



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM DISPENSARY AGENT or PO/BM ATTESTATION

I, _____, attest that:
(Please print legal name legibly)

- I have not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801, or
 - Notice: A conviction remains an excluded felony offense under the Arizona Medical Marijuana Act even if it has been set aside following the completion of a sentence. See *Parsons v. Ariz. Dep't of Health Servs.*, 242 Ariz. 320, 395 P.3d 709 (App. 2017).
- I am deemed to not have been convicted of an excluded felony offense through holding a valid Level 1 Fingerprint Clearance Card issued according to A.R.S. § 41-1758.07, and
- I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 26, Chapter 28.1.

Disclosure for applicants submitting fingerprint cards:

Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, the Arizona Department of Health Services ("ADHS") must provide you the opportunity to complete or challenge the accuracy of the information in the record. If requested, you will be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in A.R.S. § 41-1092 *et al.* (Title 41, Chapter 6, Article 10), to present your position concerning the accuracy of any FBI criminal history record before ADHS takes final administrative action based on information in any FBI criminal history record.

The procedures for obtaining a change in, correction of, or for updating, your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under the subject "Criminal History Summary Checks" or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (DPS) Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

Dispensary Agent or PO/BM Signature

Date Signed

The section below applies only to the Dispensary Principal Officers and/or Board Members

I, _____, am designated to submit dispensary agent applications on the
(Please print name legibly)
dispensary's behalf.

Signature

Date Signed