



# ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

## ADULT USE OF MARIJUANA PROGRAM FACILITY AGENT ATTESTATION FOR FACILITY AGENT 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;  
Notice: A conviction remains an excluded felony offense 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 am at least 21 years of age;
- The information provided to the Department to apply for a facility agent card is true and correct.

### *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. 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](http://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](http://www.azdps.gov)).

\_\_\_\_\_  
Signature of Facility Agent Applicant

\_\_\_\_\_  
Date Signed