



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

ADULT USE MARIJUANA PROGRAM FEE WAIVER ATTESTATION FOR FACILITY AGENT APPLICATION

I, _____, attest under penalty of perjury that:
(Please print full legal name)

I meet the following fee waiver eligibility requirements, as specified in A.R.S. §41-1080.01
as I am applying for a marijuana facility agent license for the first time in Arizona

AND (please select **one** of the following)

☐ My family income does not exceed 200% of the federal poverty guidelines.

OR

☐ I am an active duty military service member's spouse.

OR

☐ I am an honorably discharged veteran who has been discharged not more
than two years before the date of this application.

Signature of Facility Agent Applicant

Date Signed