



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION

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

- I am a principal officer or board member for the medical marijuana dispensary listed on this renewal application and the dispensary is still operating on a not-for-profit basis.

Principal Officer/Board Member Signature

Date Signed