



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM DISPENSARY AGENT or PO/BM ATTESTATION

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

- I have not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
 - Notice: A conviction remains an excluded felony offense under AMMA even if it has been set aside following completion of sentence. See *Parsons v. Ariz. Dep't of Health Servs.*, 242 Ariz. 320, 395 P.3d 709 (App. 2017).
- 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:

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. You would 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) before ADHS takes final administrative action based on information in the FBI criminal history record.

The procedures for obtaining a change, correction, 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 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