

MEDICAL MARIJUANA PROGRAM MEDICAL MARIJUANA LABORATORY AGENT/OWNER ATTESTATION

____, attest that:

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•	I have not been convicted of an excluded felony offense Notice: A conviction remains an excluded felony offense under been set aside following completion of sentence. <i>See Parsons v. A</i> 2017).	the Arizona Medical Marijuana Act (AMMA) even if it has
•	has a direct or indirect familial or financial relations	ntity or management company the laboratory agent
•	I will not divert marijuana to any individual who or pursuant to A.R.S. Title 36, Chapter 28.1.	entity that is not allowed to possess marijuana
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. (A.R.S. 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-checks-nd-2 Summary Checks or by calling (304) 625-3878.		
Public	tain a copy of your Arizona criminal history in order to review/update/c Safety (DPS) Criminal History Records Unit at (602) 223-2222 to o nation on the review and challenge process can be found on the DPS w	otain a fingerprint card and a Review and Challenge packet.
Signature of Applicant for Laboratory Agent/Owner Card		Date Signed
	The section below applies only to	Laboratory Owners.
I,	Name of Owner) ons on the laboratory's behalf.	, am designated to submit laboratory agent
Signature o	f Owner	 Date Signed