Financial Compliance Section
Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
MRA-AFS@michigan.gov

CERTIFIED PUBLIC ACCOUNTANT (CPA) ATTESTATION OF PRACTICE AUTHORITY

MEDICAL AND ADULT-USE ANNUAL FINANCIAL STATEMENT (AFS)

(Terms used in this form as defined by 1980 PA 299, MCL 339.720 – 339.736)

MRA Licensee Information

Licensee Legal Name	Licensee Record Number (e.g., ERG-000000 or AU-ER-000000) AFS Fiscal Year

CPA and CPA Firm Information

CPA Name	CPA Firm Name
CPA License # Licensing State	CPA Firm License # Licensing State
Principal Place of Business Address	City State Zip Code

Check the applicable box as it applies to your authority to practice in the state of Michigan:

☐ I attest that I am a certified public accountant who is qualified by education, examination, and experience to engage or offer to engage in the practice of public accounting as evidenced by the issuance of a certificate as a certified public accountant under section 725 or 726 and a license or registration issued under section 727.

☐ I attest that I am a certified public accountant whose principal place of business is not in this state and who satisfies the requirements set forth in section 727a.

Signature & Declaration

I attest the information I provided on this form is true and accurate and that I am an independent CPA in accordance with the independence requirements in the American Institute of Certified Public Accountants (AICPA) Code of Professional Conduct. I understand that falsified or fraudulent information submitted on this form may be reported to my licensing jurisdiction and could subject me to licensing disciplinary action as provided in law and associated rules.

Signature: **Date:**

Printed Name:

Notary

Subscribed and sworn to by _____ (CPA Name) before me on _____ (Date).

_____ (Notary Public Signature) _____ (Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____ (County), _____ (State).

My commission expires: _____.