



ATTESTATION

By my signature below, I attest to the following:

- I understand that all applicants¹ for a medical marijuana business license, research facility license, education facility license, transporter agent license, or employee credential authorized by the Oklahoma Medical Marijuana and Patient Protection Act, or for a renewal of such license or credential, shall undergo a national fingerprint-based background check conducted by the Oklahoma State Bureau of Investigation ("OSBI") within thirty (30) days prior to the application for the license or credential. (63 O.S. § 427.14; 63 OS 427.14b; 63 O.S. § 427.16; OAC 442:10-1-5; OAC 442:10-5-1).
- I, _____, am an applicant for a medical marijuana business license, research facility license, education facility license, transporter agent license, or employee credential.
- I am unable to submit a national fingerprint-based background check to OMMA at this time.

Until such time that a national fingerprint-based background check conducted by the OSBI can be submitted, I attest as follows:

- I am an employee credential applicant or am involved in the management and/or operations of the applicant or licensee.
- I have not been convicted of any non-violent felonies within two (2) years of submitting this application to OMMA.
- I have not been convicted of any offense listed in 57 O.S. § 571(2) within the last five (5) years of submitting this application to OMMA.
- I am not currently, nor at any time during which I have had an application submitted to OMMA have I been, an inmate in the custody of the Oklahoma Department of Corrections (DOC) nor am I incarcerated in any jail or corrections facility in the United States of America.
- I will undergo a national fingerprint-based background check conducted by the OSBI within thirty (30) days after OMMA publishes notice that I am able to undergo a national fingerprint-based background check. I understand that OMMA will publish notice about national fingerprint-based background checks on its website, OMMA.ok.gov, and will send an email to current licensees and credential holders via the address on OMMA records as reported and updated to OMMA.
- I understand that my failure to undergo a national fingerprint-based background check conducted by the OSBI within thirty (30) days of OMMA's notice of the availability of the national fingerprint-based background check may subject the license, credential, application, or renewal to denial, rejection, or disciplinary action, including but not limited to, suspension, revocation, or nonrenewal.
- I understand that applications must be complete and accurate in every detail. I further understand that if this attestation is found to contain misstatements, omissions, misrepresentations, falsifications, or forgeries, that the license, credential, application, or renewal may be subject to denial, rejection, or disciplinary action, including but not limited to, suspension, revocation, or nonrenewal.
- I understand that the submission of an attestation containing any false, incorrect, or incomplete statements is a false and fraudulent material misrepresentation to OMMA and may subject me and/or the license to both civil and criminal liability.
- By submission of this attestation, I certify that I have read and understand the information above as of the date listed below.
- The individual executing this attestation is duly authorized and has the proper authority and proper authorization to execute this attestation and does so with the intent to fully bind themselves to the truthfulness of their answers.



Signature

Date (mm/dd/yyyy)

¹ An applicant is all individual applicants applying on their own behalf, individuals applying on behalf of an entity or partnership all principal officers of an entity, and/or all owners of an entity as defined in 63 O.S. § 427.2.