



Ohio Department of Commerce
Division of Cannabis Control



Manufacturer* Form
Certification of Packaging Child Resistance

Manufacturer Name:			
State Business License Number:		State Business License Type:	

Package Information:

The information below should be identifiable in the attached testing materials, including matching unit measurements and model/reference numbers.

Package and Closure Type:	
Package Size:	
Package Materials:	
Model/Type Reference:	

Package Testing Information:

Testing Entity:		
Date of Testing:		
Tested Package and Closure Type:		
Tested Package Size:		
Tested Package Materials:		
Is the tested material an exact match to the proposed packaging container listed above including closure, size, materials and manufacturing process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Manufacturer may be another third-party, such as the distributor or supplier. This entity is responsible for certifying that the packaging meets the child-resistant standards pursuant to 16 CFR 1700.15 and 16 CFR 1700.20 based on the testing data provided and, to properly do so, must have access to the testing data underlying the certification.

Package Testing Information continued:

If No, Provide the rationale for certifying packaging that was not tested to the protocol under 16 CFR § 1700.20. A proper response will reference the objective criteria relied upon to make this certification based on the supplied testing data and must include a minimum of two data points for extrapolation. Extrapolation is only permitted for identical closure types, materials, and manufacturing process.

I certify that the designated package as described above meets the effectiveness specification for child-resistance and senior adult use effectiveness (SAUE) listed in 16 CFR part 1700.15 and has been tested to the testing procedures for special packaging in 16 CFR part 1700.20. I certify that the materials used in the manufacture of the tested package are identical or substantially similar to the materials used in the tested package such that the results of any testing would be unaffected by any differences and that the integrity of the packaged materials would not be compromised. I have provided the complete, unaltered testing data that supports the conclusions above to the Ohio Division of Cannabis Control Licensee for whom this document was prepared.

Name of Manufacturer Representative:	
Signature:	
Title:	
Date:	
Email Address:	
Phone Number:	

Questions about this form may be submitted to DCCLicensing@com.ohio.gov