



HEMP PROFICIENCY TESTING PROGRAM ENROLLMENT



To join the program:

1) Save this form to your device 2) Fill in the form 3) Email completed form to hpt@uky.edu

After enrollment, you will have the ability to add additional users.

In July, all labs are sent an invoice where you will choose your participation level.

Lab Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State/Province: _____ Postal Code _____

Hemp Program Lab Manager:

Name: _____

Email: _____ Phone: _____

Shipment Recipient:

Name: _____

Email: _____ Phone: _____

Invoice Contact:

Name: _____

Email: _____ Phone: _____

Do you have special shipping or invoice considerations? Please list them here: