacturer - Extraction Endorsement License application submission.

In order to show that the applicant has taken or will take necessary steps to comply with the requirements of Part 6 of the Natural Medicine Rules, **confirm the following statements:**

(Initial Here) Product Manufacturer Name

will only manufacture, distribute, and transfer Regulated Natural Medicine Product in the following types of products:

1. Capsules;
2. Tea bags;
3. Chocolate;
4. Gelatin- or agar-based gummies in basic geometric shapes;
5. Pressed Tablets; and
6. Tinctures

(Initial Here) Product Manufacturer Name

will not manufacture or package any of the above products in a way that reasonably appears to be a commercially manufactured food product, or reasonably appears to target individuals under the age of 21.

(Initial Here) Product Manufacturer Name

will only use the following solvents for extraction processes:

1. Water;
2. Food grade, non-denatured ethanol; and
3. Natural food-grade oils, such as coconut oil.

(Initial Here) Product Manufacturer Name

will only use Regulated Natural Medicine from a Licensed Cultivation Facility to manufacture any of its products.

At least one week prior to transferring any new Natural Medicine Product, the Applicant agrees to fill out the Product Registration Form to give notice to the Division of new product types. This form requires the following information:

1. A .pdf copy of the product manufacturing standard operating procedure (SOP); and
2. To the extent any of the following information is not in the SOP:
 - A. A list of ingredients and processing aids;
 - B. Any pertinent information about the safety of the product and constituent ingredients; and
 - C. A picture of the label.

Full Name

I, _____,
an authorized representative of

Business Name

Business License Number _____,

attest that the license listed is/will be in substantial compliance with Part 6 of the Natural Medicine Rules.

Name

Business License Number

Signature

Date (MM/DD/YY)