



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

LICENSING

**MARIJUANA PROGRAM  
PRINCIPAL OFFICER AND/OR BOARD MEMBER ATTESTATION  
FOR LICENSED FACILITY APPLICATIONS**

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

The information provided to the Department for this application is true and correct.

\_\_\_\_\_  
Principal Officer/Board Member Signature

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