



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM LABORATORY OWNER 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 do not have a direct or indirect familial or financial relationship or interest in a dispensary, related medical marijuana business entity, or management company.
- The laboratory will not test marijuana or marijuana products for:
 - A designated caregiver that I have a direct or indirect familial or financial relationship with.
- I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.
- The information provided to the Department is true and correct.

Laboratory Owner Signature

Date Signed