



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION INITIAL DISPENSARY REGISTRATION CERTIFICATE APPLICATION

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, or I have been deemed not to have an excluded felony offense because I hold a valid level I fingerprint clearance card issued according to A.R.S. §41-1758.07.
 - 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 understand and will comply with the requirements in A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.
- I understand that if issued a dispensary registration certificate, the dispensary may only relocate according to A.R.S. §36-2803.01(D).
- If issued a dispensary registration certificate, the proposed dispensary will not operate until the proposed dispensary is inspected and obtains approval to operate from the Department.
- The information provided to the Department to apply for a dispensary registration certificate is true and correct.

Principal Officer/Board Member Signature

Date Signed