



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## LICENSING

### **MEDICAL MARIJUANA PROGRAM LABORATORY OWNER ATTESTATION**

I, \_\_\_\_\_, attest that:

- 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).
- The laboratory will not test marijuana or marijuana products for:
  - A dispensary, related medical marijuana business entity or management company that I have a direct or indirect familial or financial relationship with, or
  - 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 to apply for a laboratory registration certificate is true and correct.

\_\_\_\_\_  
Laboratory Owner Signature

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