

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

## ATTESTATION H APPLICANT'S INTEREST & EXPERIENCE

(To be completed and submitted by the applicant)

On behalf of _		, I	
	Name of Main Applicant		Name & Title of Individual Authorized to Sign on Behalf of Main Applicant
hereby acknowledge and affirm the following:			

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I attest and affirm that if I am applying for a GROWER A, B, or C license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the Medical Marihuana Act, 2008 Initiated Law 1 (MMA) Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver.

I attest and affirm that if I am applying for a PROCESSOR license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). I attest that I will not employ an individual who is simultaneously a primary caregiver. I further attest that I am or will employ an individual who has a minimum of 2 years' experience as a registered primary caregiver.

I attest and affirm that if I am applying for a SECURE TRANSPORTER license that I do not have any interest in a grower, processor, provisioning center, or safety compliance facility. I further acknowledge that I am not a registered primary caregiver as defined in the MMA Sec. 3(k); MCL § 333.26423(3)(k). In addition to the requirements in sub-rule (1) of this rule, a marihuana transporter shall show proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle, as applicable, for any vehicles used to transport marijuana product as required by the acts and these rules.

I attest and affirm that if I am applying for a PROVISIONING CENTER license that I do not have any interest in a secure transporter or safety compliance facility. I attest that my investors do not have any interest in a secure transporter or safety compliance facility.

I attest and affirm that if I am applying for a SAFETY COMPLIANCE FACILITY license that I do not have any interest in a grower, secure transporter, processor, or provisioning center. I attest that my investors do not have any interest in a grower, secure transporter, processor, or provisioning center. I further acknowledge that I am, or have employed at least 1 staff member, with an advanced degree in medical or laboratory science relevant to the processes at my marijuana facility.

I hereby understand that if I am found to be noncompliant with these requirements, as set forth in the Medical Marihuana Facility Licensing Act (MMFLA), 2016 P.A. 281 Sec. 501 et. seq., I may be subject to disciplinary action or risk loss of licensure.

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