

## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.

Home address, date of birth and social security number on application redacted from this document for security and safety reasons.



Please use a supported browser for best performance. Please click here for a list of supported browsers (/dist/browserSupport.html)

DISMISS

Review

**Selected Account:Alabama Green Transport LLC**

Your application has been filed with the Alabama Medical Cannabis Commission.  
Your reference code is **1614**.

File Date : **03/03/2023 3:19 PM**

Your transaction ID is : **88968226**

Transaction Token: **cd42971d-c9a6-4dd5-834e-3162e6f83511**

**i** If you do not receive email notifications, please check your spam folder.

You must print or save this page as a PDF as part of your redacted filing.

### Request for Business Application Information

✓ Request : 0293  
Number

### General Applicant Information

✓ Applicant Name: Alabama Green Tra  
nsport LLC

✓ Applying as: Business Entity

Trade Name :  
(DBAs)

✓ Identification : FEIN  
Number Type

✓ Federal Tax : 920485031  
Identification  
Number

✓ Business Entity : Alabama Green Tra  
Name nsport

✓ Business Entity : Limited Liability Co  
Type mpany

✓ Secretary of : 001041729  
State Entity ID  
Number

✓ Federal Business: 484220  
Code No

✓ Date of Qualification, Organization or Incorporation: 09/26/20  
22

### Applicant Street Address

✓ Street: 210 SPEIGNER ST

Unit No / Apt No:

✓ City: DOTHAN

✓ County: 35-Houston

✓ State: Alabama

✓ Zip Code: 36303

✓ Address Verified?: Yes

### Applicant Mailing Address

✓ Street: ██████████  
R

Unit No / Apt No:

✓ City: ENTERPRISE

✓ State: Alabama

✓ Zip Code: 36330

✓ Address Verified?: Yes

Applicant Website :

✓ Applicant Email Address : wwebb05@roadrunner.com

✓ Applicant Phone Number : 3347630618

✓ Do you have a management service agreement in place?: No

✓ Is the applicant: (1) at least 51% owned by (or, in the case of a corporation, 51% of the shares belong to) members of any minority group (as defined by 20-2A-51(b)), and (2) managed and controlled in its daily operations by members of any minority group? :No

## Primary Contact Person

✓ First Name : Shawna ✓ Last Name : Mason ✓ Title: Owner

✓ Phone Number : 3347630618 ✓ Email: wwebb05@roadrunner.com

✓ Street: [REDACTED] ✓ Unit No : / Apt No ✓ City: ENTERPRISE

✓ State: Alabama ✓ Zip Code : 36330

✓ Address Verified?: Yes

## License Information

✓ License: Security Transporter

## Facility Information

## Facility Information

✓ Facility Type: Secure Transporter Facility

## Physical Address

✓ Street: 210 SPEIGNER ST

Unit No / Apt No :

✓ City: DOTHAN

✓ County: 35-Houston

✓ State: Alabama

✓ Zip Code: 36303

✓ Address : Yes  
Verified?

## Facility Information Questions

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✓ Applicant's interest in : Agreement Contingent on Receipt o  
property where proposed f License  
facility is located

✓ Is this facility under : No  
construction?

✓ The number of days, if awarded a license, within which the Applicant : 30  
reasonably projects it will commence operations at this facility

✓ The number of days, if awarded a license, within which the Applicant : 60  
reasonably projects it will reach full capacity at this facility

✓ Does the applicant verify that this proposed facility will be in a permissible : Yes  
location, if applicable, and will maintain compliance with all State and local  
laws, resolutions and ordinances?

## Ownership of Applicant

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✓ Select type of record: Individual

✓ Does the individual have : Yes  
an ownership interest in  
the applicant?

## Individual

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✓ Legal First : Shawna  
Name

✓ Legal : Michelle  
Middle  
Name

✓ Legal Last : Mason  
Name

Suffix:

✓ Phone : 3347630618  
Number

✓ Email : wwebb05@roadr  
Address unner.com

✓ Date of :   
Birth

✓ Social :   
Security  
Number

✓ Race/Ethnicity: Caucasian

✓ Ownership : 100  
Percentage  
of the  
Applicant

✓ Role: Shareholder

## Residence Address

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✓ Street:   
Unit No / :  
Apt No

Unit No / :  
Apt No

✓ City: ENTERPRISE

✓ State: Alabama

✓ Zip Code: 36330

✓ Address : Yes  
Verified?

# Cannabis Industry Entities

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- ✓ Is any individual or entity below connected to any entity that is directly or indirectly involved in the cannabis industry, including, but not limited to, the cultivation, processing, packaging, labeling, testing, transporting, or sale of cannabis or medical cannabis, either in Alabama or any other jurisdiction? :No  
(1) an individual with an ownership interest in the applicant;  
(2) the spouse, parent, or child of an individual with an ownership interest in the applicant; or  
(3) an entity with an ownership interest in the applicant.
- 

## Questions and Attestations

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- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant ever applied for or been granted any commercial license or certificate (not related to cannabis industry) issued by a licensing board or commission, either in Alabama or any other jurisdiction? : NO
- 

- ✓ Was any commercial license or certificate disclosed above denied, restricted, suspended, revoked, or non-renewed?: NO
- 

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, ever been authorized to participate in the cannabis or medical cannabis industry, licensed (i.e., a "licensee" as defined in Chapter 1 of the AMCC Rules), or provided similar status in any other jurisdiction? : NO
- 

- ✓ During the last 5 years has there been any disciplinary measures taken regarding any cannabis or medical cannabis industry license of the applicant or any entity affiliated with the applicant? : NO
- 

- ✓ Has the applicant, any ownership entity, or any cannabis entity connected to any individual or entity with an ownership interest in the applicant, within the last ten (10) years, filed or been served with a complaint or other notice by any governmental body, regarding a delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law? : NO
- 

- ✓ Has the applicant filed, or had filed against it, any proceeding for bankruptcy within the past 7 years?: NO
- 

- ✓ Is the applicant currently, or has it been in the past 10 years, a defendant in litigation involving any of its business practices?: NO
- 

- ✓ Is any public official of any unit of government:  
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;  
(2) a creditor of the applicant;  
(3) a holder of any debt instrument issued by the applicant; or (4) a holder of, or interested party in, any contractual or service relationship with the applicant? : NO
- 

- ✓ Is the spouse, parent or child of a public official of any unit of government:  
(1) an owner (directly or indirectly) of any financial or beneficial interest in the applicant;  
(2) a creditor of the applicant;  
(3) a holder of any debt instrument issued by the applicant; or  
(4) a holder of, or interested party in, any contractual or service relationship with the applicant? : NO
- 

- ✓ Has any owner, director, board member, or individual with a controlling interest in the applicant ever been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any felony or controlled substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise? : NO
-

- ✓ Has any leader, secure transport driver, or secure transport passenger of the applicant received a criminal conviction within the last eight years for any of the following : NO
  - (1) any indictable offense;
  - (2) any offense involving stolen property or vehicles;
  - (3) fraud relating to any business any driver has owned, in whole or part, or in which the driver has been employed;
  - (4) stolen property, or other offense of similar nature;
  - (5) operation of a motor vehicle while under the influence of a controlled substance, or offense of similar nature; or (6) any offense involving possession, distribution or trafficking in, any illegal substance?

What is the applicant's anticipated or actual number of employees (including all facilities) at the prospective commencement of operations and during the first five calendar years thereafter?

- ✓ Commencement : 2023 of Operation
- ✓ Year One: 4
- ✓ Year Two: 6
- ✓ Year Three: 10
- ✓ Year Four: 12
- ✓ Year Five: 12
- ✓ Does the applicant verify that it has the ability to maintain adequate minimum levels (\$2,000,000) of liability and casualty insurance, as required by § 20-2A-53(a)(2), Code of Alabama 1975 (as amended)? :Yes

- ✓ Does the applicant consent as required by § 20-2A-55(d), Code of Alabama 1975 (as amended) to the inspections, examinations, searches, and seizures contemplated by § 20-2A-52(a)(3), Code of Alabama 1975 (as amended), which shall specifically extend to all secure transport vehicles of the applicant? : YES

- ✓ Does the applicant verify that neither it nor its leadership have any economic interest in any other license or applicant for license under the Act? (See § 20-2A-55(e), Code of Alabama 1975 (as amended)) : YES

- ✓ I attest that this application is truthful and complete based on the best available information as of the date of filing.: YES

Documents Signature: Shawna Mason

✓ Signature Date: 11/07/2022

- ✓ Resume or Curriculum Vitae of Individuals with Ownership Interest: c Exhibit 1 Alabama Green Transport ...
- ✓ Residency of Owners: c- Exhibit 2 Alabama Green Residency ...
- ✓ Criminal Background Check: c Exhibit 3 Criminal Background Chec...
- ✓ Demonstration of Sufficient Capital: c Exhibit 4 Alabama Green Transport ...
- ✓ Financial Statements: c-Exhibit 5 Alabama Green Transport ...
- ✓ Tax Plan: c-Exhibit 6 Alabama Green Transport ...
- ✓ Business Formation Documents: c Exhibit 7 Alabama Green Transport ...
- ✓ Business License and Authorization of Local Jurisdictions: c Exhibit 8 Alabama Green Transoprt ...
- ✓ Business Plan: c-Exhibit 9 Alabama Green Transport ...
- ✓ Evidence of Business Relationship with other Licensees and Prospective Licensees: c-Exhibit 10 Alabama Green transport...

✓ Standard Operating Plan and Procedures:	c-Exhibit 11 Alabama Green Transport...
✓ Policies and Procedures Manual:	c Exhibit 12 Alabama Green Transport...
✓ Secure Transport Vehicles:	c Exhibit 13 Alabama Green Transport...
✓ Compliance with Alabama Public Service Commission Requirements:	c Exhibit 14 Alabama Green Transport...
✓ Commercial Drivers' License:	c-Exhibit 15 Commercial Driver_s Lice...
✓ Fleet Summary:	c-Exhibit 16 Alabama Green Fleet Sum...
✓ Care and Maintenance of Vehicles:	c Exhibit 17 Alabama Green Transport...
✓ Route Plans:	c Exhibit 18 Alabama Green Transport...
✓ Facilities:	c- Exhibit 19 Alabama Green Transpor...
✓ Security Plan:	c Exhibit 20 Alabama Green Transport...
✓ Personnel:	c- Exhibit 21 Alabama Green Transpor...
✓ Employee Handbook:	c Exhibit 22 Alabama Green transport ...
✓ Secure Transport Drivers:	c Exhibit 23 Alabama Green Transport...
✓ Drivers' Manual:	c-Exhibit 24 Alabama Green Transport...
✓ Website and Social Media:	c-Exhibit 25 Alabama Green Transport...
Ownership Entity Individuals (if applicable):	No Document Present
✓ Proof of Minimum Liability and Casualty Insurance:	Insurance.pdf (/api/documents/ngvw...
✓ Affidavit - Entity Applicant:	Alabama Green Affidavit Of individual ...

## Payments

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- ✓ Payment: C  
Options r  
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# Exhibit 1 – Resume of Individuals with Ownership Interest in Applicant

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date



## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), **Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.**

**Home address of applicant redacted from this document for security and safety reasons.**

FORM A: OWNERSHIP RESUME / CURRICULUM VITAE

Alabama Green Transport LLC.

Business License Applicant Name

Shawna M Mason

Individual with Ownership Interest in Applicant

Secure Transporter

License Type

100%

Individual's Ownership Percentage in Applicant

**Residential History**

*Provide all residential addresses, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

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Residential Street Address

Enterprise Al 36330

City State Zip

11/2002 present

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

---

---

Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY).

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Residential Street Address

City State Zip

Date Resided From (MM/YYYY) Date Resided To (MM/YYYY)

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Residential Street Address

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Residential Street Address

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City

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State

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Zip

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Date Resided From (MM/YYYY)

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Date Resided To (MM/YYYY)

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**Education***Provide all institutions of higher education attended; attach additional form(s) if necessary.*

<u>University of Alabama at Birmingham</u>	<u>Birmingham</u>	<u>AL</u>
Institution	City	State
<u>01/2007</u>	<u>12/2009</u>	<u>Doctorate</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Troy University</u>	<u>Troy</u>	<u>Al</u>
Institution	City	State
<u>08/1999</u>	<u>05/2001</u>	<u>Masters of Nursing</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Troy University</u>	<u>Troy</u>	<u>AL</u>
Institution	City	State
<u>08/1993</u>	<u>05/1995</u>	<u>Bachelors of Science in Nursing</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

<u>Enterprise State Jr College</u>	<u>Enterprise</u>	<u>Al</u>
Institution	City	State
<u>05/1992</u>	<u>05/1993</u>	<u>none</u>
Date Attended From (MM/YYYY)	Date Attended To (MM/YYYY)	Degree Received

**Employment History***Provide all employers, in reverse chronological order, for 15 years prior to date of application; attach additional form(s) if necessary.*

<u>Troy University</u>	<u>Wade Forhand</u>	<u>334-670-3745</u>
Employer	Contact Person	Telephone
<u>Pell Ave</u>		
Business Address		
<u>Troy</u>	<u>AL</u>	<u>36081</u>
City	State	Zip
<u>8/2014</u>	<u>present</u>	
Date Employed From (MM/YYYY)	Date Employed To (MM/YYYY)	

Southern Clinic PC

Employer

201 Doctors Drive

Business Address

Dothan

City

08/2014

Date Employed From (MM/YYYY)

Brian Holman

Contact Person

AL

State

present

Date Employed To (MM/YYYY)

334-794-6611

Telephone

36301

Zip

Southern Care Hospice

Employer

300 N Edwards St

Business Address

Enterprise

City

prior to 2012

Date Employed From (MM/YYYY)

Jodee Norwood

Contact Person

Al

State

present

Date Employed To (MM/YYYY)

(334) 475-2342

Telephone

36330

Zip

Professional Medical Associates

Employer

101 East Brunson St

Business Address

Enterprise

City

02/2011

Date Employed From (MM/YYYY)

Tammy Bailey

Contact Person

Al

State

08/2014

Date Employed To (MM/YYYY)

334-393-3686

Telephone

36330

Zip

Southern Clinic PC

Employer

201 Doctors Dr

Business Address

Dothan

City

11/2002

Date Employed From (MM/YYYY)

Brian Holman

Contact Person

Al

State

01/2011

Date Employed To (MM/YYYY)

334-794-6611

Telephone

36301

Zip

Sharps MD of Alabama

Blake Daughtry

334-699-7711

Employer

Contact Person

Telephone

P.O. box 9104

Business Address

Dothan

AL

36304

City

State

Zip

2017

2019

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

Employer

Contact Person

Telephone

Business Address

City

State

Zip

Date Employed From (MM/YYYY)

Date Employed To (MM/YYYY)

## Exhibit 2 – Residency of Owners

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date

## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.

Home address and social security number on application redacted from this document for security and safety reasons.



Exhibit 2- Residency of Owners

I, Shawna Mason, the owner of Alabama Green LLC, have been a lifelong resident of the great states of Alabama. I currently reside at [REDACTED] Enterprise Alabama. I have lived at this residence since 2002. I have attached income tax returns with the corresponding address. Please note that due to marriage, my last name has changed but social security number matches owner. I have also included driver license with matching address and social security number.

Amk  
3/1/05 \$215<sup>00</sup>

# Federal Information Worksheet

2004

► Keep for your records

## Part I – Personal Information

### Taxpayer:

Last Name ..... WEBB  
 First Name ..... WILLIAM  
 Middle Initial ..... E Suffix .....  
 Social Security No. .... [REDACTED]  
 Occupation ..... ACFT MAINT.  
 Date of Birth ..... [REDACTED] (mm/dd/yyyy)  
 or Age as of 1/1/2005 .... 33  
 Date of death .....  
 Legally blind .....   
 E-mail Address .....  
 Work Phone ..... (334) 598-0636 Ext .....  
 Cell Phone .....

### Spouse:

Last Name .....  
 First Name ..... SHAWNA  
 Middle Initial ..... M Suffix .....  
 Social Security No. .... [REDACTED]-2510  
 Occupation ..... NURSE  
 Date of Birth ..... [REDACTED] (mm/dd/yyyy)  
 or Age as of 1/1/2005 .... 30  
 Date of death .....  
 Legally blind .....   
 E-mail Address .....  
 Work Phone ..... Ext .....  
 Cell Phone .....

Home Phone ..... (334) 308-1099  
 Check to print phone number on Form 1040  Home

Fax Number .....  
 Taxpayer Work  Spouse Work

Address ..... [REDACTED] Apt No. ....  
 City ..... ENTERPRISE State ..... AL ZIP Code ..... 36330  
 Foreign Country ..... Foreign Phone .....  
 APO/FPO address, check if appropriate ..... APO  FPO

## Part II – Federal Filing Status

- 1  Single  
 2  Married filing jointly  
 3  Married filing separately  
 Check this box if client **did not** live with spouse at any time during the year .....   
 Check this box if client is eligible to claim spouse's exemption (see Help) .....   
 4  Head of household  
 If the qualifying person is a child but not a dependent:  
 Child's name ..... Child's social security number .....  
 5  Qualifying widow(er)  
 Check the appropriate box for the year the spouse died ..... 2002  2003   
 Does client want \$3 to go to the Presidential Election Campaign Fund? Taxpayer .....  Yes  No  
 Spouse .....  Yes  No

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First Name	MI	Social Security Number	Date of birth			Qualified child/dependent care expenses incurred and paid in 2004	E I C	Lived with taxpayer in U.S.	Education tuition and fees
			Year of birth	C	o				
Last Name	Suffix	Relationship		d	e				
JAYDEN	M	[REDACTED]	1999	L	<input type="checkbox"/>	1,688.	E	12	<input type="checkbox"/>
WEBB		Daughter							
MADILYN	M	[REDACTED]	2003	L	<input type="checkbox"/>	3,000.	E	12	<input type="checkbox"/>
WEBB		Daughter							<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

L.P.  
3-17-06  
\$210.00

# Federal Information Worksheet

2005

► Keep for your records

## Part I – Personal Information

### Taxpayer:

Last Name ..... WEBB  
 First Name ..... WILLIAM  
 Middle Initial ..... E Suffix .....  
 Social Security No. .... [REDACTED]  
 Occupation ..... ACFT MAINT.  
 Date of Birth ..... [REDACTED] (mm/dd/yyyy)  
 or Age as of 1/1/2006 .... 34  
 Date of death .....  
 Legally blind .....   
 E-mail Address .....  
 Work Phone ..... (334) 598-0636 Ext .....  
 Cell Phone .....

### Spouse:

Last Name .....  
 First Name ..... SHAWNA  
 Middle Initial ..... M Suffix .....  
 Social Security No. .... [REDACTED]-2510  
 Occupation ..... NURSE  
 Date of Birth ..... [REDACTED] (mm/dd/yyyy)  
 or Age as of 1/1/2006 .... 31  
 Date of death .....  
 Legally blind .....   
 E-mail Address .....  
 Work Phone ..... Ext .....  
 Cell Phone .....

Home Phone ..... (334) 308-1099  
 Check to print phone number on Form 1040  Home

Fax Number .....  
 Taxpayer Work  Spouse Work

Address ..... Apt No. .  
 City ..... ENTERPRISE State ..... AL ZIP Code ..... 36330  
 Foreign Country ..... Foreign Phone .....  
 APO/FPO address, check if appropriate ..... APO  FPO   
 If eligible for hurricane tax relief legislation benefits, check appropriate box(es) (see Tax Help) ..... Victim  Volunteer/Donor

## Part II – Federal Filing Status

- 1  Single  
 2  Married filing jointly  
 3  Married filing separately  
 Check this box if client **did not** live with spouse at any time during the year ..... ►   
 Check this box if client is eligible to claim spouse's exemption (see Help) ..... ►   
 4  Head of household  
 If the qualifying person is a child but not a dependent:  
 Child's name ..... Child's social security number .....  
 5  Qualifying widow(er)  
 Check the appropriate box for the year the spouse died ..... ► 2003  2004   
 Does client want \$3 to go to the Presidential Election Campaign Fund? Taxpayer ..... ►  Yes  No  
 Spouse ..... ►  Yes  No

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First Name	MI	Social Security Number	Date of birth			Qualified child/dependent care expenses incurred and paid in 2005	E I C	Lived with taxpayer in U.S.	Education tuition and fees
			Year of birth	C o d e	Not qualified for child tax credit				
Last Name	Suffix	Relationship							
JAYDEN WEBB	M	[REDACTED]	1999	L	<input type="checkbox"/>	540.	E	12	<input type="checkbox"/>
MADILYN WEBB	M	[REDACTED]	2003	L	<input type="checkbox"/>	3,840.	E	12	<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial SHAWNA M	Last name MASON	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. ENTERPRISE	State AL	ZIP code 36330	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1957  Are blind **Spouse:**  Was born before January 2, 1957  Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
		MADILYN M	WEBB	[REDACTED]	DAUGHTER	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	173988
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	217552
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 10 . . . . .	<b>8</b>	1868
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	175890
	<b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .	<b>10</b>	250
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	175640
	<b>12a</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12a</b>	24038
	<b>b</b> Charitable contributions if you take the standard deduction (see instructions)	<b>12b</b>	
	<b>c</b> Add lines 12a and 12b . . . . .	<b>12c</b>	24038
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b> Add lines 12c and 13 . . . . .	<b>14</b>	24038
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	151602

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

QNA

5b: ROLLOVER



## Exhibit 3 – Criminal Background Check

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/12/2022 \_\_\_\_\_

Verification Date

## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.

Home address, date of birth and social security number on application redacted from this document for security and safety reasons.

## FORM B: BACKGROUND CHECK APPLICANT VERIFICATION

Alabama Green Transport LL

Secure Transporter

Business License Applicant Name

License Type

Provide the name and title of each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant). Attach additional forms if necessary.

NAME	ROLE (select all that apply)
Shawna Michelle Mason	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant
	<input type="checkbox"/> Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Board Member <input type="checkbox"/> Individual with Economic Interest in Applicant

**Applicant Verification:** The undersigned hereby verifies that the individuals listed hereinabove (and attached, as necessary) are all of the individuals identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) with respect to the Applicant. The undersigned further verifies that each individual listed hereinabove (and attached, as necessary) has requested a state criminal background check from the Alabama Law Enforcement Agency (ALEA) and a national criminal background check from the FBI.

Shawna Michelle Mason

Printed Name of Verifying Individual



Signature of Verifying Individual

Owner

Title of Verifying Individual

12/13/2022

Verification Date





## Appendix B

# Applicant Instructions

## For completing the ALEA Application to Review Alabama Criminal History Record Information or to Challenge Alabama Criminal History Record Information

In order for your request to review, challenge or appeal your Alabama Criminal History Record Information to be processed by the Alabama Law Enforcement Agency (ALEA), you must complete the *ALEA Application to Review (SBI Form 46)* or to *Challenge Alabama Criminal History Record Information (SBI Form 46 Appendix A)* in accordance with the following instructions:

1. **Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
  - a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
  - b. A valid unexpired United States Citizenship and Immigration Service Document, which may include either:
    - i. Certificate of Naturalization N-550
    - ii. Replacement Certificate of Naturalization N-570
    - iii. Special Certificate of Naturalization N-578
    - iv. Certificate of Citizenship N-560
    - v. Replacement Certificate of Citizenship N-561
    - vi. Certificate of Citizenship (Posthumous) N-645, N-645A
  - c. A valid unexpired United States Passport; or
  - d. A valid unexpired Foreign Passport which meets the following requirements:
    - i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
    - ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.
2. **Your application must include the required \$25.00 administrative fee in the form of only a cashier's check or a money order made payable to the "Criminal Records & Identification Unit" (sorry – personal and/or business checks are not accepted); and**
3. **Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency with an FBI-issued Originating Agency Number (ORI).**
  - a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card). This ensures positive identification and insures that the proper criminal record is reviewed.
  - b. Details for the fingerprinting agency may be found in APPENDIX C.
4. **Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency  
 Criminal Records and Identification Unit  
 ATTN: Background Checks  
 P.O. Box 1511  
 Montgomery, Alabama 36102-1511
5. **If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:**
  - a. A copy of the Alabama Criminal History Record being challenged;
  - b. The charge and DATE of each specific arrest or disposition being challenged;
  - c. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
  - d. A listing of each specific arrest or disposition being challenged;
  - e. The details related to why each specific arrest is inaccurate;
  - f. What the applicant believes to be the correct information for each arrest or disposition being challenged;
  - g. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
  - h. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
6. **Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency  
 Criminal Records and Identification Unit  
 ATTN: Record Challenge  
 P.O. Box 1511  
 Montgomery, Alabama 36102-1511

Please allow a minimum of 4-5 weeks from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling 334-353-4340 or 1-866-740-4762.

# ALABAMA LAW ENFORCEMENT AGENCY APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



## PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Shawna Michelle Mason Sex/Gender:  Male  Female

Aliases/Nickname: Missy

Applicant Current Address: [REDACTED]

City: Enterprise State: Al Zip Code: 36330 SSN: [REDACTED]

Date of Birth: [REDACTED] (MM/DD/YYYY) Driver's License Number: [REDACTED] Issuing State: Al

Race:  White  Black  Asian  Indian  Other (please specify) \_\_\_\_\_

Home Phone: [REDACTED] Mobile Phone: 834-763-0618 Work Phone: 334-794-6611

## WORK INFORMATION

Employer Name: Alabama Green Transport LLC Employer Phone: 334-763-0618

Contractor Name: \_\_\_\_\_ Contractor Phone: ( ) \_\_\_\_\_

State Agency: \_\_\_\_\_ Agency Phone: ( ) \_\_\_\_\_

Work Email Address: wwebb05@roadrunner.com

Job Role/Classification: owner Supervisor Name: Shawna M. Mason

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.*
- PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

## AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:  
**ALABAMA MEDICAL CANNABIS COMMISSION (AMCC)**

Name & Address of Requesting Agency or Authorized Agent\*

*I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. §41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).*

Applicant Signature Shawna M. Mason Date 11/8/2022

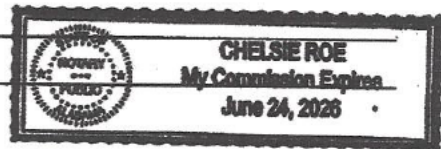
Name of Witness \_\_\_\_\_ Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_ Address of Witness \_\_\_\_\_

City, State and Zip \_\_\_\_\_ City, State and Zip \_\_\_\_\_

Sworn to and subscribed before me this 21 day of November, 2022.

Notary Signature Chelsie Roe My Commission Expires June 24, 2026



FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: <u>AL</u>		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____ /Date: ____/____/____	Processed By (Initials): _____ /Date: ____/____/____	Check#: _____
Walk-in/Hand Delivered <input type="checkbox"/> Mailed <input type="checkbox"/>	Status: _____ Initials: _____ Date: ____/____/____	Background Check Qty: Total: \$ _____
		Certified Letter Qty: Total: \$ _____



**APPLICANT**  
\*And Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME FIRST NAME MIDDLE NAME

**MASON, SHAWNA MICHELLE**

DATE OF BIRTH PLACE OF BIRTH

D-259 (Rev. 5-15-17) 1110-0040

SIGNATURE OF PERSON FINGERPRINTED  
*Shawna Mason*

ALIASES AKA  
O  
R  
I

[REDACTED]

LI 36330

DATE OF BIRTH DOB

[REDACTED]

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS  
2/16/21 922/STO

US  
COUR NO. OCA

SEX: F RACE: W HGT: 506 WGT: 120 EYES: BLU HAIR: BLN PLACE OF BIRTH: AL POB

LEAVE BLANK

TROY UNIV

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS

PERSON FINGERPRINTED

SOCIAL SECURITY NO. SOC

[REDACTED]

REF

**APPLICANT SCREENING**





**OFFICIAL CHECK**

MEMBER COPY

Pay To The Order Of	Check No.	Date	Check Amount
Criminal Records & Identification Unit	365432	11-21-2022	*****25.00
Memo	Account Number	Transaction Description	
Shawna Mason: Background Check	1699		
Teller #	Branch	Post Date	Transaction Date/Time
169543	1303	11-21-2022	11-21-2022 12:25:54 PM

Criminal Records & Identification Unit  
NON-NEGOTIABLE

THE FRONT OF THIS CHECK CONTAINS A COLORED BACKGROUND ON WHITE PAPER



Pay Twenty-Five and 00/100 Dollars \*\*\*\*\*

Pay to the Order of Criminal Records & Identification Unit

Memo Shawna Mason: Background Check

CHECK NO.  
365432

DATE	AMOUNT
11/21/2022	*****25.00

OFFICIAL CHECK

.8374/2621

*Shawna W. Evans*  
AUTHORIZED REPRESENTATIVE

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈ 365432⑈ ⑈ 25 21 2022⑈

3000000 15⑈

**FORM D: National Background Check (FBI)**

The application for the National Background Check, conducted by the FBI, may be submitted online or by mail. According to the FBI website, current processing time is about 3-5 days for online requests (after fingerprint card is received by mail) and about 2-4 weeks for requests by mail.

**Online Requests:** The online request form and instructions are available at:

<https://www.edo.cjis.gov/#/>

**Requests by Mail:** Use enclosed Identity History Summary Request Form. Detailed instructions for completing and submitting the request form and fingerprint cards by mail are available at:

<https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks#Mail>

**\*\* When completing the background check request form (online requests and requests by mail), include the following information:**

- Mailing Address
  - **In Care Of (C/O):** AMCC
  - **ATTN:** Background Check
  - **Address:** P.O. Box 309585
  - **City:** Montgomery
  - **State:** Alabama
  - **Postal (Zip) Code:** 36130
  
- Preferences (online request form)
  - **Would you like your date of birth included on the response?** YES
  - **Would you like to have a hard-copy response mailed to you?** YES

## IDENTITY HISTORY SUMMARY REQUEST FORM

**Information** \* Denotes Required Fields

*Last Name Mason	*First Name Shawna	
Middle Name 1 Michelle	Middle Name 2	
*Date of Birth:	*Place of Birth: Enterprise Alabama	*U.S. Citizen or Legal Permanent Resident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship: USA	Country of Residence: USA	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number: 2510		

*Race (please check appropriate box): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
*Sex (please check appropriate box): <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other

**Address**

C/O AMCC	ATTN Background Check
*Address	
P.O. Box 309585	
*City Montgomery	*State Alabama
*Postal (Zip) Code 36130	*Country USA
Phone Number	E-Mail

**Payment Enclosed:** (please check appropriate box)

CERTIFIED CHECK       MONEY ORDER       CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

\* REQUESTOR SIGNATURE Shawna Michelle Mason DATE 11/7/2022

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

**PRIVACY ACT STATEMENT**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

**PAPERWORK REDUCTION ACT STATEMENT:**

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

**From:** Criminal Justice Information Services <edo@services.fbi.gov>  
**Date:** November 7, 2022 at 8:48:32 PM CST  
**To:** wwebb05@roadrunner.com  
**Subject:** Identity History Summary Request Confirmation

Your Identity History Summary Request has been accepted and will be processed in the date order in which it was received.

Shawna Michelle mason  
Your Order number is: D55924222311  
Your payment verification code is: 272B7JG0

You indicated your fingerprints would be delivered by: MAIL

Please refer to the following details when submitting your fingerprints:

If delivering your fingerprints via Mail, please send your completed fingerprint card along with a copy of this confirmation email to:

FBI CJIS Division  
ATTN: ELECTRONIC SUMMARY REQUEST  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306



If you have any questions regarding this e-mail contact 304-625-5590 or [identity@fbi.gov](mailto:identity@fbi.gov)

This message has been transmitted to you by the FBI Criminal Justice Information Services Division. If you are not the intended recipient of this message, please destroy it promptly without any retention, dissemination, or reproduction (unless required by law), and please notify the sender of the error immediately by separate e-mail to [identity@fbi.gov](mailto:identity@fbi.gov) or by calling the Customer Service Group at 304-625-5590.

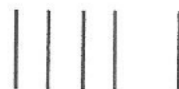
This is an automated message. Please do not reply to this e-mail.







SHAWNA MICHELLE MASON  
ATTN: BACKGROUND CHECKS




**U.S. Department of Justice**

 Federal Bureau of Investigation  
 Criminal Justice Information Services Division  
 Clarksburg, WV 26306

 SHAWNA MICHELLE MASON  
 ATTN: BACKGROUND CHECKS

Date: 12-02-2022

 [REDACTED]  
 ENTERPRISE, AL 36330

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

**Subject Name**

SHAWNA MICHELLE MASON

**Search Completed Result**

12-02-2022 E2022336000000261621

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth:

[REDACTED]

Social Security number:

XXX-XX-2510

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at [www.fbi.gov/checks](http://www.fbi.gov/checks) for further instructions.

 Kimberly J. Del Greco  
 Deputy Assistant Director  
 Information Services Branch  
 Criminal Justice Information  
 Services Division

**FORM E: BACKGROUND CHECK INDIVIDUAL VERIFICATION**

*Each individual identified by § 20-2A-55(b), Code of Alabama 1975 (as amended) (i.e., each owner, shareholder, director, board member, and individual with an economic interest in the Applicant) must complete a separate form.*

Alabama Green Transport

Secure Transporter

Business License Applicant Name

License Type

Shawna Michelle Mason

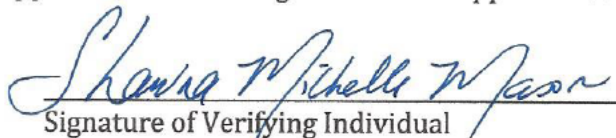
Individual's Name

Individual's Role (select all that apply):  Owner  Shareholder  Director  Board Member  
 Individual with Economic Interest in Applicant

**Verification**

The undersigned, as identified above, hereby verifies all of the following:

- That the individual's role(s) in the Applicant's business is one or more of the roles identified by § 20-2A-55(b), Code of Alabama 1975 (as amended).
- That the individual shall, as required by § 20-2A-55(b), Code of Alabama 1975 (as amended), submit to a state and national criminal background check, to be conducted and/or coordinated by the Alabama Law Enforcement Agency.
- That the individual has submitted its completed state criminal background check application form (ALEA SBI Form 46), and all other items required therewith, to ALEA
- That the individual has submitted its national criminal background check form (FBI Identity History Summary Request Form), and all other items required therewith, to the FBI.
- That the individual, on his/her state and national background check forms, has authorized ALEA and the FBI, as applicable, to release any and all criminal history information of the individual to the Alabama Medical Cannabis Commission.
- That the individual will promptly respond to any request from ALEA, the FBI, and/or the Alabama Medical Cannabis Commission regarding the processing of the individual's state and national criminal background checks.
- That the individual has confirmed that his/her name and role(s) have been included, by the Applicant, on the Background Check Applicant Verification Form.

  
Signature of Verifying Individual

12/13/2022

Verification Date

# Exhibit 4 – Demonstration of Sufficient Capital

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date

## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.

Home address and social security number on application redacted from this document for security and safety reasons.



316 2<sup>nd</sup> Ave SW, Suite 320  
Cullman, AL 35055

*Independent Accountants' Compilation Report*

Shawna M. Mason  
Enterprise, Alabama

Shawna M. Mason is responsible for the accompanying statement of financial condition as of November 30, 2022, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by Shawna M. Mason. We do not express an opinion, a conclusion, nor provide any form of assurance on this personal financial statement.

Accounting principles generally accepted in the United States of America require that personal financial statements include a provision for estimated income taxes on the differences between the estimated current values of assets and the estimated current amounts of liabilities and their tax bases. The accompanying personal financial statements do not include such a provision, and the effect of this departure from accounting principles generally accepted in the United States of America has not been determined.

Shawna M. Mason has elected to omit substantially all the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the statement of financial condition, they might influence the user's conclusions about the financial condition of Shawna M. Mason. Accordingly, the financial statement is not designed for those who are not informed about such matters.

A handwritten signature in black ink that reads "Todd Adkison".

Todd Adkison, CPA  
December 14, 2022

SHAWNA M MASON  
STATEMENT OF FINANCIAL CONDITION  
November 30, 2022

## ASSETS

Cash	\$	417,000
IRA and 401(k)		15,000
Personal Residence - 312 Lakeshore Dr.		400,000
Residential Rental Property - 214 Glenwood		165,000
Automobiles		45,000
Personal Effects		<u>50,000</u>
 Total Assets		 1,092,000

## LIABILITIES

Home Mortgage (Bank One)	\$	149,000.00
Note Payable, Rental (Friend Bank)		100,000
Note Payable, Automobile		<u>28,000</u>
 Total Liabilities		 <u>277,000</u>
 Net Worth		 <u><u>\$815,000</u></u>

**PERSONAL FINANCIAL STATEMENT**

Name Shawna M Mason  
 Address [REDACTED]  
Enterprise, AL 36330

To: **TROY BANK & TRUST COMPANY**  
**P. O. BOX 968**  
**TROY, ALABAMA 36081**

I make the following statement of all my assets and liabilities as of the 1st day of December 2022 and give other material information for the purpose of obtaining credit with you on notes and bills bearing my signature, endorsement or guarantee, and agree to notify you promptly of any change affecting my ability to pay.

ASSETS	Dollar Amount	LIABILITIES	Dollar Amount
Cash on Hand and in Banks (Schedule A)	\$417,000.00	Secured Notes Payable to Banks (Schedule E)	\$28,000.00
IRAs, 401(k), and other Retirement Assets	\$15,000.00	Unsecured Notes Payable to Banks (Schedule E)	
Marketable Securities (Schedule B)		Amounts Payable to Others (Secured)	
Life Insurance Cash Value (Schedule D)	\$0.00	Credit Cards (Schedule E)	\$4,500.00
Notes & Contracts Receivable	\$0.00	Equity Lines (Schedule E)	
Real Estate Owned (Schedule C)	\$565,000.00	Unpaid Taxes (Income, Property, etc.)	
Value of Closely Held Business	\$0.00	Real Estate Mortgages Payable (Schedule C)	\$249,000.00
Personal Property	\$50,000.00	Other Debts (itemize below; Schedule E)	
Other Assets (itemize below)			
vehicles	\$25,000.00		
	\$0.00		
		<b>TOTAL LIABILITIES</b>	<b>\$281,500.00</b>
		<b>NET WORTH (Total Assets minus Total Liabilities)</b>	<b>\$790,500.00</b>
<b>TOTAL ASSETS</b>	<b>\$1,072,000.00</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	

INCOME	Dollar Amount	EXPENSES	Dollar Amount
Salary	\$175,600.00	Rent (Payment)	
Interest and Dividends		Alimony	
Bonus and Commissions		Child Support	
Rental Income (net of expenses)	\$12,000.00	Tuition	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income – Itemize		Do you have a will? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
		Executor Name:	
		Are you a partner or officer in another venture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
		Describe:	
<b>TOTAL INCOME</b>	<b>\$187,600.00</b>	Income tax settled through (date) 2021	
<b>CONTINGENT LIABILITIES</b>		Are any assets pledged other than as described on schedules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
Do you have any contingent liabilities? If Yes, describe:		Describe:	
		Are you a defendant in any suits or legal actions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes:	
As endorser, co-maker, or guarantor?		Describe:	
On leases or contracts?		Have you or your business ever been declared bankrupt? Yes No	
Legal Claims		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other special debt			
Amount of contested income tax liens			

**COMPLETE THE SCHEDULES ON THE NEXT PAGE AND PROVIDE SIGNATURE.**



<b>SCHEUDULE A: Cash and Cash Equivalents</b>				
Account Type	Bank/Broker Name	In Name Of	Pledged (Yes or No)	Current Balance
Savings	All In Credit	Shawna	n	\$65,000.00
Savings	Avadian Credit	Shawna	n	\$43,000.00
Checking	All In Credit	Shawna	n	\$10,000.00
Savings	Merrill Lynch	Shawna	n	\$299,000.00
<b>TOTAL</b>				<b>\$417,000.00</b>

<b>SCHEUDULE B: Marketable Securities</b>				
Number of Shares	Description	In Name Of	Pledged (Yes or No)	Current Value
<b>TOTAL</b>				


<b>SCHEUDULE C: Real Estate Owned (include any debt associated with the property in the subsequent schedule)</b>				
Property Address	Property Description	Cost	Date Acquired	Current Market Value
1. [REDACTED]	home	\$300,000.00	2002	\$400,000.00
2. [REDACTED]	Rental	\$140,000.00	2018	\$165,000.00
3.		\$0.00		\$0.00
4.		\$0.00		\$0.00
5.				
<b>GRAND TOTAL</b>				<b>\$565,000.00</b>

Creditor	Name on Title	Mortgage Balance	Monthly Payment	Monthly Rental Income	Ownership Percentage
1. Bank One	Shawna	\$149,000.00	\$1,400.00		100
2. Friend Bank	Shawna	\$100,000.00	\$890.00	\$1,000.00	100
3.					
4.					
5.					
<b>GRAND TOTAL</b>					<b>\$249,000.00</b>

<b>SCHEUDULE D: Life Insurance</b>					
Insurance Company	Policy Owner	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
Trans America	Shawna	Kids	\$300,000.00	\$0.00	\$0.00
<b>TOTAL</b>					<b>\$0.00</b>

<b>SCHEUDULE E: Banks/Finance Companies Where Credit Has Been Obtained</b>						
Lender Name	Collateral Description	Type (Line of Credit, Term Loan)	Maximum Line Amount	Monthly Payment	Current Balance	Maturity
Nissan	Pathfinder	Term	\$45,000.00	\$1,000.00	\$28,000.00	2024

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies.

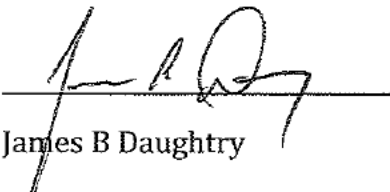
Date: 12/17/2022Typed name: Shawna Michelle MasonSignature: 

To: Alabama Medical Cannabis Commission  
From: James B Daughtry  
Re: Alabama Green Transport / Shawna M Mason  
Date: 2/15/2023

I have been asked by Shawna M. Mason to verify her financial statements as it pertains to demonstrating sufficient capital in order to own and operate a Secure Transport company in her home state of Alabama. I have verified the following from the personal financial statement:

- 1) Verified amounts in 2 All In Credit Union accounts (matches or exceeds PFS amounts).
- 2) Verified amounts in Merrill Lynch account (matches or exceeds PFS amounts).
- 3) Verified amounts in Avadian Credit Union (matches or exceeds PFS amounts).
- 4) Real Estate – Verified from tax records and appraisals value of 2 properties as well as current mortgage balances (matches or exceeds PFS amounts).

After reviewing the personal financial statement of Ms. Mason and comparing to documents pertaining to her financial statement, I attest to the fact that she is financially capable of opening, funding, and successfully owning a Secure Transport Company.

  
James B Daughtry

## PERSONAL FINANCIAL STATEMENT

Name Shawna M Mason  
 Address [REDACTED]  
Enterprise, AL 36330

To: **TROY BANK & TRUST COMPANY**  
**P. O. BOX 968**  
**TROY, ALABAMA 36081**

I make the following statement of all my assets and liabilities as of the 1st day of December 2022 and give other material information for the purpose of obtaining credit with you on notes and bills bearing my signature, endorsement or guarantee, and agree to notify you promptly of any change affecting my ability to pay.

ASSETS	Dollar Amount	LIABILITIES	Dollar Amount
Cash on Hand and in Banks (Schedule A)	\$417,000.00	Secured Notes Payable to Banks (Schedule E)	\$28,000.00
IRAs, 401(k), and other Retirement Assets	\$15,000.00	Unsecured Notes Payable to Banks (Schedule E)	
Marketable Securities (Schedule B)		Amounts Payable to Others (Secured)	
Life Insurance Cash Value (Schedule D)	\$0.00	Credit Cards (Schedule E)	\$4,500.00
Notes & Contracts Receivable	\$0.00	Equity Lines (Schedule E)	
Real Estate Owned (Schedule C)	\$565,000.00	Unpaid Taxes (Income, Property, etc.)	
Value of Closely Held Business	\$0.00	Real Estate Mortgages Payable (Schedule C)	\$249,000.00
Personal Property	\$50,000.00	Other Debts (itemize below; Schedule E)	
Other Assets (itemize below)			
vehicles	\$25,000.00		
	\$0.00		
		<b>TOTAL LIABILITIES</b>	<b>\$281,500.00</b>
		<b>NET WORTH (Total Assets minus Total Liabilities)</b>	<b>\$790,500.00</b>
<b>TOTAL ASSETS</b>	<b>\$1,072,000.00</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	

INCOME	Dollar Amount	EXPENSES	Dollar Amount
Salary	\$175,600.00	Rent (Payment)	
Interest and Dividends		Alimony	
Bonus and Commissions		Child Support	
Rental Income (net of expenses)	\$12,000.00	Tuition	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.		Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income – Itemize		Do you have a will? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: Executor Name:	
<b>TOTAL INCOME</b>	<b>\$187,600.00</b>	Are you a partner or officer in another venture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: Describe:	
<b>CONTINGENT LIABILITIES</b>		Income tax settled through (date) 2021	
Do you have any contingent liabilities? If Yes, describe:		Are any assets pledged other than as described on schedules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: Describe:	
As endorser, co-maker, or guarantor?		Are you a defendant in any suits or legal actions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: Describe:	
On leases or contracts?		Have you or your business ever been declared bankrupt? Yes No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Legal Claims			
Other special debt			
Amount of contested income tax liens			

**COMPLETE THE SCHEDULES ON THE NEXT PAGE AND PROVIDE SIGNATURE.**

**SCHEUDULE A: Cash and Cash Equivalents**

Account Type	Bank/Broker Name	In Name Of	Pledged (Yes or No)	Current Balance
Savings	All In Credit	Shawna	n	\$65,000.00
Savings	Avadian Credit	Shawna	n	\$43,000.00
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Savings	Merrill Lynch	Shawna	n	\$299,000.00
<b>TOTAL</b>				<b>\$417,000.00</b>

**SCHEUDULE B: Marketable Securities**

Number of Shares	Description	In Name Of	Pledged (Yes or No)	Current Value
<b>TOTAL</b>				

**SCHEUDULE C: Real Estate Owned (include any debt associated with the property in the subsequent schedule)**

Property Address	Property Description	Cost	Date Acquired	Current Market Value
1. [REDACTED]	home	\$300,000.00	2002	\$400,000.00
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5.				
<b>GRAND TOTAL</b>				<b>\$565,000.00</b>

Creditor	Name on Title	Mortgage Balance	Monthly Payment	Monthly Rental Income	Ownership Percentage
1. Bank One	Shawna	\$149,000.00	\$1,400.00		100
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3.					
4.					
5.					

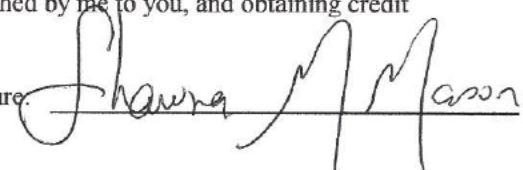
**GRAND TOTAL \$249,000.00****SCHEUDULE D: Life Insurance**

Insurance Company	Policy Owner	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
Trans America	Shawna	Kids	\$300,000.00	\$0.00	\$0.00
<b>TOTAL</b>					<b>\$0.00</b>

**SCHEUDULE E: Banks/Finance Companies Where Credit Has Been Obtained**

Lender Name	Collateral Description	Type (Line of Credit, Term Loan)	Maximum Line Amount	Monthly Payment	Current Balance	Maturity
Nissan	Pathfinder	Term	\$45,000.00	\$1,000.00	\$28,000.00	2024

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies.

Date: 12/1/22 Signature: Shawna M. MasonSignature: 

## Exhibit 5 – Financial Statements

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date

## 5.1

## Projected Balance Sheet

Projected Balance Sheet	2023	2024	2025	2026	2027
Assets	\$90,341	\$253,982	\$466,378	\$674,370	\$944,895
Current Assets	\$29,133	\$164,036	\$354,361	\$580,281	\$868,735
Cash	\$29,133	\$164,036	\$354,361	\$580,281	\$868,735
Accounts Receivable	\$0	\$0	\$0	\$0	\$0
Long-Term Assets	\$61,208	\$89,946	\$112,018	\$94,089	\$76,161
Long-Term Assets	\$65,000	\$105,000	\$145,000	\$145,000	\$145,000
Accumulated Depreciation	(\$3,792)	(\$15,054)	(\$32,982)	(\$50,911)	(\$68,839)
Liabilities & Equity	\$90,341	\$253,982	\$466,378	\$674,370	\$944,895
Liabilities	\$45,401	\$55,623	\$37,507	\$18,117	\$6,250
Current Liabilities	\$13,536	\$21,491	\$23,140	\$16,367	\$6,250
Accounts Payable	\$0	\$0	\$0	\$0	\$0
Income Taxes Payable	\$0	\$0	\$0	\$0	\$0
Sales Taxes Payable	\$1,850	\$3,000	\$3,375	\$3,750	\$4,500
Short-Term Debt	\$11,686	\$18,491	\$19,765	\$12,617	\$1,750
Long-Term Liabilities	\$31,865	\$34,132	\$14,367	\$1,750	\$0
Long-Term Debt	\$31,865	\$34,132	\$14,367	\$1,750	\$0
Equity	\$44,941	\$198,360	\$428,872	\$656,253	\$938,645
Paid-In Capital	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Retained Earnings		(\$30,059)	\$123,360	\$353,872	\$581,253
Earnings	(\$30,059)	\$153,419	\$230,512	\$227,382	\$282,392

## 5.2

## Projected Profit &amp; Loss

Projected Profit & Loss	2023	2024	2025	2026	2027
Revenue	\$163,000	\$560,000	\$675,000	\$750,000	\$900,000
Transport Revenue	\$163,000	\$560,000	\$675,000	\$750,000	\$900,000
Direct Costs	\$54,450	\$114,000	\$131,250	\$142,500	\$165,000
Fuel	\$24,450	\$84,000	\$101,250	\$112,500	\$135,000
Permit Fee	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
Gross Margin	\$108,550	\$446,000	\$543,750	\$607,500	\$735,000
Gross Margin %	67%	80%	81%	81%	82%
Operating Expenses	\$132,888	\$277,600	\$292,392	\$360,546	\$434,250
Salaries & Wages	\$90,000	\$189,000	\$198,452	\$253,372	\$311,042
Drivers (3.6)	\$90,000	\$189,000	\$198,452	\$208,372	\$218,792
Drivers (0.4)				\$45,000	\$47,250
Drivers (0.2)					\$45,000
Employee Related Expenses	\$18,000	\$37,800	\$39,690	\$50,674	\$62,208
Rent	\$12,000	\$18,000	\$18,000	\$18,000	\$18,000
Insurance	\$7,998	\$16,000	\$16,000	\$16,000	\$16,000
Marketing	\$4,890	\$16,800	\$20,250	\$22,500	\$27,000
Operating Income	(\$24,338)	\$168,400	\$251,358	\$246,954	\$300,750
Interest Expense	\$1,930	\$3,719	\$2,917	\$1,643	\$429
Income Taxes	\$0	\$0	\$0	\$0	\$0
Depreciation and Amortization	\$3,792	\$11,262	\$17,929	\$17,929	\$17,929
Total Expenses	\$193,059	\$406,581	\$444,488	\$522,618	\$617,608
Net Profit	(\$30,059)	\$153,419	\$230,512	\$227,382	\$282,392
Net Profit %	(18%)	27%	34%	30%	31%

5.3

# Alabama Green Transport

2023-2027 Forecast  
Original

Generated December 17, 2022



# Projected Cash Flow

Projected Cash Flow	2023	2024	2025	2026	2027
Net Cash from Operations	(\$24,418)	\$165,831	\$248,816	\$245,685	\$301,070
Net Profit	(\$30,059)	\$153,419	\$230,512	\$227,382	\$282,392
Depreciation and Amortization	\$3,792	\$11,262	\$17,929	\$17,929	\$17,929
Change in Accounts Receivable	\$0	\$0	\$0	\$0	\$0
Change in Accounts Payable	\$0	\$0	\$0	\$0	\$0
Change in Income Tax Payable	\$0	\$0	\$0	\$0	\$0
Change in Sales Tax Payable	\$1,850	\$1,150	\$375	\$375	\$750
Net Cash from Investing	(\$65,000)	(\$40,000)	(\$40,000)		
Assets Purchased or Sold	(\$65,000)	(\$40,000)	(\$40,000)		
Net Cash from Financing	\$118,551	\$9,072	(\$18,491)	(\$19,765)	(\$12,617)
Investments Received	\$75,000				
Change in Short-Term Debt	\$11,686	\$6,805	\$1,273	(\$7,147)	(\$10,867)
Change in Long-Term Debt	\$31,865	\$2,267	(\$19,765)	(\$12,617)	(\$1,750)
Cash at Beginning of Period	\$0	\$29,133	\$164,036	\$354,361	\$580,281
Net Change in Cash	\$29,133	\$134,903	\$190,325	\$225,921	\$288,453
Cash at End of Period	\$29,133	\$164,036	\$354,361	\$580,281	\$868,735

## Exhibit 6 – Tax plan

### Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official

  
\_\_\_\_\_

Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date

### **Alabama Green Transport Tax Plan:**

Alabama Green Transport, LLC will operate as a service provider only in the State of Alabama and will not have a license to sell, process, or profit from the sale of Medical Cannabis, therefore, most of our operations will not be taxed as a service business.

We have consulted a CPA who has said our company 'may' be required to file a privilege tax return with the State each year and we are prepared to do that if needed. We will also withhold 20% of all proceeds during the year to account for the possibility of paying privilege tax each year until we are fully aware of what is due.

The company has also contracted with Inuit Professional payroll to process each payroll and file, deduct, and keep current all payroll taxes on a bi-weekly basis.

# Exhibit 7 – Business Formation Documents

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date

## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.

Home address and social security number on application redacted from this document for security and safety reasons.

## STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Section 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:

Alabama Green Transport LLC.

2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

3. The name of the registered agent (only one agent): Shawna M Mason

Street (**no PO Boxes**) address of registered office (**must be located in Alabama**): \_\_\_\_\_

210 Speigner St. Dothan, AL 36303

\*COUNTY of above address: HOUSTON

Mailing address **in Alabama** of registered office (if different from street address): \_\_\_\_\_

Enterprise, AL 36330 COFFEE

4. The undersigned certify that there is at least one member of the limited liability company.

(For SOS Office Use Only)

	Alabama
	Sec. Of State
001-041-729	DLL
Date	09/26/2022
Time	17:34:00
File	\$100.00
County	\$100.00
	-----
Total	\$200.00

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

5. Check **only** if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

Non-Profit LLC complying with Section 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-1-4.12

The undersigned specify 9 / 26 / 2022 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 5 : 34  AM or  PM. (cannot be noon or midnight – 12:00)

Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

9 / 26 / 2022  
Date (MM/DD/YYYY)

shawna m mason  
Signature as required by 10A-5A-2.04

owner  
Typed title (organizer or attorney-in-fact)

\*County of Registered Agent is requested in order to determine distribution of County filing fees.

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

**Alabama Green Transport LLC.**

This name reservation is for the exclusive use of Shawna M Mason, 210 Speigner St., Dothan, AL 36303 for a period of one year beginning September 26, 2022 and expiring September 26, 2023



RES048161

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

September 26, 2022

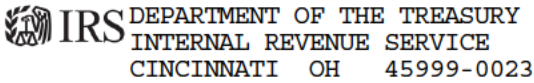
Date

Handwritten signature of John H. Merrill in black ink.

**John H. Merrill**

**Secretary of State**





Date of this notice: 09-27-2022

Employer Identification Number:  
[REDACTED] 5031

Form: SS-4

Number of this notice: CP 575 G

ALABAMA GREEN TRANSPORT  
SHAWNA M MASON SOLE MBR  
[REDACTED]  
ENTERPRISE, AL 36330

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-0485031. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is ALAB. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 G (Rev. 7-2007)

-----

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 G  
9999999999

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		FORM: SS-4                             NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
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ALABAMA GREEN TRANSPORT  
SHAWNA M MASON SOLE MBR  
██████████  
ENTERPRISE, AL 36330

# Exhibit 8 – Business Licenses and Authorization of Local Authorities

## Verification


The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/23/2022 \_\_\_\_\_

Verification Date

Exhibit 8 – 8.1 Business License

In progress with completion expected within 30  
days

## 8.2 Authorization of Local Authorities

**ORDINANCE NO. 2022-290****AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES**

**WHEREAS**, in the 2021 Legislative Session, the State of Alabama Legislature passed Act No. 21-450 legalizing and creating a regulatory framework for medical cannabis; and,

**WHEREAS**, the Alabama Legislature made the following findings of fact:

1. "Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."
2. "There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state."
3. "Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

**WHEREAS**, this act requires the governing body of any municipality to authorize by ordinance the operation of the dispensing sites within the corporate limits of the municipality; and,

**WHEREAS**, a dispensary would be required to purchase a business license and pay sales tax to the City of Dothan, thus increasing revenue; and,

**WHEREAS**, the City of Dothan wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Dothan to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

**NOW, THEREFORE, BE IT ORDAINED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** In accordance with Alabama Code § 20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Dothan subject to the provisions of Act 21-450 and any relevant provisions of the code of the City of Dothan.

Ord. No. 2022-290, authorizing the operation of medical cannabis dispensing sites, continued.

**Section 2.** That this ordinance and the rules, regulations, provisions, requirements, orders and matters established and adopted hereby shall take effect and be in full force and effect from and after the date of its final passage and adoption.

**PASSED, ADOPTED, AND APPROVED ON SEPTEMBER 20, 2022.**

ATTEST:

Wendy Shiver  
City Clerk

[Signature]  
Mayor

[Signature]  
Associate Commissioner District 1

[Signature]  
Associate Commissioner District 2

[Signature]  
Associate Commissioner District 3

[Signature]  
Associate Commissioner District 4

[Signature]  
Associate Commissioner District 5

[Signature]  
Associate Commissioner District 6  
**BOARD OF CITY COMMISSIONERS**

I hereby certify that the above Ordinance was published in THE DOTHAN EAGLE, a newspaper of general circulation in the City of Dothan, Alabama, on September 23, 2022.

Wendy Shiver  
Wendy Shiver  
City Clerk

**Resolution Authorizing the Operation  
of Medical Cannabis Dispensing Sites  
within Unincorporated Areas of Houston County**

WHEREAS, during the 2021 Regular Session of the Alabama Legislature, Act 2021-450 was enacted and codified in Title 20, Chapter 2A, Code of Alabama 1975, to create within Alabama a wholly intrastate system for the cultivation, processing, and distribution of medical cannabis; and

WHEREAS, Act 2021-450 defines a "dispensary" as an entity licensed by the Alabama Medical Cannabis Commission to dispense and sell medical cannabis at dispensing sites to registered, qualified patients and registered caregivers; and

WHEREAS, Act 2021-450 defines an "integrated facility" as an entity licensed to perform the functions of a cultivator, processor, secure transporter, and dispensary; and

WHEREAS, Act 2021-450 defines a "dispensing site" as a site operated by a dispensary licensee or an integrated facility licensee; and

WHEREAS, Act 2021-450 states that a dispensary licensee or integrated facility licensee may not operate a dispensing site in an unincorporated area of a county unless the county commission has authorized, by resolution, the operation of dispensing sites within its boundaries; and

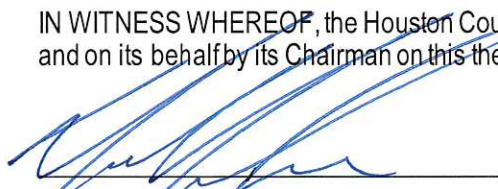
WHEREAS, Houston County contains hospitals, doctors' offices, clinics, medical facilities, assisted living facilities and hospice programs that treat cancer patients and other patients with qualifying medical conditions as identified in Act 2021-450 who, in the registered certifying physician's professional opinion, is likely to receive therapeutic or palliative benefit from the use of medical cannabis; and

WHEREAS, the Houston County Commission believes it is in the public's interest to authorize the operation of dispensing sites within the unincorporated areas of the county;

THEREFORE BE IT RESOLVED BY THE HOUSTON COUNTY COMMISSION that it does hereby authorize the operation of medical cannabis dispensing sites by dispensary licensees and integrated facility licensees within the unincorporated areas of the county.

BE IT FURTHER RESOLVED that copies of this resolution be forwarded to the Alabama Medical Cannabis Commission within seven calendar days of this resolution being adopted.

IN WITNESS WHEREOF, the Houston County Commission has caused this Resolution to be executed in its name and on its behalf by its Chairman on this the 12<sup>th</sup> day of Sept., 2022

  
\_\_\_\_\_  
Chairman, Houston County Commission



## Exhibit 9 – Business Plan

### Verification

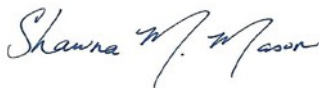
The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date



## Alabama Green Transport, LLC – Business Plan – Exhibit 9

9.1 – Alabama Green Transport was legally formed on 9/26/2022 in Houston County Alabama as a Limited Liability Company. Company has obtained a Federal EIN number and all required State and Federal formation documents needed.

9.2 – The business goals of the applicant are clearly defined as providing safe and secure transportation for any company that is approved by the commission in accordance with Code of Alabama 1975. I have more than 20 years of experience in the medical field and also have spent five years working in medical logistics business. I am starting this company so that the medical cannabis industry in Alabama can survive and give the much-needed care to those who can benefit from it and also do it in a safe and secure way. We plan to aggressively market to all Dispensaries, Processors, Cultivators, and Labs once final licenses have been awarded in order to gain market share in this segment. Our plan is to keep expenses low until we see how much demand is there and be able to scale to 4 or more transport vans quickly if needed. Our projections which are attached below show that we will be profitable by the end of 2023 and begin to grow in 2024. By the end of the third year, we will have our net profit margin to around 30% depending on fuel prices. This company was started for the only purpose focusing on the Secure Transport of Medical Cannabis in Alabama. I was born in Alabama and lived here all my life and own this company 100%.

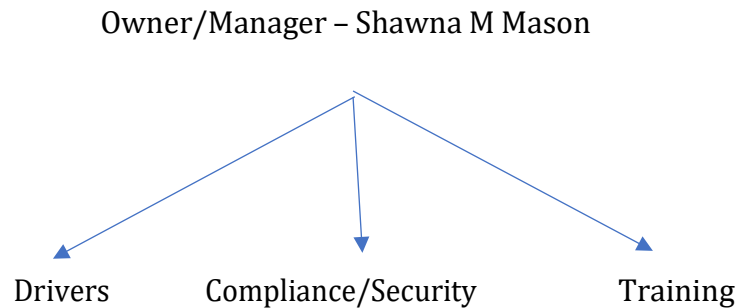
3 to 5-year projections below:

## Projected Profit & Loss

Projected Profit & Loss	2023	2024	2025	2026	2027
<b>Revenue</b>	<b>\$163,000</b>	<b>\$560,000</b>	<b>\$675,000</b>	<b>\$750,000</b>	<b>\$900,000</b>
Transport Revenue	\$163,000	\$560,000	\$675,000	\$750,000	\$900,000
<b>Direct Costs</b>	<b>\$54,450</b>	<b>\$114,000</b>	<b>\$131,250</b>	<b>\$142,500</b>	<b>\$165,000</b>
Fuel	\$24,450	\$84,000	\$101,250	\$112,500	\$135,000
Permit Fee	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
Gross Margin	\$108,550	\$446,000	\$543,750	\$607,500	\$735,000
Gross Margin %	67%	80%	81%	81%	82%
<b>Operating Expenses</b>	<b>\$132,888</b>	<b>\$277,600</b>	<b>\$292,392</b>	<b>\$360,546</b>	<b>\$434,250</b>
Salaries & Wages	\$90,000	\$189,000	\$198,452	\$253,372	\$311,042
Drivers (3.6)	\$90,000	\$189,000	\$198,452	\$208,372	\$218,792
Drivers (0.4)				\$45,000	\$47,250
Drivers (0.2)					\$45,000
Employee Related Expenses	\$18,000	\$37,800	\$39,690	\$50,674	\$62,208
Rent	\$12,000	\$18,000	\$18,000	\$18,000	\$18,000
Insurance	\$7,998	\$16,000	\$16,000	\$16,000	\$16,000
Marketing	\$4,890	\$16,800	\$20,250	\$22,500	\$27,000
<b>Operating Income</b>	<b>(\$24,338)</b>	<b>\$168,400</b>	<b>\$251,358</b>	<b>\$246,954</b>	<b>\$300,750</b>
Interest Expense	\$1,930	\$3,719	\$2,917	\$1,643	\$429
Income Taxes	\$0	\$0	\$0	\$0	\$0
Depreciation and Amortization	\$3,792	\$11,262	\$17,929	\$17,929	\$17,929
Total Expenses	\$193,059	\$406,581	\$444,488	\$522,618	\$617,608
Net Profit	(\$30,059)	\$153,419	\$230,512	\$227,382	\$282,392
<b>Net Profit %</b>	<b>(18%)</b>	<b>27%</b>	<b>34%</b>	<b>30%</b>	<b>31%</b>

### 9.3 – Organizational Chart:

My company is going to be very simple to start with. I will be the owner/manager and will handle all of the day-to-day operations and employ highly trained drivers to handle the pickups and deliveries



### 9.4 – Job Descriptions (Management)

**Operations Manager** – Will be responsible for all day-to-day operations of the company. These duties will include handling all incoming and outgoing phone calls. Taking transportation opportunities and filling an order within the system and then following it through routing software and inputting into Alabama Seed-to-Sale tracking system. Monitoring all security systems and drivers radio communication. Making sure all deliveries are on time and follow route plans. All employees directly report to Manager.

**Compliance/Security Manager**:- This position is responsible for handling all compliance issues as well as security. Will be expected to stay aware of any changes made by the Alabama Commission on Cannabis as well as any of the original rules approved for the program. Will be expected to work with security contractors to make sure vehicle security and gps systems are current with latest technology and working properly. Work with drivers to make sure each day the daily driver logs are done and that the vehicles have working security, locks, cameras, and function properly. Also responsible for making sure every employee has proper criminal background checks done and continues to monitor that as needed.

**Training Manager** – This person will work on employee training and documentation. Training is the most important aspect of what we do. This person will focus on making sure employees are aware of any situation that can occur and ready to deal with it. They will

maintain training logs on vehicle inspections, dual employee vehicle protocol, alcohol and drug policies, firearm training, operations manual training, and all documentation associated with all training.

#### 9.5 – Job Descriptions – (non-managerial)

**Drivers** – Each driver is responsible for completing and staying up to date on ALL mandatory training. The daily job will consist of verifying with Ops Manager the daily route each day.

There will be 2 drivers in each vehicle anytime we are making a secure pick up. Drivers must not deviate from planned route unless there is an emergency (and only after notifying and verifying backup plan with Ops Manager). All deviations have to be approved by Ops Manager before they can deviate.

#### 9.6 – Executive Summary

Shawna M Mason is the sole proprietor of Alabama Green Transport. I have a very diverse background that includes practicing as a nurse practitioner, Associate Professor of Health and Human Services, and working in the medical transportation industry. I also plan to rely on past experiences to build a team of employees that all aim to provide great service with the utmost security by consulting with medical professionals and law enforcement professionals. I plan to run this business with very strict policies and procedures that ensures not only the safety of my staff but also moving the cannabis product from place to place with safety. Once the licensees are designated, I plan to aggressively market to all companies that have been approved to be the Transport company that everyone relies on.

**Mission Statement:** Our mission is to build the best logistics company for cannabis transport in Alabama by building a reputation as one of the industry’s most trusted partners to help responsibly grow the medical cannabis business in Alabama.

#### 9.7 – Services

Our company will only provide transportation services to move approved medical cannabis products from location to location.

#### 9.8 – Marketing

Once announcement has been of which companies have been approved to conduct business

in the medical cannabis industry in Alabama, we will aggressively market to each of those companies. We plan to market in several ways, face to face, email, and designed literature showing the benefits of our services.

#### 9.9 – Community Engagement

First and foremost, we already have very good relationships with our local community leaders. We plan to continue to work to build better relationships daily with all parties in our community. We also plan to use part of our profits to help non-profit organizations in the area.

#### 9.10 – Environmental

We always have and always will honor ALL local, state, and federal laws associated with environmental concerns. Our business is only in the transportation side of the cannabis industry so will not have much impact on the environment other than keeping the vehicles working properly as to not pollute the environment.

#### 9.11 – Insurance Plan

Once licenses are awarded, we will follow through with our plans to secure insurance on all aspects of the business. We have contacted Progressive, Benchmark, Alfa, and Lloyds of London for all the different types of insurance we will need. This includes but not limited to, automobile insurance, workers comp, liability, and property insurance. Will only take 3 days to get issued once approved.

# Exhibit 10 – Evidence of Business Relationship with other Licensees and Prospective Licensees

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official



Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date

**Evidence of Business Relationship with Other Licensees and Prospective Licensees**

10.1 At time of Application there are no contracts, contingent contracts, memoranda or understanding between Alabama Green Transport and any Cultivator or prospective Cultivator.

10.2 At time of Application there are no contracts, contingent contracts, memoranda or understanding between Alabama Green Transport and any Processor or prospective Processor

10.3 At time of Application there are no contracts, contingent contracts, memoranda or understanding between Alabama Green Transport and any Dispensary or prospective Dispensary.

10.4 At time of Application there are no contracts, contingent contracts, memoranda or understanding between Alabama Green Transport and any Integrated Facility or prospective Integrated Facility

10.5 At time of Application there are no contracts, contingent contracts, memoranda or understanding between Alabama Green Transport and any State Testing Laboratory or prospective State Testing Laboratory.

# Exhibit 11 - Operations Plan and Procedures

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official

  
\_\_\_\_\_

Signature of Verifying Official

12/23/2022 \_\_\_\_\_

Verification Date



**Alabama Green Transport Operations Plans &  
Procedures Manual**

## **Alabama Green Transport – Operations Plans & Procedures (Exhibit 11)**

### **11.1 – IT Plan**

We will use software from Compliance Publishing that will handle all of our manifesting, GPS routing, detailed tracking of all transports conducted. This program will use a scanned barcode program to follow each package from the time it is picked up to the time it is delivered and signed for at the delivery address. This system not only keeps very good records of pick-ups, deliveries, exact location of product while in our possession, but also stores signatures for every task completed and adds them to the direct manifests.

We will also use the required State systems as well (Seed-to-Sale tracking system & Alabama Cannabis Registry System). These systems will be used in addition to all third-party systems we use.

Our IT company will also manage all our live security systems.

### **11.2 – Maintenance/Storage**

As a transport company we will pick up sealed and labeled containers from our customers and then delivery them to a licensed facility. We will have a dual responsible system in place that we will have two drivers involved in every delivery. Each driver must sign when any/all packages are deposited in to one of our transport vehicles. All containers must be inspected to make sure they are sealed by State approved method upon pick-up and then again when we release control to the company we are delivering the package to. We will take photos that will merge into our tracking system at pick-up and delivery to make sure containers have been sealed through the entire process. If there are any exceptions during the delivery it must be reported to dispatch immediately.

### **11.3 – Criminal Plan**

We have formed our criminal plan by consulting with current and former Law Enforcement officials. First and foremost, we intend to use drivers that have been extensively trained by law enforcement officials. We have a current list of current and former law enforcement officers as well as retired military personnel from the local Military Base (Ft. Rucker) in order to employ highly trained drivers to handle these types of situations. Our plans include having a web based and radio-based communication system in each transport vehicle so that there is always more than one option to contact law enforcement when needed. We have discussed with local law enforcement also a direct communication line for all suspicious activity while transporting medical cannabis.

Our transport vehicles will hold the cannabis being transported in a dually locked area of the vehicle that would require two separate keys from both employees to allow someone to access the material. By the time it takes to access the products being delivered local police should have arrived. If any suspicious activity is encountered the employees are trained to dispatch local police immediately.

#### 11.4 – Emergency/Disaster Procedures

The company has developed an emergency plan that is intended to protect the integrity of any cannabis product we may be possession of and all employees in case of natural disaster or any other type of major emergency. All employees are trained to avoid at all cost any emergency that they can and we will work on re-routing their current delivery if possible. If however there is a disaster we cannot avoid each employee is trained to handle those situations. We will move the cannabis securely to a safe facility if this happens. The first step for the employee is to contact dispatch for a disaster plan. We will attempt first to go ahead and try and get the product to the delivery location if at all possible. Next we will look at the option of re-routing the cannabis back to the original location where we picked it up. If that is not an option we will bring it back to our secure facility and lock it in our safe room until we can safely transport the product from there. And the last option is to route the product to a local police precinct and employees remain with the product until we can transport it safely. We will have back up vehicles available if the emergency disables one or more of our vehicles.

## 11.5 – Drug Free Workplace

Alabama Green Transport is a zero tolerant workplace for Alcohol, smoking, and drugs. Our policy can be referenced in our Drivers Manual and our Employee Handbook.

## 11.6 – Employee Safety Plan

### **Worker Safety and Health Functional Areas**

This appendix establishes the mandatory requirements for implementing the applicable functional areas required by § 851.24.

#### 1. Construction Safety

(a) For each separately definable construction activity (e.g., excavations, foundations, structural steel, roofing) the construction contractor must:

(1) Prepare and have approved by the construction manager an activity hazard analysis prior to commencement of affected work. Such analyses must:

(i) Identify foreseeable hazards and planned protective measures;

(ii) Address further hazards revealed by supplemental site information (e.g., site characterization data, as-built drawings) provided by the construction manager;

(iii) Provide drawings and/or other documentation of protective measures for which applicable Occupational Safety and Health Administration (**OSHA**) standards require preparation by a Professional Engineer or other qualified professional, and

(iv) Identify competent persons required for workplace inspections of the construction activity, where required by **OSHA** standards.

(2) ) Ensure workers are aware of foreseeable hazards and the protective measures described within the activity analysis prior to beginning work on the

affected activity.

(3) Require that workers acknowledge being informed of the hazards and protective measures associated with assigned work activities. Those workers failing to utilize appropriate protective measures must be subject to the construction contractor's disciplinary process.

(b) During periods of active construction (i.e., excluding weekends, weather delays, or other periods of work inactivity), the construction contractor must have a designated representative on the construction worksite who is knowledgeable of the project's hazards and has full authority to act on behalf of the construction contractor. The contractor's designated representative must make frequent and regular inspections of the construction worksite to identify and correct any instances of noncompliance with project safety and health requirements.

(c) Workers must be instructed to report to the construction contractor's designated representative, hazards not previously identified or evaluated. If immediate corrective action is not possible or the hazard falls outside of project scope, the construction contractor must immediately notify affected workers, post appropriate warning signs, implement needed interim control measures, and notify the construction manager of the action taken. The contractor or the designated representative must stop work in the affected area until appropriate protective measures are established.

(d) ) The construction contractor must prepare a written construction project safety and health plan to implement the requirements of this section and obtain approval of the plan by the construction manager prior to commencement of any work covered by the plan. In the plan, the contractor must designate the individual(s) responsible for on-site implementation of the plan, specify qualifications for those individuals, and provide a list of those project activities for which subsequent hazard analyses are to be performed. The level of detail within the construction project safety and health plan should be commensurate with the size, complexity and risk level of the construction project. The content of this plan need not duplicate those provisions that were previously submitted and approved as required by § 851.11.

## 2. Fire Protection

(a) Employees must implement a comprehensive fire safety and emergency response program to protect workers commensurate with the nature of the work that is performed. This includes appropriate facility and site-wide fire protection, fire alarm notification and egress features, and access to a fully staffed, trained, and equipped emergency response organization that is capable of responding in a timely and effective manner to site emergencies.

(b) An acceptable fire protection program must include those fire protection criteria and procedures, analyses, hardware and systems, apparatus and equipment, and personnel that would comprehensively ensure that the objective in paragraph 2(a) of this section is met. This includes meeting applicable building codes and National Fire Protection Association codes and standards.

## 3. Firearms Safety

(a) An employee involved in activities involving the use of firearms must establish firearms safety policies and procedures for security operations, and training to ensure proper accident prevention controls are in place.

(1) Written procedures must address firearms safety, engineering and administrative controls, as well as personal protective equipment requirements.

(2) As a minimum, procedures must be established for:

(i) Storage, handling, cleaning, inventory, and maintenance of firearms and associated ammunition;

(ii) Activities such as loading, unloading, and exchanging firearms. These procedures must address use of bullet containment devices and those techniques to be used when no bullet containment device is available;

(iii) Use and storage of pyrotechnics, explosives, and/or explosive projectiles;

(iv) Handling misfires, duds, and unauthorized discharges;

(v) Live fire training, qualification, and evaluation activities;

(vi) Training and exercises using engagement simulation systems;

(vii) Medical response at firearms training facilities; and

(viii) Use of firing ranges by personnel other than DOE or DOE contractor protective forces personnel.

(b ) Employees must ensure that personnel responsible for the direction and operation of the firearms safety program are professionally qualified and have sufficient time and authority to implement the procedures under this section.

(c) Employees must ensure that firearms instructors and armorers have been certified by the Safeguards and Security National Training Center to conduct the level of activity provided. Personnel must not be allowed to conduct activities for which they have not been certified.

(d ) Employees must conduct formal appraisals assessing implementation of procedures, personnel responsibilities, and duty assignments to ensure overall policy objectives and performance criteria are being met by qualified personnel.

(e ) Employees must implement procedures related to firearms training, live fire range safety, qualification, and evaluation activities, including procedures requiring that:

(1) Personnel must successfully complete initial firearms safety training before being issued any firearms. Authorization to remain in armed status will continue only if the employee demonstrates the technical and practical knowledge of firearms safety semi-annually;

(2) Authorized armed personnel must demonstrate through documented limited scope performance tests both technical and practical knowledge of firearms handling and safety on a semi-annual basis;

(3 ) All firearms training lesson plans must incorporate safety for all aspects of firearms training task performance standards. The lesson plans must follow the standards set forth by the Safeguards and Security Central Training Academy's standard training programs;

(4 ) Firearms safety briefings must immediately precede training, qualifications, and evaluation activities involving live fire and/or engagement simulation systems;

- (5) A safety analysis approved by the Head of DOE Field Element must be developed for the facilities and operation of each live fire range prior to implementation of any new training, qualification, or evaluation activity. Results of these analyses must be incorporated into procedures, lesson plans, exercise plans, and limited scope performance tests;
- (6) ) Firing range safety procedures must be conspicuously posted at all range facilities; and
- (7) Live fire ranges, approved by the Head of DOE Field Element, must be properly sited to protect personnel on the range, as well as personnel and property not associated with the range.
- (f) ) Employees must ensure that the transportation, handling, placarding, and storage of munitions conform to the applicable DOE requirements.

#### 4. Industrial Hygiene

Employees must implement a comprehensive industrial hygiene program that includes at least the following elements:

- (a) Initial or baseline surveys and periodic resurveys and/or exposure monitoring as appropriate of all work areas or operations to identify and evaluate potential worker health risks;
- (b) Coordination with planning and design personnel to anticipate and control health hazards that proposed facilities and operations would introduce;
- (c) Coordination with cognizant occupational medical, environmental, health physics, and work planning professionals;
- (d) Policies and procedures to mitigate the risk from identified and potential occupational carcinogens;
- (e) Professionally and technically qualified industrial hygienists to manage and implement the industrial hygiene program; and
- (f) Use of respiratory protection equipment tested under the DOE Respirator Acceptance Program for Supplied-Air Suits when the National Institute for Occupational Safety and Health- approved respiratory protection does not exist for DOE tasks that require such



equipment. For security operations military type masks for respiratory protection by security personnel is acceptable.

## 5. Motor Vehicle Safety

(a) Employees must adhere to the motor vehicle safety program to protect the safety and health of all drivers and passengers in Company-owned or -leased motor vehicles and powered industrial equipment (i.e., fork trucks, tractors, platform lift trucks, and other similar specialized equipment powered by an electric motor or an internal combustion engine).

(b) ) The Company has tailored the motor vehicle safety program to the facility, based on an analysis of the needs of that particular site or facility.

(c) ) The motor vehicle safety program must address, as applicable to the contractor's operations:

(1) Minimum licensing requirements (including appropriate testing and medical qualification) for personnel operating motor vehicles and powered industrial equipment;

(2) Requirements for the use of seat belts and provision of other safety devices;

(3) ) Training for specialty vehicle operators;

(4) Requirements for motor vehicle maintenance and inspection;

(5) Uniform traffic and pedestrian control devices and road signs;

(6) On-site speed limits and other traffic rules;

(7) Awareness campaigns and incentive programs to encourage safe driving; and

(8) ) Enforcement provisions.

## 5. Electrical Safety

Employees must implement a comprehensive electrical safety program appropriate for the activities at their site. This program must meet the applicable electrical safety codes and standards referenced in § 851.23.

## 6. Workplace Violence Prevention

The Company will not tolerate any workplace violence or discrimination. We will prosecute to the fullest any violence that does happen on our premises and will discipline (up to t e r m i n a t i o n ) anyone for discrimination. These policies and procedures have been approved, the rule will be amended to include them through a rulemaking consistent with the Administrative Procedure Act.

### 11.7 – Cybersecurity

We are committed to protecting our employees and our client’s confidential information. We are contracting with RealTime IT solutions in order to have a full time IT security team at our disposal. They will monitor our cybersecurity in real time as well as will have adequate fire walls installed to always keep the computers safe. If there is a breach of any kind, we will be notified and given a plan of action within 15 minutes of the breach and will begin a protocol to fix the issues and minimize downtime. All records will be copied and saved also on a back up server in an offsite location for 7 years in case we need them and for back up purposes.

### 11.8 - Disposal

As a transport company only, we hope we never have a need to dispose of any cannabis waste, however in the event we run into a catastrophe and have to, we have contracted with a local company that legally incinerates medical waste including but not limited to control substances. Of course, all parties will be informed if this ever comes up and records will be maintained.

### 11.9 – Security

Reference Exhibit 20

**Exhibit 12 - Policies and Procedure Manual**

**Verification**

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official

  
\_\_\_\_\_

Signature of Verifying Official

12/12/2022 \_\_\_\_\_

Verification Date

# LICENSE TYPE: SECURE TRANSPORTER

## Alabama Green Transport LLC. Policy and Procedure Manual

## **SECTION ONE**

### **GENERAL EMPLOYMENT POLICIES AND NEW HIRE INFORMATION**

#### **About the Manual**

This manual will provide an overview of the policies and benefits of Alabama Green Transport, LLC. It will help answer questions, guide you in particular situations, and give you names of persons to contact for more information.

The policies and guidelines contained in this book are not intended to create a contract or any type of contractual rights and we may change or revoke a policy or benefit at any time with or without prior notice. If you have any questions or suggestions, please see your manager or Administration.

#### **Employment at Will**

All employment at Alabama Green Transport, LLC., is considered “at-will.” This means that the employment is for no definite time period and either party may end it at any time. Any employment agreements, to be binding on the Company, must be in writing and signed by the President.

#### **Probation Status**

The first 90 days of employment is an important time for orientation and job training. During this initial period, feel free to ask questions and request retraining on any aspect of your job which is not clear to you. At the end of the introductory period, we will be evaluating how well you perform your individual duties.

Existing employees may also be placed on probation if the employee’s work performance needs closer monitoring. Completion of probation does not alter the employment at will status of all employees.

An employee who is transferred to another department or assumes a new position will also have a 90-day probationary period, depending up on the circumstances of the transfer.

### **Performance Evaluations**

**New Employees:** We believe that training and feedback is crucial to the onboarding process for new hires. Job appraisals can occur at any time, but we will likely do a formal review at 90 days and at one year. The criteria for evaluation will be based on the performance of individual duties, contributions to the organization overall, professionalism, and desire for professional growth and improvement.

**Other Employees:** For employees who have been here over a year, we may have an annual conversation with you concerning your work performance as part of the ongoing mentoring process. Assuming your work performance is satisfactory, the yearly review will typically be a time of looking forward, making plans, and setting goals for the future as we continually look for ways to improve on both an individual and organizational level. Expect change and improvement to be an ongoing goal.

**Improvement Plans:** Because we do expect improvement with all employees, we may give an employee a written improvement plan which sets goals for accomplishing specific tasks or mastering certain skills and duties. An improvement plan will usually set out the goal and then provide specific suggestions and methods for how to achieve that goal. A written improvement plan is not disciplinary. It is a tool to clarify expectations and provide a roadmap for success.

### **Conflict of Interest**

Alabama Green Transport, LLC. expects that their employees and immediate families have no outside employment or contractual relationship which will conflict with their loyalty to Alabama Green Transport, LLC.

### **Gifts and Tips**

Any gifts or entertainment offered to Alabama Green Transport, LLC. employees by customers, visitors, vendors or other organizations must be “above board.” If you have any

questions about whether an offer is acceptable, call your manager and let he/she make the determination. Anything deemed inappropriate must be returned or refunded.

### **Problem Resolution Process**

If you have a question or concern about the company, our operations, your job or a policy or benefit, we would like you to hear from you. Many conflicts and concerns can be resolved with a simple conversation.

1. First, talk to your manager. Most problems can and should be resolved at this level.
2. If you are not satisfied at Step 1, you may discuss the issue with Administration.

This process is designed to provide an opportunity for discussion and will allow us to work toward a solution. Please remember that complaints concerning harassment and discrimination should be reported directly to the person specified in the Harassment and Discrimination policy.

## **SECTION TWO**

### **WORK HOURS, ATTENDANCE AND COMPENSATION**

#### **Full-Time Status**

Full-time status is defined as being regularly scheduled for work for at least 30 hours a week or 130 hours per calendar month. Approved leave for such things as vacation, holidays, sick leave, PTO, FMLA, jury duty, military duty and other approved leave does not alter full-time status.

No part-time employee may work more than 25 hours per week without prior approval from his or her supervisor.

#### **Attendance**

**Be on time:** The success of our operations depends upon every employee being at work on time. Absenteeism and tardiness is a burden and may affect everyone's ability to do their job.

**Doctor's excuses:** If you are absent with notice for three days due to illness or injury, a physician's note may be required.

**No call – No show:** If you are absent without notifying your supervisor for even one day, you will be subject to termination.

**Absence while on probation:** Any unexcused absence in the first 90 days of employment may be grounds for termination.

**Unexcused and Excessive Absences:** The Company provides leave for sickness, disability accommodation and other special circumstances such as jury duty and military leave.

Therefore, unscheduled absences and last-minute call offs should be extremely rare.

Unless the leave is approved, the absence or tardy will be considered unexcused. If there is a pattern of unexcused absences or if poor attendance/tardiness become a problem, then discipline may be imposed according to the progressive discipline policy.

### **Work Hours and Timekeeping**

**Wage and Hour:** It is our policy to comply with wage and hour laws. Hourly employees are covered by minimum wage and overtime regulations and are usually paid hourly. Other employees may be exempt from overtime and are typically paid on a salary, commission or some other basis.

**Recording Time:** All hourly employees must keep accurate records of the time worked using the company's time keeping system. All work time must be recorded to the minute. Discipline will be imposed against any employee who causes time records to be inaccurate for any reason either by understating or overstating the time. This company absolutely prohibits working "off the clock" for any purpose and any violations of this Wage and Hour policy should be immediately reported to the payroll department so that proper corrections can be made.



**Scheduled Hours:** You are required to clock in and/or report to your work station at the start of your shift and clock out or depart your work station for the lunch break and after the workday has ended. You will be paid for only those hours worked.

For security, timekeeping and insurance reasons, hourly employees should not take work home or otherwise work anywhere other than their assigned work locations. Again, all time worked must be recorded. Errors and omissions on time records will be corrected and adjustments made as soon as possible. Falsification or Misrepresentation of actual time worked will result in disciplinary action up to and including termination.

**Text and Email curfew:** Unless it is an emergency, supervisors should not text or email hourly employees during their off hours. If the hourly employee must respond to a substantive text or email, it is considered work time and should be recorded.

**Reporting Potential Wage and Hour Violations:** Call the payroll department right away if your time record is not correct.

**Nursing mothers:** Nursing mothers may take a reasonable break to express breast milk for one year after the birth of their child. We'll provide an area shielded from view for this purpose that is not in a bathroom. Breaks longer than 20 minutes are allowed if necessary, but if the break is more than 20 minutes, the break will not be considered paid work time.

### **Compensation and Overtime**

**Pay Periods and Paychecks:** All employees are paid every week. The pay period begins at 12:01am on Saturday and ends at midnight on the following Friday. If you discover an error on your paycheck, notify the payroll department. If you are unable to pick up your paycheck in person, you may provide written authorization for someone to pick it up for you or have it mailed to you. If you discover an error on your paycheck, notify the payroll department.

**Payroll Deductions:** Only deductions specifically required by law or authorized in writing by the employee will be withheld from your wages. These may include: 1.) Income tax withholding; 2.) FICA; and 3.) Court-ordered garnishments.

Deductions which may be authorized by employees may include things such as contributions for group insurance, retirement, etc. Please see the payroll department or the benefits administrator for changes in authorized deductions.

**Overtime:** Hourly employees who work more than 40 hours in a single week will be entitled to overtime pay. Vacation, sick time, jury duty, holidays and other forms of leave do not count as hours worked for purposes of overtime. No hourly employee may work over forty hours in a week without prior approval of his or her supervisor. Violations of this policy may result in discipline according to the progressive discipline policy.

**Correct Pay:** Please review your pay stub or record carefully to make sure it is correct. If you discover any errors in your compensation or benefits, please contact the payroll department right away.

**Bonuses:** From time to time, we may pay bonuses at our discretion. Bonuses are usually based on a variety of factors including the overall performance of the company, profitability, departmental performance and individual performance. Regardless of how the bonuses are calculated or how often they are paid, bonuses are not accrued in advance and may be discontinued at any time. To receive a bonus, the employee must be employed by the company on the date that bonuses are paid.

### **Company Service Credit**

Company service credit is the length of your continuous full-time or regular part-time employment with Alabama Green Transport, Inc. This begins with your most recent date of hire unless you have been absent for purposes of military leave. Your company service credit is a factor in determining your eligibility for participation in the company benefit plans; such as vacation, group insurance and the 401(k) retirement plans. Family Medical Leave ("FMLA"), however, permits a limited break in service. Please refer to the FMLA policy for questions concerning length of service and FMLA.

## **SECTION THREE**

### **RULES OF CONDUCT**

## **Compliance with Federal, State and Local Laws**

We strive to comply with applicable laws and regulations and therefore require employees to immediately report any concerns they might have as to any potential regulatory violation. Please report the matter to Administration. There will be no retaliation against anyone who reports a concern in good faith.

## **Equal Employment Opportunity: Harassment and Discrimination Prevention**

### **Discrimination**

Alabama Green Transport, Inc. is an equal opportunity employer and strives to comply with applicable laws against harassment and discrimination. Each individual has the right to work in an atmosphere that is free of discriminatory practices based on race, color, creed, religion, sex, sexual orientation, gender identity, age, disability, national origin, pregnancy, marital status, military/veteran status or genetic information including family medical history. Treating similarly situated people differently because of a person's membership in a protected class may be grounds for discipline or termination.

### **Harassment**

Unprofessional or discourteous conduct based on one of the protected classes, whether verbal or non-verbal, is also prohibited. There will be no derogatory comments, threats, name calling, slurs, signs, symbols, displays, drawings, email, texts, jokes, graffiti or any other kind of harassment involving race, color, creed, religion, sex, sexual orientation, gender identity, age, disability, national origin, pregnancy, marital status, military or veteran status or genetic information including family medical history. Employees are expected to behave professionally at all times.

Offensive sexual flirtations, advances, propositions, touching and graphic verbal comments about a person's body are prohibited. Displaying sexually suggestive objects or pictures at work or forwarding offensive email is also forbidden. Accessing or having pornography or similar offensive material on a device used for work is prohibited.

Similar rules apply to social media if used for business purposes or includes co-workers or business contacts. There should be no publication or transmission of offensive material in any business related medium, on any business equipment, on company time or to any co-workers or other persons affiliated with the company.

### **Applicability of the Policy**

No one in our company is exempt from this harassment and discrimination prevention policy. We expect professional behavior from owners, managers, supervisors, and all full time and part time employees. We also expect professional behavior from others including vendors, delivery people and customers. No employee is ever required to submit to harassment or discrimination in violation of this policy.

### **Reporting Harassment and Discrimination**

If you are being harassed or discriminated against in violation of this policy, then tell the offender that the behavior is unwelcome and immediately report the incident to Administration. We will then contact you to investigate the matter.

Report all incidents as quickly as possible. Do not wait for the harassment or discrimination to become severe.

We do take all complaints of harassment and discrimination seriously and if there is a violation of this policy, we will discipline the person as appropriate to the offense.

Employees, supervisors and managers must also report all incidents of harassment or discrimination which they learn of, even if they are not the target or victims. These reports will be handled in the same fashion as complaints by victims.

During an Investigation: If a complaint has been reported, we will try to conduct the investigation as thoroughly as possible with as little disruption as possible. We expect everyone to continue their duties in a professional manner and to show each other the utmost respect both during and after the investigation.

### **No Retaliation**

We will not retaliate against anyone for reporting a complaint under this policy or for participating in an investigation. If a person feels that retaliation has occurred, please notify the investigator directly or contact the Administration or Supervisor.

### **Professional Conduct**

We expect all employees to behave professionally. Although there are other policies which may cover some of these items more explicitly, the following are some examples of unprofessional behavior which will not be tolerated:

- Abusive/vulgar language or conduct toward co-workers, managers or customers, including belligerence, aggression;
- Tardiness/excessive absenteeism;
- Theft of any kind including petty theft;
- Rude, disrespectful, sarcastic or extremely abrasive behavior toward co-workers, managers or customers;
- Poor attitude, constant complaining, excessive gossiping, jealousy, disruptive behavior, or insubordination
- Incompetence (failure to meet performance standards)
- Neglect of duty
- Irregular attendance, unauthorized absence, repeated absenteeism or tardiness
- Inefficiency
- Dishonesty
- Disorderly conduct
- Falsification of records
- Discourtesy to customers
- Willful destruction of Company property

- Intoxication while on duty; possessing, using or being under the influence of drugs
- Failure to report an accident
- Intentionally clocking another employee's time record, or having another clock yours

### **Appearance and Demeanor**

The Company maintains a casual dress policy that allows you to wear jeans and T-shirts or casual clothes to work. Please remember that you are a reflection of the Company, and you are expected to use discretion in style of dress, demeanor, and personal hygiene. The Company reserves the right to send you home if your attire, demeanor, or personal hygiene is inappropriate. If you have any questions as to what is and is not appropriate, please contact your manager.

### **Progressive Discipline**

We believe that coaching and course correction should be a positive process that allows employees to improve work performance and knowledge of company procedures. Generally, discipline will involve a verbal coaching or warning, followed by a written reprimand, followed by more severe action including possible termination, if the conduct does not improve.

The progressive discipline process is flexible and one or more of the above steps may be skipped. In all situations, discipline is intended to be in proportion to the severity of the offense. For serious violations, particularly those involving insubordination, dishonesty or safety, immediate suspension or termination may be imposed without prior warning.

Supervisors typically use a verbal warning to coach employees to improve work performance and to comply with established rules. It should be a positive process that is accompanied by a brief review or retraining on the particular procedure or rule. This is a good time to set out clear expectations so that there is no miscommunication. Supervisors

should document the verbal coaching and place the documentation in the employee's personnel file so that the company has a record of it.

Some supervisors may choose to give the employee a Performance Improvement Plan at this stage in order to set out specific instructions, tasks or goals in writing for the benefit of the employee. A PIP is not always disciplinary although it often accompanies a verbal warning

If the problem or misconduct persists after a verbal warning, the supervisor should consider a Written Reprimand. A Written Reprimand is intended to get the employee's attention and to put the employee on notice that his or her conduct must change. It is a strong warning that the employee's job is in jeopardy if the conduct does not improve.

If misconduct continues after a written reprimand, then the supervisor should consider whether the employee should remain employed. Again, this is a flexible guideline and may not apply in all situations.

## **SECTION FOUR**

### **COMPANY PROPERTY**

#### **Use and Misuse of Company Equipment**

All employees are prohibited from using our equipment for any and all unauthorized reasons. Company vehicles and other company owned equipment is very costly. It is your responsibility to care for this equipment. Any misuse of company equipment, including defacing or removing parts, disconnecting the cameras or flagrant violation of safety regulations will result in disciplinary actions up to and including termination.

**Privacy:** We reserve the right to monitor and inspect all company property and equipment including desks, cabinets, work areas, storage areas, computers, phones, communication devices, faxes, and all communications on our system. Employees should have no expectation of privacy at work. Don't use company phones, computers, equipment or devices for anything which you wish to keep private.

## **Theft**

Any employee caught stealing from the company will be terminated immediately and prosecuted by law. If you are aware of anyone stealing, you are required to report this to your supervisor or to any company officer or risk being charged along with the offender.

## **Company Vehicles**

Only authorized employees may drive company vehicles. These employees must have a valid, current driver's license and must be insurable under the company's insurance policy. Company vehicles may be used only for authorized business and must be operated safely at all times. The company may search its vehicle at any time and employees should have no expectation of privacy in company vehicles.

## **Business Records**

Company records, financial information, sales and customer information, and data may not be disclosed, copied, downloaded, transferred or shared except:

- a) For approved business purposes;
- b) As approved by the Administration or
- c) In response to a subpoena, court order, request by government agency, or as otherwise required by law.

Forwarding company records to a home or personal computer or other device is prohibited without the express consent of the administration.

Nothing within this policy, however, is intended to limit the right to concerted activity and discussion of wages, hours and working conditions as allowed under the National Labor Relations Act. In determining discipline for breach of confidentiality, the Company will consider 1) the place and degree of publication of the discussion; 2) the subject matter; and 3) the purpose and nature of the communication.

## **Letterhead and Templates**



Company stationery, forms and templates are for business use only and should never be used for personal matters.

### **Computer, E-Mail and Internet Use**

1. Authorized Use: The computer system and all communication devices are provided for company business. All information stored on our system is confidential and may be accessed only by the person specifically authorized for such access.

Employees may not open, view, alter, retrieve, download, delete or transmit anything unless authorized to do so for legitimate business purposes. This means that transmission of company records or data to a home computer or other non-business computer or personal communication device is prohibited unless you receive prior written permission from administration.

2. Monitoring: We reserve the right to monitor all information and communications on our phone and computer systems. Employees have no right of privacy in any matter stored in, created, received, or sent over our computer systems and communication devices. We may monitor, access, retrieve, and delete any matter in the computer and communications systems without the employee's permission. Use of passwords or other security measures does not diminish the company's right to access materials on its system. Any password used by employees must be revealed to the Company in order to allow access by the company in an employee's absence.

3. Professionalism: Employees are reminded to be courteous and professional in their business e-mail, texts, communications and posts. The Company's policies against harassment apply fully to the phone, computer and e-mail system. No offensive communication should be created, posted, received or forwarded. Please review the Harassment and Discrimination policy if you have any questions. The e-mail system may not be used to solicit for religious or political causes, or commercial enterprises.

4. Personal Use: Personal use of the computers, email and internet should be kept to a minimum and is allowed only so long as the personal use is: 1) on the employee's own

time; 2) does not interfere with business operations or productivity; and 3) meets the requirements above including the requirements of professionalism.

5. Personal Use of Social Media: Personal use of social media is a distraction at work. Therefore, viewing and posting to social media should only be done on the employee's own time.

Nothing within this policy, however, is intended to limit the employee's right to concerted activity or the discussion of wages, hours and working conditions as allowed by the National Labor Relations Act.

### **Data Breach Notification**

Personal identifying information such as social security numbers, tax id numbers, driver's license numbers, military ID numbers, passport numbers, bank account or financial information, medical history, insurance policy numbers, user names, passwords, security question answers are all protected by law and must be kept secure from unauthorized disclosure at all times. Such information will be available only on a need to know basis.

Data breaches can occur either inadvertently or through intentional wrongful conduct. If there has been any kind of unauthorized disclosure of protected information, employees must immediately notify the Administration of the breach. Management will work with legal counsel to investigate and determine appropriate procedures for notification of the affected individuals.

### **Data Security**

Data breaches are a serious concern and this policy is therefore adopted to protect the personal information of our customers and employees.

Definition: Personal Identity Information (PII) is data which is unique to an individual. It includes:

- Social Security Numbers;
- Taxpayer Identification Numbers;

- Employer Identification Numbers;
- Drivers' license numbers or data;
- Dates of birth;
- Credit or debit card information (including PIN or access numbers);
- Financial information;
- Email addresses and other contact information.

**Generally Applicable Principles:**

1. Accepting PII: It is our policy to collect and store the minimum amount of PII necessary for our business. Each department will work to minimize the amount of PII collected. For example, we will not use social security, birth dates, tax id numbers or drivers' license numbers as identifiers in our system and we will collect this information only when there is a specific reason to do so.

2. Access to PII: Employees and contractors may be granted access to PII only on a need to know basis. Individuals who gain unauthorized access, make unauthorized disclosures or permit others to have unauthorized access will be subject to severe sanctions or termination.

Employees are required to have strong passwords with a mix of numbers, letters and characters. Employees should be required to change their passwords on a regular basis. Do not use any form of the word "Password" as your password. Sharing passwords with any person, other than with your supervisor's approval, is not allowed.

Be aware of hackers who call or email pretending to be some trusted person or company. Do not give your password out over the phone or send it through email without independent verbal confirmation as set out below. When an employee leaves the company, all of the employee's passwords should be immediately changed to prevent further access.

3. Retention of PII: Our policy is to retain as little PII as necessary for the shortest time necessary. By law, certain PII must be kept for specific periods of time. We may also store other PII as necessary for business purposes.

**a. Laptops and portable devices:**

- Laptops will only be given to those persons who actually need a portable computer system for their jobs.
- Except for contact information, PII should not be permanently stored on any laptop, phone or other portable communication device.
- All devices should be password protected at all times and passwords should be changed at least quarterly. All passwords must be shared with the employee's supervisor.
- Except for basic contact information, any PII which is stored even temporarily on a device must be encrypted. Both Word and Adobe have functions which can encrypt and password protect sensitive documents.
- Never leave a laptop or portable device with sensitive information unattended. If you have PII on a portable device, you must take extra precautions to safeguard the device at all times. All laptops and portable devices with PII should be stored in a secure place when not in use.
- If travelling, carry the laptop with you and do not put it in checked luggage. If you must leave the laptop in a car, keep it locked in the trunk area.

**b. Paper records, Thumb drives and Back up:**

- PII that is recorded on paper should be kept in a locked room or locked filing cabinet with limited access to keys. Thumb drives and all back up disks should be treated the same way.
- All sensitive records should be locked away when not in use. Do not leave PII on a desk or at a workstation unattended. Log off all computers when you leave for an

extended period. Do not take the records outside of the facility unless given permission by your supervisor.

**c. Server and Web applications:**

- PII should not be generally accessible on the network server. It should be segregated as much as possible and available only on a need to know basis. There should never be general access to any PII.
- Pay attention to the security of your web applications and use due diligence to determine the security level of any web based programs and cloud storage.

**d. Wireless and Remote Access**

- Wireless connections to the network require additional security measures and should be set up by a professional.
- The number of devices which have a wireless connection to the company's network should be limited and controlled.

**e. Digital Copiers and Scanners:** The hard drive of a digital copier stores data about the documents it copies, prints, scans, faxes or emails. The security features on the copier should be set so that this data is encrypted. It should also be set to overwrite the data at least once a month.

4. Transfers of PII: Many significant security breaches can be avoided with simple precautions.

**Independent Confirmation:** There are many occasions when employees should get independent confirmation before transferring secure data or funds. Some of these are obvious, but many people have fallen for scams which could have been prevented.

- All wire transfers of money should be confirmed verbally with the recipient. Do not rely on an email alone for purposes of establishing where money should be sent, even when the email appears to be from someone within the company.
- With phishing email, do not click on the links or otherwise reply.

- Phone phishing is another growing problem where a hacker will call requesting account numbers, passwords or other sensitive information. No sensitive information should ever be disclosed without verification through independent sources that you know to be genuine.
- If you receive an unexpected notice from Drop Box or other services informing you that you have documents available, do not click on it until you verbally confirm that the person has sent the documents to you.
- Do not click on any links in an unexpected email from an outside source or even from someone inside the company. Instead, independently verify the request through a source which you know to be genuine.

**Unauthorized downloads:** For security purposes, no employee or contractor may transfer PII to any personal computers, or devices. Transferring PII to a home computer for any purpose may be a terminable offense.

**Physical Shipment:** Any sensitive documents which are being physically shipped should be sent by a carrier that allows the delivery to be tracked.

**Email:** General email is not secure and therefore any PII transferred through general email should be encrypted or sent by a secure email system.

## **SECTION FIVE**

### **HEALTH AND SAFETY**

#### **Safety**

Your safety and the safety of those around you are your #1 priority! Employees are expected to take these responsibilities seriously to ensure you never put yourself or anyone else in harm's way due to a careless or unsafe act.

Alabama Green Transport, LLC. is concerned about the health and safety of all employees. It is necessary that each employee take responsibility to assure a work environment free of hazards. Keep your work area, floors, and walkways clean and free of obstacles. If you

notice an unsafe condition, or have suggestions to reduce the possibility of injury, contact your supervisor immediately.

## **Safe Driving**

For everyone's safety, we expect our employees to be prudent and cautious on the road. Here are some basic rules:

1. Only authorized employees may drive on Company business.
2. All drivers must have a valid driver's license and be insurable on the company's auto insurance.
3. Seat belts must be used at all times for all persons in the car.
4. Texting and other forms of distracted driving are forbidden. Distracted driving can include things like grooming, reading, checking maps, preparing for work, and checking the phone. Eating small items that are easily managed is fine, but think twice before trying to eat large, bulky or messy foods while driving.
5. Don't drive while fatigued. You may be fatigued if you can't remember the last few miles that you drove; if you have excessive yawning or can't hold your head up; if you start to drift in your lane or hit rumble strips. Pull over and rest or call someone to pick you up or drive for you.
6. Cell phone use should be kept to a minimum. If the call last more than a couple of minutes, the employee should pull over to continue the call.
7. Aggressive driving such as tailgating, passing on the shoulder, failing to yield to other cars, flashing bright beams at other drivers, constant lane changes, and other discourteous conduct is prohibited.
8. No driver should be under the influence of any substance which violates the Substance Abuse policy. No one should drive if they are taking a medication which has a warning against the operation of a vehicle.
9. All traffic and safety laws should be obeyed.

Not every rule can be listed here, but we expect all employees to be careful, cautious and safe at all times.

## **Security**

Violence, fighting, threats of violence, physical intimidation, stalking, and other aggressive behavior which generates a concern for safety will not be tolerated. All such threats should be immediately reported to the Administration even if it involves a third party such as a contractor, vendor, customer or member of the public.

Erratic or bizarre behavior (for example as a result of substance abuse or obvious mental illness) should also be immediately reported to the Administration. Suicidal statements should also be reported if made by a despondent person connected to the company.

If there is an immediate threat and especially if a weapon is involved, move to a safe location and call the police or 911. Think about quick exit strategies ahead of time. If you can do so safely, cut off access by barricading doors, hallways, and entryways to areas where people have taken refuge. If you cannot get to safety quickly, another idea is to turn off the lights, keep quiet and hide until first responders arrive.

## **Workers Compensation**

Employees are insured in accordance with the State of Alabama's workers compensation laws. If you are injured on the job, you must notify your supervisor as soon as possible and in all instances by the end of business on the day of the accident. Failure to report a personal accident or injury by the end of business day could result in benefits being denied. If the injury occurs after regular business hours, you must report the injury to your supervisor.

All employees requiring medical attention as a result of an on the job injury will have a drug test performed within twenty-four (24) hour of the injury. Your loss of salary, if any, will be paid in accordance with Alabama Law. \*Note that a positive test may affect your ability to receive full worker's compensation benefits. Insurance premiums must be maintained while on workers compensation leave. If premiums fall more than (30) days



behind, coverage will be canceled effective the date of the last payment period. You will not be entitled to the accrual of any seniority benefits during the period of leave.

**Substance Abuse:** Post-accident drug and alcohol testing will be done promptly following accidents as stated in the substance abuse policy. The Alabama Workers Compensation Code states, "A positive drug test conducted and evaluated pursuant to standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40 shall be a conclusive presumption of impairment resulting from the use of illegal drugs. No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this chapter." Ala. Code § 25-5-51 (1975).

**Limitations on benefits:** Any employee requiring leave because of a job-related injury will be paid according to the applicable Workers' Compensation Act. In Alabama, benefits may be limited or denied under the Act based on the following:

- The willful misconduct of the employee;
- The employee's intention to bring about injury to himself or others;
- The employee's willful refusal to use safety appliances provided by the employer;
- An injury due to an employee's misuse of alcohol or illegal drugs;
- The employee's refusal to submit to or cooperate with a required blood or urine test;
- Misrepresentations as to pre-existing physical or mental conditions may also void workers' compensation benefits.

**No Retaliation:** The Company will not retaliate against any person who seeks benefits under the Workers' Compensation Act.

**Return to Work:** Employees returning to work from an on-the-job injury must furnish a return to work slip issued by the attending physician certifying to his/her physical fitness to perform his/her regular duties.

### **Employee Medical Conditions and Safety Standards**

All employees must comply with established safety standards. Any employee who poses a significant risk of substantial harm to himself or others will be placed on appropriate leave until the employee can see his own doctor to determine whether the employee may safely continue working. Please report any work-related medical restrictions to the Administration.

### **Medications**

Some prescription and over-the-counter medications can impact an individual's ability to work safely and employees who operate vehicles or equipment or who otherwise work in safety sensitive jobs should take such medications only under the care of a licensed health care provider who is familiar with the employees' health history and the employees' safety sensitive job duties. No employee may operate Alabama Green Transport, LLC. vehicles or equipment when taking a medication which adversely affects the employee's ability to work safely. If you are taking a medication which presents a safety risk or if your physician issues work-related medical restrictions, please see the Administration.

### **Temporary Light Duty**

When an employee has a temporary medical condition, which prevents the employee from fully performing his or her duties, the company has the option of allowing or requiring the employee to go on light duty.

**Application:** To apply for light duty, the employee must present a note from a physician stating that the employee is temporarily unable to perform the essential functions of their regular job due to illness, injury or pregnancy. The medical report should describe the employee's specific medical restrictions as they pertain to his or her work duties and the expected duration of these restrictions.

**Business need:** Light duty will only be granted if the company has a specific business need which the employee is qualified and physically able to perform. Normally, this will be temporary work of limited duration. It may only be part-time work. We do not have permanent, full time, light duty positions, nor will the company create light duty just to keep an employee busy. Light duty is a privilege. It will only last as long as the company has a specific need and may be terminated at any time at the company's discretion.

**Re-evaluation:** Because light duty is intended to be temporary, it will normally last less than 30 days. After 30 days, we may ask the doctor for a re-evaluation of the medical restrictions and the date that the employee is expected to return to full duty. If the employee will return to full duty within a few weeks and if there is still sufficient work to do, light duty may be extended. If no light duty is available, please see our other leave policies.

**Disability Accommodation:** Light duty is not intended to be a permanent accommodation of a disability and an offer of light duty does not mean that we regard any person who needs light duty as being disabled. Light duty is simply a benefit we offer. Any employee who has a disability and needs an accommodation of their regular job duties should refer to the "Persons with Disabilities" policy. Anyone with a disability may apply for a job accommodation at any time.

**FMLA:** If a doctor certifies that an employee is entitled to full medical leave under FMLA, the employee is entitled to leave and may not be required to work light duty. An employee whose doctor has released the employee to work on a reduced schedule or intermittent FMLA leave, however, may be temporarily assigned a light duty position that accommodates the employee's medical restrictions, if light duty work is available.

**Workers compensation, FMLA and Light duty:** In certain circumstances an employee may qualify for both workers compensation benefits and FMLA. Workers compensation leave and FMLA leave will normally run concurrently with one another. If the doctor releases the employee to work light duty and if the employer has a light duty position available, the employee with a work-related injury may be required to work light duty.

Persons with Disabilities

If an employee needs an accommodation of a disability, please contact Administration. We will try to work with the employee to provide a reasonable accommodation so long as: 1) the person is still qualified for the position and can perform the essential functions of the position with or without an accommodation; and 2) the accommodation is reasonable and does not impose undue hardship on the employer. All employees, regardless of disability, must comply with all company policies unless given a written waiver by the Administration.

Please see the Temporary Light Duty policy for short term or temporary medical limitations that affect job performance. For serious health conditions which require an absence from work, you may also see the FMLA policy.

## **SECTION SIX**

### **SUBSTANCE ABUSE**

#### **Substance Abuse Testing for Office and Non-safety Sensitive Positions**

**1. Purpose and Applicability:** We believe that drug and alcohol abuse present a serious safety and health risk to all employees and it can also cause a detrimental effect on work performance and the reputation of our company in the community. For these reasons, we adopt this testing program to identify and deter prohibited substance abuse.

#### **2. Definitions:**

- a. "Drug(s)" means a substance whose use or possession is controlled by federal law but is not being used or possessed under the supervision of a licensed health care professional. (Controlled substances are listed in Schedules I-V of 21 C.F.R. Part 1308.)
- b. "Alcohol" means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

#### **3. Prohibited Conduct:**

- a. General: The manufacture, distribution, consumption, possession, use or being under the influence of a Drug or Alcohol while on duty, on Company Premises, in Company-owned vehicles, while using Company equipment or while performing Company business is prohibited.
- b. Reporting: All employees must report any reasonable suspicions of Drug or Alcohol impairment which they witness to the Administration.

**Prescriptions and Over the Counter Medications:** Nothing in this policy prohibits the lawful use of prescription and OTC medications as long as the employee can work safely. For more information, please see our policy on Medications.

**4. Circumstances for Testing:** Applicants and Employees will be tested in the following situations:

- a. Job applicants: Once the Company gives an applicant a conditional job offer, the applicant will receive a copy of this policy. The applicant will then submit to Drug testing in accordance with this policy. A refusal to test or a positive test result will cause the conditional job offer to be revoked.
- b. Reasonable Suspicion of Current Impairment: An individual may be sent for testing if a supervisor has a reasonable suspicion that the employee currently has Drugs or Alcohol in his or her system in violation of this policy.
  - i. Observation: The supervisor must prepare written documentation of the specific facts leading to the suspicion such as direct observation of slurred speech, the smell of alcohol, inability to walk a straight line, an accident, physical or verbal altercation, unusual behavior that warrants summoning a supervisor, or possession of alcohol or drugs. Observations may include indications of chronic use or withdrawal effects of controlled substances. Reasonable suspicion may also include evidence that the individual has used, possessed, sold, solicited or transferred Drugs or Alcohol while on Company premises or engaged in Company business within the past 8 hours for Alcohol or 32 hours for Drugs.

ii. Prompt Testing: If reasonable suspicion exists, the employee should be promptly taken to the testing facility by the supervisor.

iii. Reasonable Suspicion Alcohol testing should be done right away. If the alcohol test is not administered within two hours of the behavior, the supervisor should document the reason for the delay. No alcohol test may be conducted more than 8 hours after the suspicious behavior.

iv. Reasonable Suspicion Drug testing should also be done promptly following the observed behavior. If the drug test is not administered within eight hours of the behavior, the supervisor should document the reason for the delay. No drug test may be conducted more than 32 hours after the suspicious behavior.

c. Random Drug Testing: Random Testing may take place in non-predictable patterns at any time of the day. Random selection means that all employees who are in the testing pool have an equal chance of being selected for testing each time.

i. Before making the random selection, the Administration will update the list of employees to make sure that it is current and complete.

ii. When selected, the employee will report to the testing site immediately. Any unexcused delay in reporting for testing may be a refusal to test and a violation of this policy.

iii. There will be no Random Alcohol testing under this policy.

d. Post-Accident Testing:

i. Post-accident Drug Testing may be done immediately following an accident in which there is an injury requiring first aid, off-site medical attention, or significant property damage greater than \$500 except those accidents in which it is obvious that Drugs were not a factor (such as a bee sting).

ii. Post-accident Alcohol Testing may be done immediately following accidents in which there is an injury requiring first aid, off-site medical attention, or significant property

damage greater than \$500, but only if alcohol is believed to be a factor in the accident or injury.

iii. Timing: If the alcohol test is not administered within two hours of the accident, the supervisor should document the reason. No alcohol test may be conducted more than 8 hours after the time of the occurrence. If the drug test is not administered within two hours of the accident, the supervisor should document the reason. No post-accident drug test may be conducted more than 32 hours after the time of the occurrence.

iv. The Alabama Workers' Compensation Code states, "A positive drug test conducted and evaluated pursuant to standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40 shall be a conclusive presumption of impairment resulting from the use of illegal drugs. No compensation shall be allowed if the employee refuses to submit to or cooperate with a blood or urine test as set forth above after the accident after being warned in writing by the employer that such refusal would forfeit the employee's right to recover benefits under this chapter." Ala. Code § 25-5-51 (1975). You have been warned.

#### e. Follow up Testing

i. After a positive test, unannounced follow up testing by the employer may be conducted as recommended by a qualified Substance Abuse Professional for up to six months after the positive test.

ii. During any follow-up testing period, the employee will remain in the random testing pool and any random testing will be in addition to the follow-up testing.

### **5. Test Procedures**

a. Testing Agents: All testing will be done by a DOT certified lab. Breath alcohol testing will be done by a certified Breath Alcohol Technician.

b. Review and Verification: All employees with a non-negative test may discuss the results with the Medical Review Officer ("MRO"). If the employee does not respond to attempts by the MRO to contact the employee, then the MRO may proceed with the verification process.

c. Challenges: Any challenges regarding the validity of the test must first go through the MRO. The Company will typically abide by the decision of the MRO as to the validity of the test unless presented with credible evidence of error affecting the outcome of the test.

**6. Testing Positive: The following conduct will be deemed a positive test:**

- a. Any detectable quantity of illegal Drugs;
- b. Blood alcohol level of 0.04 or greater;
- c. Failing a sobriety test administered by law enforcement during work hours or while on duty;
- d. A refusal to test or an unexcused delay in reporting for testing;
- e. Failing to provide a specimen or sufficient quantity of urine;
- f. Tampering with or otherwise submitting an adulterated or substitute test specimen;
- g. Possessing or wearing a prosthetic device to carry a specimen substitute;
- h. Failing to cooperate with the testing process such as failing to empty pockets when directed, failing to wash hands, being confrontational, or disrupting the testing process.

**7. Consequences**

- a. Suspension: Once the MRO has verified that a test is positive, the employee will be suspended without pay until a meeting can be arranged between the employee and management regarding the violation. At the time of the suspension or as soon as feasible, the employee will be given a copy of the positive test report and a list of local Substance Abuse Professionals and programs.
- b. Meeting to determine discipline: At the meeting, the employee will be given a chance to contest or explain the test results.
- c. Discipline: Violations of this policy will usually result in termination of employment. Depending on the circumstances, law enforcement may also be notified.



**8. Admission of Alcohol or Drug use:** Employees will not be disciplined for misuse of drugs or alcohol under the following conditions:

- a. **Employee Makes Timely Admission:** The employee admits to the Administration that he or she has a drug or alcohol problem. To avoid discipline, the employee must make the admission before reporting for duty and before being selected for testing. The employee may not self-identify to avoid being tested. Once selected for testing, the employee must submit to testing even though he or she admits that the test will likely be positive.
- b. **Seeks Treatment:** If the admission is timely, the employee must follow the return to work procedures set out below.

**9. Return to Work:**

- a. **Evaluation:** If the employee is allowed to return to work after an admission or a positive test, the Company will require the employee to have an individual assessment by a qualified Substance Abuse Professional.
- b. **Follow up testing:** Follow up testing will only be done by the Company if the Substance Abuse Professional recommends that the employer conduct such testing and the employee consents as part of a “last chance” agreement with the Company. Follow up testing by the company will be limited to six months or less.
- c. **Return to Duty Negative Test:** Before returning to duty, the employee must submit a negative test report for drugs or alcohol depending on the nature of the violation.
- d. **Expense:** All evaluations, rehabilitation, treatment, programs, and follow up testing will be at the employee’s expense. Repeat violations: Termination is probable with continued violations.

**10. Record Keeping and Confidentiality:** All records pertaining to this policy must be kept in a separate medical file, in a secure location, and available for review only on a need to know basis. These records must be retained while the individual is employed and for three years thereafter. Records on applicants should also be maintained for three years even if the person is not hired.

**Exhibit 13 – Secure Transport Vehicles**

**Verification**


**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason \_\_\_\_\_

Owner \_\_\_\_\_

Printed Name of Verifying Official

Title of Verifying Official

  
\_\_\_\_\_

12/23/2022 \_\_\_\_\_

Signature of Verifying Official

Verification Date

Exhibit 13 – Secure Transport Vehicles

13.1 Title, lease or other documentation demonstrating possessory interest in all vehicles to be used for secure transportation of cannabis or medical cannabis

In progress with completion expected 45 days after award of license

13.2 Copies of declarations pages of insurance policies applicable to all vehicles to be owned and operated by the Applicant

In progress with completion expected 45 days after award of license

13.3 License plate numbers and DOT numbers, if available, for all secure transport vehicles

In progress with completion expected 45 days after award of license

**Exhibit 14 – Alabama Public Commission**

**Verification**

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason \_\_\_\_\_

Owner \_\_\_\_\_

Printed Name of Verifying Official

Title of Verifying Official

  
\_\_\_\_\_

12/23/2022 \_\_\_\_\_

Signature of Verifying Official

Verification Date

Exhibit 14 – Alabama Public Service Commission

Verification of Applicant's compliance with Alabama Public Service Commission requirements for motor carriers. Application process has begun through state site listed below:

<https://psc.alabama.gov/motor-carrier-applications-forms/>

In progress with completion expected 45 days after award of license

**Exhibit 15 – Commercial Driver’s License**

**Verification**

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason

Owner

Printed Name of Verifying Official

Title of Verifying Official



12/17/2022

Signature of Verifying Official

Verification Date

### Commercial Driver's License

**Not Applicable:** Alabama Green Transport will not operate vehicles that require a CDL. Alabama Green transport vehicles will follow all transport rules for transport vehicles.

**Exhibit 16 - Fleet Summary**

**Verification**

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason

Printed Name of Verifying Official

Owner

Title of Verifying Official



Signature of Verifying Official

12/17/2022

Verification Date



## Fleet Summary

In progress with completion expected within 60 days after license awarded.

# Exhibit 17 – Care and Maintenance of Vehicles

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason

Printed Name of Verifying Official

Owner

Title of Verifying Official



Signature of Verifying Official

12/23/2022

Verification Date

## **PREVENTIVE MAINTENANCE INSPECTIONS & SERVICES**

**INTRODUCTION** Vehicle and component manufacturers manuals are an important part of the vehicle maintenance plan as they define specific maintenance intervals and provide critical information when the maintenance work is actually to be performed.

Preventive maintenance (PM) inspections and Scheduled services should follow the recommended intervals by the manufacturer. If preventive maintenance services are not being done according to the guidelines of the manufacturer, the agency may jeopardize any claim to a warranty. Services eligible for warranty payment must be made by the appropriate personnel and filed with the manufacturer. Documentation of such services should remain in the vehicle file. Return to manufacturer/vendor Authorization for warranty return and labor claims, if applicable, are obtained from the manufacturer or vendor. Information is supplied to the vendor on the circumstances of the failure, if known. The item is then returned to the vendor warranty department for repair or replacement.

**Alabama Green Transport** retains copy of the warranty claim form for tracking purposes. The Agency will also notify TDOT of all warranty returns.

**DOCUMENTATION** Preventive maintenance (PM) inspections and Scheduled services should be performed, and documented according to a proper schedule. All documentation including maintenance forms, logs, receipts, inspections, and trip logs should be kept through the life of the vehicle plus 3 years. Whenever a mechanic or tow truck is dispatched to a vehicle in service, documentation should be submitted and placed in the vehicle file. Alabama Green Transport is responsible for maintaining the vehicle documentation.

**PM INSPECTIONS** Preventive maintenance (PM) inspections are basic inspections to help provide an opportunity to detect and repair damage or wear conditions before major components need repairs.

These inspections generally cover: A list of specific items to be checked. B. Record repairs and the routine application of fluids c. Indicate inspection interval (i.e., daily or weekly); and mileage d. Indicate if repair/replacement needed for an item.

**IDENTIFIED DEFECTS** Identified defects should be reported to Management. Defects must be reviewed and repaired based on the categories listed:

- SAFETY DEFECT

The vehicle cannot be released until the repairs are completed, except in case of an emergency. Safety cannot be compromised.

- MECHANICAL DEFECT

A defect that will worsen and increase cost. The vehicle cannot be released until the repairs are completed, except in case of an emergency.

- ELECTIVE MECHANICAL DEFECT

A defect that does not compromise safety will not cause further damage if operated but needs to be corrected prior to the next PM cycle. Repair should be scheduled. Due to transportation costs and disruption to operations, this decision should not be made lightly.

- ELECTIVE OR COSMETIC DEFECT

The defect will not compromise safety and will not cause further damage or cost as it is an aesthetic defect. The vehicle should be scheduled for an off-peak time in the future, as determined by management, or at the next scheduled PM Service.

**TYPES AND DESCRIPTIONS OF PM INSPECTIONS** The manufacturer's recommended service schedule should be adhered to by either mileage or months. Basic PM Services are 4 levels that are listed below:

(Note: See Manufacturer's Manual for mileage/month intervals)

Level A – Conducted at (4000 Miles/ 3 months interval). Change oil and filter, inspect tires, electrical system, service all fluid levels, lubricate chassis and doors, check A/C, hoses, fire extinguishers, belts, brakes, lights, test drive, body damage, etc. Inspect and test vehicle lift.

Level B – Conducted at (10000 Miles/ 6 months interval). Includes all items in level A. Check coolant, specific gravity, and ph.

Level C – Conducted at (36000 Miles/ 18 months interval). All items in levels A and B, plus change fuel filter, replace air filter, and inspection of braking system.

Level D – Conducted at (75000 Miles/ 30 months interval). All items in levels A, B, and C, plus inspection and repack of wheel bearings.

**PRE/POST TRIP INSPECTIONS** An important aspect of preventive maintenance is the establishment of strong communication between drivers and management. An easy way to ensure and document this communication link is through the use of the driver’s daily vehicle inspection checklist that is either a pre-trip or post-trip inspection.

The driver should identify any defects and report them to Management. All checklists are to be maintained in the vehicle’s permanent file.

The pre- and post-trip inspection forms shall be legibly completed and signed by the vehicle driver. A pre-trip inspection should include as a minimum:

- Cleanliness – Properly maintained and free of loose articles.
- Lights and reflectors – High/low beams, tail lights, turn signals,
- 4-way hazard flashers, marker lights, license plate light and reflectors should be cleaned as needed
- Brakes – Both foot and emergency brakes should be capable of effectively stopping or restraining the vehicle. Brake pedal should be firm after 1-2 inch free- play on a single down stroke. No noises, vibration or steering changes should result from applying the brakes while moving.
- Horn – Gives an adequate and reliable warning signal.
- Windshield, washer, wipers and defroster – Surfaces must be clean and unobstructed, inside and outside. Washer reservoirs are to be filled as needed.
- Mirrors – All rear vision mirrors must be clean, properly adjusted and unobstructed. Outside mirrors must be mounted on both sides.
- Tires – Must be of adequate load capacity when vehicle is fully loaded. Tires shall be inflated to recommended pressures and compatible with each set (i.e., all radials or all bias ply; no mixed sets.) Tire wear surfaces and sidewalls shall be inspected daily for debris, damage, and wear. Tires shall be replaced prior to revealing the “wear bars” between the treads at the contact surface.
- Speedometer – Shall be operational and accurately record speed.

- *Seat Belts – If the vehicle has seat belts, they must be in good operating condition and used by all passengers and drivers. Wheelchair passenger restraints and securement systems shall be fully operational.*
- Doors – Capable of being opened, shut, and locked as required.
- Fluids – All fluid levels must be checked each time the vehicle is fueled and maintained at the manufacturers recommended operating levels. This includes engine coolant, oil, brake fluid, power steering fluid, transmission fluid and washer solvent.
- Wheelchair lifts – Check operating and structural condition by operating through one complete cycle.
- Emergency Equipment – Should be present and operational:
  - Flares
  - Fire Extinguishers
  - First Aid Kits
  - Flashlight W/Batteries
- Blood Borne Pathogens Clean-Up Kit
  - Reflective Triangle
  - Reflective Vest for Driver
  - Clean-Up Kit for Cleaning & Sanitizing the Vehicle

A post-trip checklist should include as a minimum: Service brakes including trailer brake connections, Parking (hand) brake, Steering mechanism, Lighting devices and reflectors  
Tires, Horn, Windshield wipers, Rear vision mirrors, Emergency equipment and  
Wheelchair lift.

The inspection shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the

driver, the report shall so indicate. In all instances, the driver shall sign the report. Driver needs to sign the driver vehicle inspection report.

#### VEHICLE HISTORY FILE

Each vehicle will have a written record documenting preventive maintenance, regular maintenance, inspections, lubrications, and repairs performed.

A minimum of the following information will be maintained in the records:

- Identification of the vehicle: Serial/VIN Number, Year, Make, Model Type, License Plate Number, Date, Mileage, Description of each inspection, maintenance, repair, lubrication performed and the name of the business/shop performing an inspection, maintenance, lubrication, or repair to the vehicle or lift.

# Exhibit 18 – Route Plans

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason

Name of Verifying Official

Owner Printed

Title of Verifying Official



Signature of Verifying Official

12/23/2022

Verification Date



Plans- Exhibit **18**

The following are examples of possible route. As of the time of route creation, there are no known facilities, dispensaries or transports approved.

## Alabama Green Transport

### Emergency Phone:

ROUTE SHEET - Eufaula - 01/0212023

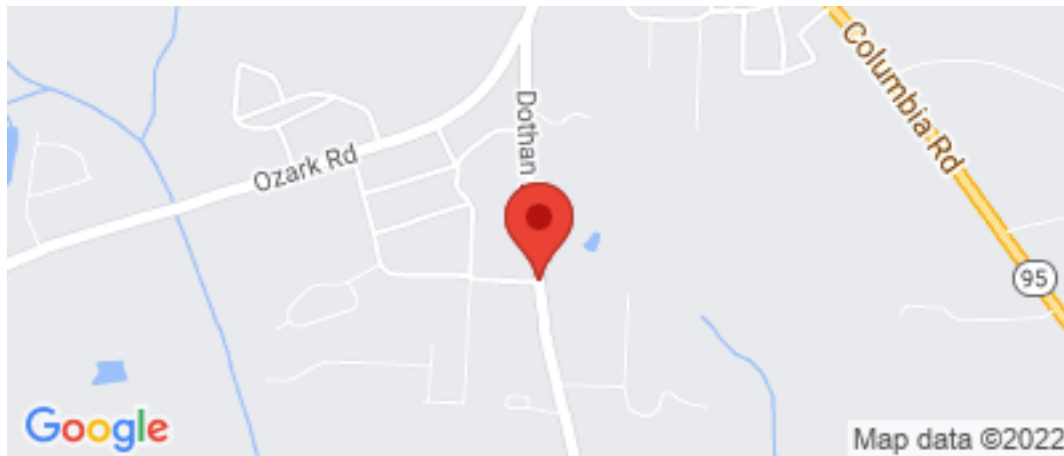
Alabama Green Transport

210 SPEIGNER ST

DOTHAN, AL 36303

(334)

<p>(mshd157)  <b>212 Dothan Road, Abbeville, AL 36310</b>                  (334)                      Medical Cannabis</p>	<p><b>Items: 1 Box</b></p>
<p>I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.</p>	<p>I certify that the information provided is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.</p>
<p>Generator Signature:</p>	<p>Transporter Signature:</p>
<p>Printed name:</p>	<p>Printed name:</p>



## Alabama Green Transport

### Emergency Phone:

ROUTE SHEET - Eufaula - 01/0212023

Alabama Green Transport  
 210 SPEIGNER ST  
 DOTHAN, AL 36303

(mshd464) <b>678 Humming Bird Lane, Eufaula, AL 36027</b> (334) / Medical Cannabis	<b>Items: 1 Box</b>
I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.	I certify that the information provided is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.
Generator Signature:	Transporter Signature:
Printed name:	Printed name:



## Alabama Green Transport

### Emergency Phone:

ROUTE SHEET - Eufaula - 01/0212023

Alabama Green Transport  
 210 SPEIGNER ST  
 DOTHAN, AL 36303

(mshd468) 231 Huguley Road Valley, Al 36854 (334) / medical Cannabis	<b>Items: 1 Box</b>
I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.	I certify that the information provided is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.
Generator Signature:	Transporter Signature:
Printed name:	Printed name:



## Alabama Green Transport

### Emergency Phone:

ROUTE SHEET - Eufaula - 01/0212023

Alabama Green Transport  
 210 SPEIGNER ST  
 DOTHAN, AL 36303

(mshd1128) 1965 1st Ave Opelika Al 36801 (334) / medical Cannabis	<b>Items: 1 Box</b>
I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.	I certify that the information provided is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.
Generator Signature:	Transporter Signature:
Printed name:	Printed name:



## Alabama Green Transport

### Emergency Phone:

ROUTE SHEET - Eufaula - 01/0212023

Alabama Green Transport  
 210 SPEIGNER ST  
 DOTHAN, AL 36303

(mshd1128) 1865 Main st Opelika Al 36801 (334) / medical Cannabis	<b>Items: 1 Box</b>
I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.	I certify that the information provided is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.
Generator Signature:	Transporter Signature:
Printed name:	Printed name:



## Alabama Green Transport

### Emergency Phone:

ROUTE SHEET - Eufaula - 01/0212023

Alabama Green Transport  
 210 SPEIGNER ST  
 DOTHAN, AL 36303

(mshd198) 820 Washington Ave. Eufaula, Al 36027 (334) / medical Cannabis	<b>Items: 1 Box</b>
I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.	I certify that the information provided is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.
Generator Signature:	Transporter Signature:
Printed name:	Printed name:



**Exhibit 19 – Facilities**

**Verification**

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason

Printed Name of Verifying Official

Owner

Title of Verifying Official



Signature of Verifying Official

12/17/2022

Verification Date



Exhibit 19 – Facility

**19.1** – Alabama Green Transport, LLC - Warehouse and office space

**19.2** – 210 Speigner Street Dothan, AL 36303

Lat - 31.245172798447705      long - -85.39507627487184

**19.3** – Ariel

Google Maps    210 Speigner St. Dothan, AL 36303 (Alabama Green Transport)



Imagery ©2022 CNES / Airbus, Maxar Technologies, Map data ©2022 20 ft

19.4 – Lease

**LEASE AGREEMENT**

**State of Alabama**     )

**County of Houston**    )

THIS AGREEMENT, made this 1st day of December, 2022, by and between

Alabama Green Transport LLC, hereinafter referred to as Tenant, and DH Group LLC, hereinafter referred to as "Landlord". Landlord leases unto Tenant, and Tenant leases from Landlord,

**210 Speigner St. Dothan, Alabama**

For a term of **twelve(12) months**, commencing on the 1st day of April, 2023, and terminating on the 31<sup>st</sup> day of March, 2024, for the gross rental amount of **\$22,200.00**, payable in installments due and payable as follows:

a) Commencing on the day 1st of April, 2023, and payable on the 1st day of each successive month thereafter through the 31<sup>st</sup> day of March, 2024, at the monthly rental rate of **Eight Hundred Fifty Dollars (\$1850.00)**.

**The Parties Further Agree As**

**Follows:**

- 1. Place for Payments of Rents and Delivery of Notices:** Tenant shall deliver payment of rent without prior notice, payable to:

**Lan Darty Real Estate 3124 W. Main St. Suite #6  
Dothan, AL 36303**

Or to such other place or places as Landlord or Landlord's agent may from time to time designate in writing. All notices required or permitted under this Lease shall be in writing and shall be sent by United States Certified or Registered Mail, postage prepaid. Notices to Landlord shall be addressed to Lan Darty Real Estate & Development LLC, 3124 W. Main Street, Suite #5 Dothan, Alabama 36305, delivered to that same address as for payment of rents stated herein above. Notices to Tenant shall be delivered to Tenant:

Alabama Green Transport PO Box 193  
Dothan, AL 36302

or to such place, or places, as Tenant may from time to time designate. Notices shall be deemed sufficiently given at the time of deposit with the U.S. Postal Service.

**2. Use of the Premises:** Landlord, by its execution of this Lease, hereby acknowledges its consent for the use of the premises as a site for conducting a fence business, or for any other legal activity associated with the routine carrying on of its business. The premises shall be used for these purposes, and for none other without prior written approval from Landlord. Said approval, when requested in writing, shall not be unreasonably denied.

**3. Repair Responsibilities of the Landlord:** N/A

**4. Repair Responsibilities of the Tenant:** Tenant during the term of this lease and during any renewal term thereof, shall be responsible for all repairs and/or

maintenance to his portion of the lot as well as the fence. Tenant also agrees to install a fence on his portion of the lot, at his cost and said fence shall remain with the property at the termination of this lease.

**5. FENCE INSTALLATION:** Tenant may install a permanent fence adding onto existing fence.

**6. Ad Valorem Taxes:** Property taxes on the leased property shall be paid by Landlord.

**7. Liability Insurance:** Tenant agrees to maintain Comprehensive General Liability insurance on the premises with limits no less than \$300,000 for bodily injury liability, each occurrence, and \$1,000,000 for property damage liability, each occurrence, naming Landlord as the additional insured. Prior to taking possession of the premises, Tenant shall provide Landlord with proof in writing that said coverage is in force, and direct its carrier to provide Landlord with written Notice of Cancellation no fewer than ten (10) days prior to the date of cancellation. Said Comprehensive General Liability insurance shall be made effective beginning at 12:01 A.M. on the date Tenant first occupies the building.

**8. Hazard Insurance:** For the term of this lease, Landlord shall carry and solely pay for the cost of insuring his improvements against casualty loss. Neither Tenant nor any assignee(s) shall use the premises in any manner which will increase risks covered by insurance on the premises so as to cause an increase in the rate of insurance or a cancellation of any insurance policy. Neither Tenant or any assignee shall keep, use, or sell anything prohibited by any provision of an ordinary Landlord's fire insurance policy covering the premises. In the event of any increase in Landlord's insurance cost attributable to Tenant's use of the premises, Tenant shall pay the increase in premium cost.

**9. Inspection of the Premises:** Tenant agrees that Landlord, its agents and other representatives, shall have the right, without abatement of rent, to enter the premises, or any part thereof, at all reasonable hours for the purpose of examining the same at any reasonable time throughout the term of this Lease, or to show the premises to persons wishing to rent or purchase the same during that 60-day period preceding the end of the lease's term.

**10. Cost of Utilities:** Lessee

**11. Possession:** Tenant shall be allowed possession of the premises on the date of the commencement of the lease term or sooner if by mutual agreement.

**12. Penalty for Late Payment of Rents:** Rental installments are due and payable on the 1<sup>st</sup> day of each month. During the course of the term of this Lease or any extension(s) thereof, should any rental installment be delivered as agreed elsewhere herein after the 10<sup>th</sup> day of the month in which it is due, shall incur a 10% late fee.

**13. Time:** Time is of the essence with respect to each provision, covenant, and condition herein contained. Furthermore, those terms and provisions of this Lease shall be binding on Landlord and Tenant, their heirs, executors, administrators, successors, and assigns.

**14. Quiet Enjoyment:** Landlord represents and warrants to Tenant that it owns title to the premises and that so long as Tenant is not in material default in the performance of any covenant of this lease, Tenant shall be afforded quiet enjoyment thereof.

**15. Eminent Domain:** If all or substantially all of the premises are temporarily or permanently taken by power of Eminent Domain, Landlord shall notify Tenant and

this Lease shall terminate as the date of such taking and Landlord shall repay Tenant any rent Tenant has paid for any period subsequent to that date.

**16. Holdover:** Should Tenant continue to occupy the premises after the end of the term of this Lease or any renewal(s) thereof, such tenancy shall be from month-to-month and such tenancy shall be on the same terms, covenants, and conditions as this Lease and at the monthly rental herein reserved but nothing herein shall be deemed to waive any right Landlord may have to recover possession of the premises at the end of the term of this Lease or any renewal term thereof.

**17. Annulment of Lease:** Landlord shall have the right, at Landlord's option, to annul this Lease upon thirty (30) days written notice to Tenant and to thereupon reenter and take possession of the premises upon the happening of any one or more of the following events:

1. Tenant fails to pay any monthly installments of rent, or any such other sum required to be paid hereunder, as and when the same become due, and such default shall continue for thirty (30) days after written demand for the payment thereof is made by Landlord upon Tenant;
2. A petition in bankruptcy is filed by or against Tenant and such petition is not dismissed within thirty (30) days from the filing thereof, or Tenant is adjudged a bankruptcy.
  - a. An assignment for the benefit of creditors is made by Tenant;
  - b. An appointment by any court of a receiver or other court officer of Tenant's property and such receivership is not dismissed within thirty (30) days from such appointment;

e. Tenant, before the expiration of the term of this Lease, including any renewal term, and without written consent of Landlord, vacates the premises or abandons the same or uses the same for any unlawful purpose;

f. An execution or other legal process is levied upon the goods, furniture, effects or other property of Tenant brought on said premises, or upon the interest of Tenant under this Lease, and the same is not satisfied or dismissed within thirty (30) days of the date of such levy;

g. Tenant violates any other terms, conditions or covenants on the part of Tenant herein contained and fails to commence and proceed with diligence and dispatch to remedy the same within thirty (30) days from written notice thereof given by Landlord to Tenant.

**18. All-Encompassing:** This Lease contains all of the agreements between the parties with respect to any matter covered or mentioned in this Lease, and no prior agreement or understanding pertaining to any such matter shall be effective for any purpose. All covenants, conditions and agreements herein contained shall bind and inure to the benefit of Landlord and Tenant and their respective executors, administrators, successors, and assigns, and no provision of this Lease may be changed orally, but only by agreement in writing signed by the parties hereto. Captions have been added for reference convenience only and are not intended to affect the meaning or scope of any of the Lease provisions.

**19. Compliance with The Law:** Tenant agrees to comply with all laws and regulations imposed by any governing authorities having jurisdiction there over during the original term of this Lease or any extension(s) thereof.

**20. Signage:** Tenant has the right to install on the front of the building and above his rented space, as well as the north side of the building and above his rented space, a sign advertising his business. All signage, locations, colors and designs must have

prior approval from the Landlord and such approvals shall not be unreasonably withheld.

**21. Debris:** Tenant must remove all old fencing debris, inoperable equipment and trash from the subject property and must maintain lot in the future. Any leftover materials must be stored offsite, disposed of offsite, or put inside a dumpster. Tenant must have dumpster emptied as needed and no less than once a month. IN WITNESS WHEREOF, the parties hereto hereunto set their hands and seals on that day first written above.

---



Alabama Green Transport, Tenant

Witnessed:

Blair D.

[Signature]

By Shawna Mason  
Shawna Mason

Executed this 15<sup>th</sup> day of Dec, 2022.

DH GROUP LLC, Landlord

Blair D.

[Signature]

By [Signature]

Executed this 15<sup>th</sup> day of Dec, 2020.

## 19.5 – Local Approval

### **ORDINANCE NO. 2022-290**

#### **AUTHORIZING THE OPERATION OF MEDICAL CANNABIS DISPENSING SITES**

**WHEREAS**, in the 2021 Legislative Session, the State of Alabama Legislature passed Act No. 21-450 legalizing and creating a regulatory framework for medical cannabis; and,

**WHEREAS**, the Alabama Legislature made the following findings of fact:

3. "Medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions."
4. "There are residents in Alabama suffering from a number of medical conditions whose symptoms could be alleviated by the administration of medical cannabis products if used in a controlled setting under supervision of a physician licensed in this state."
5. "Establishing a program providing for the administration of cannabis derivatives for medical use in this state will not only benefit patients by

providing relief to pain and other debilitating symptoms, but also provide opportunities for patients with these debilitating conditions to function and have a better quality of life and provide employment and business opportunities for farmers and other residents of this state and revenue to state and local governments."

**WHEREAS**, this act requires the governing body of any municipality to authorize by ordinance the operation of the dispensing sites within the corporate limits of the municipality; and,

**WHEREAS**, a dispensary would be required to purchase a business license and pay sales tax to the City of Dothan, thus increasing revenue; and,

**WHEREAS**, the City of Dothan wishes to authorize the operation of medical cannabis dispensing sites within the corporate limits of the City of Dothan to assure its citizens can benefit from the medical and economic benefits of medical cannabis.

**NOW, THEREFORE, BE IT ORDAINED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** In accordance with Alabama Code § 20-2A-51, a holder of a license granted by the State of Alabama pursuant to Act 21-450 is hereby authorized to operate a medical cannabis dispensing site within the corporate limits of the City of Dothan subject to the provisions of Act 21-450 and any relevant provisions of the code of the City of Dothan.

**19.6 – Blueprint**

Not started, but completion expected 30 days after award of license

**19.7 – Timetable**

Once license is approved this facility can be operational within 30 days.

**19.8 – Statement of operation**

This facility will never be open to the public. We are a transport business only and will not allow anyone other than employees into our facility or vehicles.

**19.9 – Hours of Operation**

At least one employee will occupy the premises during the hours of 8:00 am – 5:00 pm (Monday – Friday) or any other time needed as per the volume of business. Our phones will also be automatically rolled over to the on-call manager every hour that we are not in the office.

# Exhibit 20 – Security Plan

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason

Printed Name of Verifying Official

Owner

Title of Verifying Official



Signature of Verifying Official

12/17/2022

Verification Date

**Alabama Green**

**Transport LLC.**

**Secure Transport Security Plan and Procedures  
Manual**

## **Introduction**

### **About the Manual:**

This manual will provide an overview of Alabama Green Transport, Inc. policies and procedures for safe and secure transport of cannabis products. It will help answer questions, guide you in particular situations, and give you names of persons to contact for more information. Our number one goal is to keep our employees and product safe and secure during transport.

### **Section 1: Facilities Security Plan**

Alabama Green Transport is in the business of cannabis transport and will follow security requirements for all vehicles. We will also work diligently to provide a safe and secure home base. It is not expected that we will store Cannabis on site.

- 20.1 – Twenty-four-hour alarm systems must be installed in all facilities where cannabis or medical cannabis products are present. Such alarms shall be provided and installed by experts in industry-standard commercial-grade alarm systems. Alarm systems will be fully operational, securing all entry points and perimeter windows, be equipped with motion detectors and pressure switches, and must cover all areas where cannabis or medical cannabis products are delivered, received, handled, stored, prepared, processed, tested, packaged, labeled, or readied for transport.
- 20.2 – Alabama Green transport is not expected to host public interaction due to the fact we are in the business of transport only. For safety reasons reception areas and personnel manning the business functions of the company will have ready access to duress panic and hold-up alarms that may be activated in the event of access by unauthorized personnel or intruders.

- 20.3 – Cell phones will be carried by each employee and must be accessible for communication by all personnel at all times, and particularly at perimeter ingress/egress stations, facility reception areas, and the security office.

20.4 – Alabama Green Transport will maintain an audio/video surveillance system that shall be in continuous operation 24 hours per day. Cameras shall be fixed in place covering both the interior and exterior of the facility, in such quantity, with such lighting, and at such resolution as shall allow for the clear identification of individuals and activities in all reasonably accessible areas of the premises, including but not limited to all entrances, exits, parking lots, and any area where cannabis or medical cannabis is delivered, received, handled, stored, prepared, processed, tested, packaged, labeled, or readied for transport. Audio/Video surveillance recordings must clearly and accurately display the time and date. Audio recordings shall clearly and accurately capture sound within camera range at a level of 20 decibels or greater. Audio/Video surveillance records will be kept for at least 60 days, and longer upon the request of the Commission, its inspectors, or any law enforcement personnel. Audio/Video recordings potentially reflecting an incident of actual or attempted diversion must be kept for the longer of a period of two years, or until resolution of the incident and apprehension and discipline or prosecution of the individuals involved in the actual or attempted diversion.

20.5 – The outdoor premises of Alabama Green transport are surrounded by a sufficient fence or barrier to prevent access by unauthorized persons and has sufficient lighting to allow for the proper functioning of video surveillance equipment at all times between dusk and dawn or at any other time when ambient lighting requires enhancement to permit identification of individuals or activities upon or immediately adjacent to the premises.

- 20.6 – Exterior doors of Alabama Green Transport are reinforced to withstand unlawful forcible entry; exterior doors shall, at all times, remain locked against outside intruders.

- 20.7 – The exterior walls of Alabama Green Transport are reinforced to withstand unlawful forcible entry.



- 20.8 – Alabama Green Transport will not be in the business of storing or processing of cannabis and therefore security guards will not be utilized.
- 20.9 – Strict access controls are in place during transport of cannabis as previously states in rules of transport.
- 20.10 – Alabama Green Transport will not be open to the public and will not accept visitors
- 20.11 – Employees, while on duty, shall wear identification badges that clearly identify them as employees of Alabama Green Transport.

20.13 – Alabama Green transport’s policy is to report theft, diversion, or other loss of cannabis products to the Commission and to law enforcement as early as practicable and not more than 24 hours from the event or its discovery.

## **.Section 2: Secure transport Vehicles**

Alabama Green Transport vehicles will at minimum meet the following requirements:

20.14 Will be equipped with dashboard and storage area audio/video recording devices that is self-recording and, at all times possible, viewable from and saved directly to the secure transporter’s security center. It will be installed and operational at all times while the vehicle is in transit, and shall include lighting and resolution sufficient to readily identify individuals and activities.

20.15 Equipped with a locks and alarm systems for the secure transport of medical cannabis, including but not limited to the storage area within each vehicle where the product is to be kept while in transit.

20.16 – Vehicle dashboard and storage area audio/video recording devices (self-recording and, at all times possible, viewable from and saved directly to the secure transporter’s security center) must be installed and operational at all times while the vehicle is in transit, and shall include lighting and resolution sufficient to readily identify individuals and activities depicted in the same way as required of audio/video recordings inside licensees’ facilities, and kept for the same time and under the same conditions as for such audio/video recordings.

20.17 Vehicles will be free of markings indicating that they are carrying cannabis products, and will bear no name or logo of any other licensee.

20.18 – Cannabis and/or medical cannabis shall be kept in sealed tamper-evident containers that are not accessible to transport personnel during transit but are equipped with tracking devices that can be monitored remotely by the secure transporter at all times during transit

20.19 – Cannabis, medical cannabis and containers holding the same must not be visible or recognizable outside the secure transport vehicle.

20.20 – Secure transport drivers shall have ready access to duress panic and/or hold-up alarms that may be activated in the event of an attempted diversion by unauthorized personnel, hijackers, terrorists, or other improper intervenors. Each employee in a secure transport vehicle must have communication access to the Applicant’s security center and be able to contact 911 at all times while the secure transport vehicle contains cannabis or medical cannabis. 20.21 – If an emergency requires stopping the vehicle, employees must notify the secure transporter’s security center (or ALEA) of the nature of the emergency and complete an incident report form provided by the Commission.

- 20.22 – Under no circumstances may any person other than a designated secure transporter employee have actual physical control of the motor vehicle transporting cannabis or medical cannabis.

- 20.23 – Secure transport drivers shall be trained in, and have ready access to, secure procedures for undergoing administrative inspection by law enforcement pursuant to § 20-2A-65(c), Code of Alabama 1975 (as amended). A Secure transport employee must carry an employee ID card at all times when transporting or delivering cannabis or medical cannabis; upon request, the ID card must be presented to the Commission or law enforcement officer acting in the course of official duties.

- 20.24 – Individual batches of cannabis or medical cannabis prepared for storage or transport must be appropriately labeled and inserted in containers prior to transport. Batches shall be bar-coded, QR coded, or otherwise digitally coded to identify the following:

- o The batch number(s) or plant tag number(s).

- o The contracting licensee.

- o Facility of origin.

- o The type of product.

- o The date of harvest and/or processing and packaging, as applicable.

- o The date of the last State Testing Laboratory approval.

- 20.25 – Secure transport vehicles shall have no fewer than two personnel (a driver and one other) in the vehicle at all times when the vehicle is carrying cannabis or medical cannabis and is (A) making more than a single stop on the route and/or (B) traveling more than ten (10) miles while carrying cannabis or medical cannabis. Secure Transport vehicles may not be left unattended at any time when containing cannabis or medical cannabis; at least one employee must remain with the vehicle at all times when the vehicle contains cannabis or medical cannabis, except that a single employee may transport cannabis or medical cannabis to or from a State Testing Laboratory. Only designated personnel shall occupy a secure transport vehicle during transport of cannabis or medical cannabis; non-employee passengers of any kind are prohibited.

- 20.26 – Secure transport vehicles carrying cannabis or medical cannabis must adhere to

the designated route at all times. If an alternate route is necessary, the driver must contact the security office and note the change on the route plan. Secure transporters shall document all stops in transit for refueling or otherwise, including the reason for the stop, the duration of the stop, the location of the stop, and all activities of employees exiting the vehicle.

- 20.27 – Secure transport vehicles must be equipped with GPS tracking and monitored throughout transit by the Applicant’s security center through Wi-Fi or hardwire networking technology.
- 20.28 – The Applicant’s verification that route plans, manifests, transport logs, freight bills, bills of lading and any free-on-board (“FOB”) terms of sale documents, maintenance and repair records, and insurance documentation will be kept (either manually or electronically, including, but not limited to, as part of the Statewide Seed-to-Sale Tracking System), as to all vehicles in the secure transporter’s fleet, for a period of not less than two (2) years, and longer upon the request of the Commission or law enforcement. Such documents shall be made available to the Commission or its representatives (including inspectors) during inspections and other official visits.
- 20.29 – The Applicant’s verification that, upon request, it will make available to the Commission or its inspectors all information relating to the Applicant’s security plan, including, but not limited to, security alarm systems, monitoring, alarm activity, maps of camera locations and camera coverage, audio/video footage, surveillance equipment maintenance logs, authorized use lists, operation instructions, secure transport security plan and procedures, and any other security-related information deemed relevant by the Commission or its inspectors.

## **Section 2: Secure Transport drivers**

Alabama Green Transport Inc. drivers will at all times meet and follow the following guidelines:

- Drivers, while on duty, shall wear identification badges that clearly identify them as employees of Alabama Green Transport Inc.
- Cell phones supplied by Alabama Green transport Inc. must be carried by each driver and must be accessible for communication at all times.
- Must be capable of providing information with sufficient clarity to be heard and understood by all personnel within earshot of the employee receiving the communication during pick-up, transportation and delivery of product.
- Under no circumstances may any person other than a designated secure transporter employee have actual physical control of the motor vehicle transporting cannabis products.
- Secure transport drivers shall be trained in, and have ready access to, secure procedures for undergoing administrative inspection by law enforcement pursuant to § 20-2A-65(c), Code of Alabama 1975 (as amended).
- Drivers must understand and be able to activate emergency plan.

### **Section 3: Requirements of Cannabis Products for transport**

Cannabis products while in transport shall meet the following requirements:

- Cannabis products shall be kept in sealed tamper-evident containers
- Must not be accessible to transport personnel during transit
- Cannabis products must be equipped with tracking devices that can be monitored remotely by the secure transporter at all times during transit.
- Cannabis products and containers holding the same must not be visible or recognizable outside the secure transport vehicle.
- Cannabis products must be appropriately labeled and inserted in containers prior to transport.

- Each individual batch shall be bar-coded, QR coded, or otherwise digitally coded to identify the following: The batch number(s) or plant tag number(s), the contracting licensee, the Facility of origin, the type of product, the date of harvest and/or processing and packaging, and the date of the last State Testing Laboratory approval.

#### **Section 4: Rules of Transport**

While in procession/transport of Cannabis products the Alabama Green Transport Inc driver/employee will follow the following rules:

- Submit and follow variable route plans assuring that route routine is not easily identifiable to outside entities.
- Secure transport vehicles shall have no fewer than two personnel (a driver and one other) in the vehicle at all times when the vehicle is carrying cannabis product and is (A) making more than a single stop on the route and/or (B) traveling more than ten (10) miles while carrying cannabis product.
- Secure Transport vehicles may not be left unattended at any time when containing cannabis products.; at least one employee must remain with the vehicle at all times when the vehicle contains cannabis products, except that a single employee may transport cannabis products to or from a State Testing Laboratory.
- Only designated personnel shall occupy a secure transport vehicle during transport of cannabis or medical cannabis; non-employee passengers of any kind are prohibited.
- Secure transport vehicles carrying cannabis product must adhere to the designated route at all times. If an alternate route is necessary, the driver must contact the security office and note the change on the route plan.
- Secure transporters shall document all stops in transit for refueling or otherwise, including the reason for the stop, the duration of the stop, the location of the stop, and all activities of employees exiting the vehicle.

- Alabama Green Transport Inc. transport drivers will have ready access to duress panic and/or hold-up alarms that may be activated in the event of an attempted diversion by unauthorized personnel, hijackers, terrorists, or other improper intervenors.
- Each employee in a secure transport vehicle must have communication access to the Applicant's security center and be able to contact 911 at all times while the secure transport vehicle contains cannabis products.

### **Section 5: In case of Emergency**

If you are the victim of a robbery, remember these tips:

- Try to remain calm, and follow the instructions of the suspect.
- Assume that they are armed even if a weapon is not displayed.
- This will be traumatic, but focus on remembering a good description of the suspects and their vehicle and direction of travel as they leave, as well as any weapon used and anything that was said.
- As soon as possible make sure that the first call you make is to 911.
- Protect any evidence which may be left behind such as anything that the suspect may have touched. If anyone witnessed the incident, ask them to stay until police arrive, or get contact information so they can be reached later.

## Exhibit 21 – Personnel

### Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official

 \_\_\_\_\_

Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date



## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.

Home address, date of birth and social security number on application redacted from this document for security and safety reasons.

FORM G: PERSONNEL ROSTER & VERIFICATION

Shawna Michelle Mason

Business License Applicant Name

Secure Transporter

License Type

Complete the following information, current to within thirty (30) days prior to the date of application, for all personnel (each leader and employee) affiliated with the Applicant. Attach additional forms if necessary.

Shawna M. Mason

Leader/Employee Name

[REDACTED]

334-763-0618

SSN

[REDACTED]

Telephone

Owner/operator

Title/Position

wwebb05@roadrunner.com

Email

Street Address

Enterprise

Al

36330

City

State

Zip

\_\_\_\_\_  
Leader/Employee Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Leader/Employee Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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Leader/Employee Name

---

Title/Position

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SSN

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Telephone

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Email

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Street Address

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City

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State

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Zip

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Leader/Employee Name

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Title/Position

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SSN

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Telephone

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Email

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Street Address

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City

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State

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Zip

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Leader/Employee Name

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Title/Position

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SSN

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Telephone

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Email

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Street Address

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City

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State

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Zip

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Leader/Employee Name

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Title/Position

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SSN

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Telephone

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Email

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Street Address

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City

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State

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Zip

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_____ Leader/Employee Name		_____ Title/Position
_____ SSN	_____ Telephone	_____ Email
_____ Street Address		
_____ City	_____ State	_____ Zip

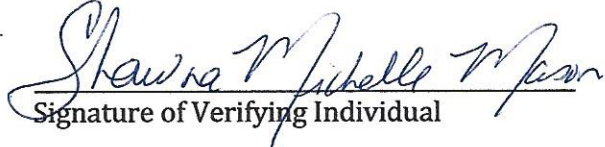
_____ Leader/Employee Name		_____ Title/Position
_____ SSN	_____ Telephone	_____ Email
_____ Street Address		
_____ City	_____ State	_____ Zip

_____ Leader/Employee Name		_____ Title/Position
_____ SSN	_____ Telephone	_____ Email
_____ Street Address		
_____ City	_____ State	_____ Zip

**Applicant Verification:** The undersigned hereby verifies that the information provided hereinabove (and attached, as necessary) constitutes a complete and accurate roster of personnel of the Applicant. The undersigned further verifies that, if the Applicant is issued a business license, each individual listed hereinabove (and attached, as necessary) will be registered to the AMCC website and will undergo appropriate pre-employment background checks.

**Shawna Michelle Mason**

Printed Name of Verifying Individual

  
Signature of Verifying Individual

**Owner**

Title of Verifying Individual

**2/21/2023**

Verification Date

# Exhibit 22 – Employee Handbook

## Verification


**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason

Printed Name of Verifying Official

Owner

Title of Verifying Official



Signature of Verifying Official

12/12/2022

Verification Date

**Alabama Green Transport LLC.**

**Employee Handbook**

## **Section 1: Introduction**

### **Employee Handbook**

This Employee Handbook ("Handbook") is designed to summarize certain personnel policies and benefits of Alabama Green Transport LLC (the "Company"), of 210 Speigner St, Dothan, Alabama 366303, and to acquaint employees with many of the rules concerning employment with the Company. This Handbook applies to all employees, and compliance with the Company's policies is a condition of employment. This Handbook supersedes all previous employment policies, written and oral, express and implied. The Company reserves the right to modify, rescind, delete, or add to the provisions of this Handbook from time to time in its sole and absolute discretion. This Employee Handbook is not a binding contract between the Company and its employees, nor is it intended to alter the at-will employment relationship between the Company and its employees. The Company reserves the right to interpret the Policies in this Handbook and to deviate from them when, in its discretion, it determines it is appropriate.

Since our business is constantly changing, the Company expressly reserves the right to revise, modify, delete, or add to any and all policies, procedures, work rules, or benefits stated in this handbook or in any other document, except for the policy of at-will employment as described below. No oral statements or representations can in any way alter the provisions of this Handbook. Nothing in this employee handbook or in any other document, including benefit plan descriptions, creates or is intended to create a promise or representation of employment.

If you are uncertain about any policy or procedure, please check with your manager or Human Resources.

Nothing in this Handbook will limit the right of either party to terminate an at-will employment. No section of this Handbook is meant to be construed, nor should be construed,

as establishing anything other than an employment-at-will relationship. This Handbook does not limit management's discretion to make personnel decisions such as reassignment, change of wages and benefits, demotion, etc. No person other than the CEO, President, or CFO has the authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment other than at-will terms. Only the CEO, President, or CFO of the Company has the authority to make any such agreement, which is only binding if it is in writing and signed by the President of the Company.

## **Section 2: Employment Policies**

### **Employee Classifications**

**The following terms are used to describe employees and their employment status:**

Exempt Employees - Employees whose positions meet specific tests established by the Federal Labor Standards Act ("FLSA") and Alabama state law. In general, exempt employees are those engaged in executive, managerial, high-level administrative and professional jobs who are paid a fixed salary and perform certain duties. In addition, certain commissioned sales employees and highly paid computer professionals are exempt. Exempt employees are not subject to the minimum wage and overtime laws.

The following terms are used to describe employees and their employment status:

Full-Time Employees - Employees who are not temporary employees, independent contractors, or independent consultants and who are regularly scheduled to work a schedule of 40 hours per work week.

Part-Time Employees - Employees who are not temporary employees, independent contractors, or independent consultants and who are regularly scheduled to work less than 40 hours per work week.



Temporary Employees - Employees who are hired as interim replacements to temporarily supplement the workforce or to assist in the completion of a specific project. Employment assignments in this category are of limited duration and the temporary employee can be let go before the end of the defined period. Short term assignments generally are periods of three (3) months or less, however, such assignments may be extended. All Temporary employees are at-will regardless of

the anticipated duration of the assignment (see Employment-at-Will Policy). Temporary employees retain that status unless and until notified in writing of a change.

Independent Contractor or Consultant - These individuals are not employees of the Company and are self-employed. An independent contractor or consultant is engaged to perform a task according to his/her own methods and is subject to control and direction only as to the results to be accomplished. Independent contractors or consultants are not entitled to benefits.

Each employee will be advised of his or her status at the time of hire and any change in status. Regardless of the employee's status, the employee is employed at-will and the employment relationship can be terminated by the Company or the employee at any time, with or without cause and with or without notice.

### **Equal Employment Opportunity & Americans with Disabilities Act**

It is the policy of the Company to provide equal employment opportunities to all employees and employment applicants without regard to unlawful considerations of race, religion, creed, color, national origin, sex, pregnancy, sexual orientation, gender identity, age, ancestry, physical or mental disability, genetic information, marital status or any other classification protected by applicable local, state or federal laws. This policy prohibits unlawful discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. This policy applies to all aspects of employment, including, but not limited

to, hiring, job assignment, working conditions, compensation, promotion, benefits, scheduling, training, discipline and termination.

The Company expects all employees to support our equal employment opportunity policy, and to take all steps necessary to maintain a workplace free from unlawful discrimination and harassment and to accommodate others in line with this policy to the fullest extent required by law. For example, the Company will make reasonable accommodations for employees' observance of religious holidays and practices unless the accommodation would cause an undue hardship on the Company's operations. If you desire a religious accommodation, you are required to make the request in writing to your manager as far in advance as possible. You are expected to strive to find co-workers who can assist in the accommodation (e.g. trade shifts) and cooperate with the Company in seeking and evaluating alternatives.

Moreover, in compliance with the Americans with Disabilities Act (ADA), the Company provides reasonable accommodations to qualified individuals with disabilities to the fullest extent required by law. The Company may require medical certification of both the disability and the need for accommodation. Keep in mind that the Company can only seek to accommodate the known physical or mental limitations of an otherwise qualified individual. Therefore, it is your responsibility to come forward if you are in need of an accommodation. The Company will engage in an interactive process with the employee to identify possible accommodations, if any will help the applicant or employee perform the job.

## **Confidentiality**

In the course of employment with the Company, employees may have access to "Confidential Information" regarding the Company, which may include its business strategy, future plans, financial information, contracts, suppliers, customers, personnel information or other information that the Company considers proprietary and confidential. Maintaining the confidentiality of this information is vital to the Company's competitive

position in the industry and, ultimately, to its ability to achieve financial success and stability. Employees must protect this information by safeguarding it when in use, using it only for the business of the Company and disclosing it only when authorized to do so and to those who have a legitimate business need to know about it. This duty of confidentiality applies whether the employee is on or off the Company's premises, and during and even after the end of the employee's employment with the Company. This duty of confidentiality also applies to communications transmitted by the Company's electronic communications. See also Internet, Email and Computer Use policy, herein.

As a condition of employment with the Company, all employees must sign a Non-Disclosure Agreement.

### **Employment of Minors**

The FLSA's child labor provisions, which the Company strictly adheres to, are designed to protect the educational opportunities of youth and prohibit their employment in jobs that are detrimental to their health and safety. Generally speaking, the FLSA sets the minimum age for employment (14 years for non- agricultural jobs), restricts the hours youth under the age of 16 may work, and prohibits youth under the age of 18 from being employed in hazardous occupations. In addition, the FLSA establishes subminimum wage standards for certain employees who are less than 20 years of age, full-time students, student learners, apprentices, and workers with disabilities. Employers generally must have authorization from the U.S.

Department of Labor's Wage and Hour Division (WHD) in order to pay sub-minimum wage rates.

### **Employment of relatives**

The Company recognizes that the employment of relatives in certain circumstances, such as when they will work in the same department, supervise or manage the other, or have access to confidential or sensitive information regarding the other, can cause problems

related to supervision, safety, security or morale, or create conflicts of interest that materially and substantially disrupt the Company's operations. When the Company determines any of these problems will be present, it will decline to hire an individual to work in the same department as a relative. Relatives subject to this policy include: father, mother, sister, brother, current spouse or domestic partner, child (natural, foster, or adopted), current mother-in-law, current father-in-law, grandparent, or grandchild. If present employees become relatives during employment, the Company should be notified so that we may determine whether a problem involving supervision, safety, security or morale, or a conflict of interest that would materially and substantially disrupt the Company's operations exists. If the Company determines that such a problem exists, the Company will take appropriate steps to resolve the problem, which may include reassignment of one relative (if feasible) or asking for the resignation of one of the relatives.

### **Personnel Records and Employee References**

The Company maintains a personnel file and payroll records for each employee as required by law. Personnel files and payroll records are the property of the Company and may not be removed from Company premises without written authorization. Because personnel files and payroll records are confidential, access to the records is restricted. Generally, only those who have a legitimate reason to review information in an employee's file are allowed to do so. Disclosure of personnel information to outside sources will be limited. However, the Company will cooperate with requests from authorized law enforcement or local, state, or federal agencies conducting official investigations and as otherwise legally required. Employees may contact a Human Resources representative to request a time to review their payroll records and/or personnel file. With reasonable advance notice, an employee may review his or her own records in the Company's offices during regular business hours and in the presence of an individual appointed by the Company to maintain the records. No copies of documents in your file may be made, with the exception of documents that you have previously signed. You may add your comments to any disputed item in the file. By policy, the Company will provide only the former or present employee's dates of

employment and position(s) held with the Company. Compensation information may also be verified if written authorization is provided by the employee.

## **Privacy**

The Company is respectful of employee privacy. All employee demographic and personal information will be shared only as required in the normal course of business. Healthcare enrollment information is kept in a separate folder from other human resources forms. Workers' Compensation information is not considered private healthcare information; however, this information will be released only on a need-to-know basis.

The Company does not make or receive any private healthcare information through the course of normal work. If any employee voluntarily shares private healthcare information with a member of management, this information will be kept confidential. If applicable, the Company will set up guidelines for employees and management to follow to ensure that company employees conform to the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

## **Immigration Law Compliance**

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 on the date of hire and present documentation establishing identity and employment eligibility within three business days of date of hire. Former employees who are rehired must also complete an I-9 form if they have not completed an I-9 form with the Company within the past three years, or if their previous I-9 form is no longer retained or valid. You may raise questions or complaints about immigration law compliance without fear of reprisal.

## **Political Neutrality**

Maintenance of individual freedom and our political institutions necessitates broad scale participation by citizens concerning the selection, nomination and election of our public office holders. The Company will not discriminate against any employee because of

identification with and support of any lawful political activity. Company employees are entitled to their own personal political position. The Company will not discriminate against employees based on their lawful political activity engaged in outside of work. If you are engaging in political activity, however, you should always make it clear that your actions and opinions are your own and not necessarily those of the Company, and that you are not representing the Company.

### **Section 3: Hours of Work and Payroll Practices**

#### **Pay Periods and Paydays**

Employees are paid on a bi-monthly basis. All employees will be paid every other Friday. All employees are paid by check or direct deposit on the above-mentioned payday. If the regular payday falls on a weekend or Company holiday, employees will be paid on the last business day before the holiday and/or weekend.

#### **Overtime**

Nonexempt employees will be paid in accordance with federal and Alabama state law.

All overtime work by non-exempt employees must be authorized in advance by their manager. Only hours actually worked will be used to calculate overtime pay.

#### **Rest and Meal Periods**

All rest and meal periods will be in accordance with Alabama state law. To the extent Alabama state law does not require rest and meal breaks, nonexempt employees will be provided a 10-minute rest break for every four hour period of work. This time is counted and paid as time worked. Nonexempt employees scheduled to work more than a five hour period will be provided a 30- minute unpaid meal period

#### **Time cards**

Nonexempt employees are required to keep an accurate and complete record of their attendance and hours worked. Time cards are official business records and may not be altered without the employee's supervisor's approval and may not be falsified in any way.

### **Payroll Deductions**

Various payroll deductions are made each payday to comply with federal and state laws pertaining to taxes and insurance. Deductions will be made for the following: Federal and State Income Tax Withholding, Social Security, Medicare, State Disability Insurance & Family Temporary Disability Insurance, and other items designated by you or required by law (including a valid court order). You can adjust your federal and state income tax withholding by completing the proper federal or state form and submitting it to Accounting or Human Resources. At the start of each calendar year, you will be supplied with your Wage and Tax Statement (W-2) form for the prior year. This statement summarizes your income and deductions for the year.

### **Wage Garnishment**

A garnishment is a court order requiring an employer to remit part of an employee's wages to a third party to satisfy a just debt. Once the Company receives the legal papers ordering a garnishment, we are required by law to continue making deductions from your check until we have withheld the full amount or until we receive legal papers from the court to stop the garnishment. Even if you have already paid the debt, we still need the legal papers to stop the garnishment.

### **Direct Deposit**

All employees are encouraged, but not required, to use direct deposit and have their paychecks deposited into a bank account of an accredited participating bank or credit union.

## **Section 4: Standards of conduct and employee Performance**

## **Anti-Harassment and discrimination Diversity and Inclusion**

The Company is dedicated to creating and maintaining an atmosphere of diversity and inclusion for all.

Company values are important, and are only made better by gathering the experiences, knowledge, and perspectives of people from all walks of life. We celebrate differences in age, race, ethnicity, national origin, religion, physical and mental ability, sexual orientation, gender identity or expression, family and marital status, and all the various backgrounds that help shape us all.

The Company's commitment to diversity applies to hiring practices, promotions, pay and benefits, terminations, training, teambuilding, and more. Prospective employees and current employees alike are expected to treat each other, and be treated, with respect and dignity. We seek to foster an environment that promotes:

- A healthy, collaborative, and courteous atmosphere.
- Engagement from all employees that allows for more varied insights
- Adjustability, where appropriate, to allow for an individual's personal needs.
- Initiatives from the Company and the employees that encourage growth in the community.

The Company is committed to providing a work environment free of sexual or any form of unlawful harassment or discrimination. Harassment or unlawful discrimination against individuals on the basis of race, religion, creed, color, national origin, sex, pregnancy, sexual orientation, gender identity or expression, age, ancestry, physical or mental disability, genetic information, marital status or any other classification protected by local, state or federal laws is illegal and prohibited by Company policy. Such conduct by or towards any employee, contract worker, customer, vendor or anyone else who does business with the Company will not be tolerated. Any employee or contract worker who violates this policy will be subject to disciplinary action, up to and including termination of his or her employment or engagement. To the extent a customer, vendor or other person with whom



the Company does business engages in unlawful harassment or discrimination, the Company will take appropriate corrective action.

### **Names/ Pronouns**

Employees have the right to be addressed by the name and pronoun that correspond to the employee's gender identity, upon request. A court-ordered name or gender change is not required. The intentional or persistent refusal to respect an employee's gender identity (for example, intentionally referring to the employee by a name or pronoun that does not correspond to the employee's gender identity) can constitute harassment and is a violation of this policy. If you are unsure what pronoun a transitioning coworker might prefer, you can politely ask your coworker how they would like to be addressed.

### **Prohibited Conduct**

Prohibited harassment or discrimination includes any verbal, physical or visual conduct based on sex, race, age, national origin, disability or any other legally protected basis if:

- a. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or engagement
- b. submission to or rejection of such conduct by an individual is used as a basis for decisions concerning that individual's employment or engagement; or
- c. it creates a hostile or offensive work environment.

Prohibited harassment includes (but is not limited to) unwelcome sexual advances, requests for sexual favors and lewd, vulgar or obscene remarks, jokes, posters or cartoons, and any unwelcome touching, pinching or other physical contact. Other forms of unlawful harassment or discrimination may include racial epithets, slurs and derogatory remarks, stereotypes, jokes, posters or cartoons based on race, national origin, age, disability, marital status or other legally protected categories. Prohibited harassment might also be transmitted using the Company's electronic communications system, or through other on-line conduct.

## **Complaint Procedure**

Employees or contract workers who feel that they have been harassed or discriminated against, or who witness any harassment or discrimination by an employee, contract worker, customer, vendor or anyone else who does business with the Company, should immediately report such conduct to their supervisor or any other member of management.

Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating the situation. No employee, contract worker, customer, vendor or other person who does business with this organization is exempt from the prohibitions in this policy. In response to every complaint, the Company will conduct an investigation which may involve interviewing witnesses if warranted and, if improper conduct is found, take appropriate corrective action.

To the extent that an employee or contract worker is not satisfied with the Company's handling of a harassment or discrimination complaint, he or she may also contact the appropriate state or federal enforcement agency for legal relief.

## **Attendance**

Punctuality and regular attendance are essential to the successful operation of the Company's business. If an employee is unable to report to work (or to report to work on time) for any reason, the employee must notify his or her supervisor before his or her starting time. If an employee desires to leave work for any reason during the workday, the employee must obtain the approval of his or her supervisor prior to leaving. Excessive absenteeism or tardiness may subject the employee to disciplinary action, up to and including termination.

## **Discipline and Standards of Conduct**

As an at-will employer, the Company may impose discipline whenever it determines it is necessary or appropriate. Discipline may take various forms, including verbal counseling, written warnings, suspension, demotion, transfer, reassignment or termination. The discipline imposed will depend on the circumstances of each case; therefore, discipline will

not necessarily be imposed in any particular sequence. Moreover, at any time the Company determines it is appropriate, an employee may be terminated immediately.

Every organization must have certain standards of conduct to guide the behavior of employees. Although there is no possible way to identify every rule of conduct, the following is an illustrative list (not intended to be comprehensive or to limit the Company's right to impose discipline for any other conduct it deems inappropriate). Keep in mind that these standards of conduct apply to all employees whenever they are on Company property and/or conducting Company business (on or off Company property). Engaging in any conduct the Company deems inappropriate may result in disciplinary action, up to and including termination.

- a. Dishonesty;
- b. Falsification of Company records;
- c. Unauthorized use or possession of property that belongs to the Company, a coworker, or public;
- d. Possession or control of illegal drugs, weapons, explosives, or other dangerous materials;
- e. Fighting, engaging in threats of violence or violence, use of vulgar or abusive language, horseplay, practical jokes or other disorderly conduct that may endanger others or damage property;
- f. Insubordination, failure to perform assigned duties or failure to comply with the Company's health, safety or other rules;
- g. Unauthorized or careless use of the Company's materials, equipment or property;
- h. Unauthorized and/or excessive absenteeism or tardiness;
- i. Lack of teamwork, poor communication, unsatisfactory performance, unprofessional conduct, or conduct improper for the workplace;
- j. Sexual or other illegal harassment or discrimination;
- k. Unauthorized use or disclosure of the Company's confidential information;
- l. Violation of any Company policy.

## **Dress Code**

What we wear to work is a reflection of the pride we have in our Company, in what we do, and in ourselves. Although dress code requirements will vary according to job responsibilities, we ask that your appearance at all times show discretion, good taste, and appropriateness for the safe performance of your job.

### **Safety**

The Company is committed to providing a safe workplace. Accordingly, the Company emphasizes "safety first." It is the employee's responsibility to take steps to promote safety in the workplace and work in a safe manner. By remaining safety conscious, employees can protect themselves and their coworkers. Employees are expected to promptly report all unsafe working conditions, accidents and injuries, regardless of how minor so that any potential hazards can be corrected.

### **Substance and Abuse**

The Company is committed to providing its employees with a safe and productive work environment. In keeping with this commitment, it maintains a strict policy against the use of alcohol and the unlawful use of drugs in the workplace. Consequently, no employee may consume or possess alcohol, or use, possess, sell, purchase or transfer illegal drugs at any time while on the Company's premises or while using the Company vehicles or equipment, or at any location during work time. No employee may report to work with illegal drugs (or their metabolites) or alcohol in his or her bodily system. "Illegal drug" means any drug that is not legally obtainable or that is legally obtainable but has not been legally obtained. It includes prescription drugs not being used for prescribed purposes or by the person to whom it is prescribed or in prescribed amounts. It also includes any substance a person holds out to an Any violation of this policy will result in disciplinary action, up to and including termination.

Any employee who feels he or she has developed an addiction to, dependence upon, or problem with alcohol or drugs, legal or illegal, is strongly encouraged to seek assistance before a violation of this policy occurs. Any employee who requests time off to participate in a rehabilitation program will be reasonably accommodated. However, employees may

not avoid disciplinary action, up to and including termination, by entering a rehabilitation program after a violation of this policy is suspected or discovered.

### **Work Place Searches**

All offices, desks, file drawers, cabinets, lockers, Company vehicles, and other Company equipment (including but not limited to computers, e-mail and voice mail) and facilities or any area on Company premises are the property of the Company ("Company Property"), and are intended for business use. Employees should have no expectation of privacy with respect to Company property and/or items stored within Company Property or on Company premises. Inspection may be conducted at any time, without notice, at the discretion of the Company. In addition, when the Company deems appropriate, employees may be required to submit to searches of their personal vehicles, parcels, purses, handbags, backpacks, brief cases, lunch boxes or any other possessions or articles brought on to the Company's premises. Persons entering the premises who refuse to cooperate in an inspection conducted pursuant to this policy may not be permitted to enter the premises. All employees must cooperate in an inspection; failure to do so is insubordination and will result in disciplinary action, up to and including termination.

### **Internet, Email and Computer Use Policy**

The Company uses various forms of electronic communication including, but not limited to: computers, email, telephones, voicemail, instant message, text message, Internet, cell phones and smart phones (hereafter referred to as "electronic communications"). The electronic communications, including all software, databases, hardware, and digital files, remain the sole property of the Company and are to be used only for Company business and not for personal use. The following rules apply to all forms of electronic communications and media that are: (1) accessed on or from Company premises; (2) accessed using the Company computer or telecommunications equipment, or via Company-paid access methods; and/or (3) used in a manner which identifies the Company. The following list is not exhaustive and the Company may implement additional rules from time to time.

- a. Electronic communication and media may not be used in any manner that would be discriminatory, harassing, or obscene, or for any other purpose that is illegal, against Company policy, or not in the best interest of the Company. Employees who misuse electronic communications and engage in defamation, copyright or trademark infringement, misappropriation of trade secrets, discrimination, harassment, or related actions will be subject to discipline, up to and including termination. Employees may not install personal software on Company computer systems.
- b. Employee's own electronic media may only be used during breaks. All other company policies,
- c. including the Company's, no tolerance for discrimination, harassment, or retaliation in the workplace apply.
- d. All electronic information created by any employee on Company premises or transmitted to Company property using any means of electronic communication is the property of the Company and remains the property of the Company. You should not assume that any electronic communications are private or confidential and should transmit personal sensitive information in other ways.
- e. Personal passwords may be used for purposes of security, but the use of a personal password does not affect the Company's ownership of the electronic information. The Company will override all personal passwords if necessary for any reason.
- f. The Company reserves the right to access and review electronic files, messages, internet use, blogs, "tweets", instant messages, text messages, email, voice mail, and other digital archives, and to monitor the use of electronic communications as necessary to ensure that no misuse or violation of Company policy or any law occurs. All such information may be used and/or disclosed to others, in accordance with business needs and the law. The Company reserves the right to keep a record of all passwords and codes used and/or may be able to override any such password system
- g. Employees are not permitted to access the electronic communications of other employees or third parties unless directed to do so by Company management. No

employee may install or use anonymous e-mail transmission programs or encryption of e-mail communications.

- h. Employees who use devices on which information may be received and/or stored, including but not limited to cell phones, cordless phones, portable computers, fax machines, and voice mail communications are required to use these methods in strict compliance with the Confidentiality section of this Handbook. These communications tools should not be used for communicating confidential or sensitive information or any trade secrets.
- i. Access to the Internet, websites, and other types of Company-paid computer access are to be used for Company-related business only. Any information about Alabama Green Transport LLC, its products or services, or other types of information that will appear in the electronic media about the Company must be approved before the information is placed on any electronic information resource that is accessible to others.

### **Cell Phone Policy**

The use of personal cell phones at work is discouraged because it can interfere with work and be disruptive to others. Therefore, employees who bring personal cell phones to work are required to keep the ringer shut off or placed on vibrate mode when they are in the office, and to keep cell phone use confined to breaks and meal periods. Conversations should be had away from areas where other employees are working. When cell phone use interferes with the satisfactory performance of an employee's duties or disturbs others, the privilege of using a personal cell phone at work may be taken away and other disciplinary action, up to and including termination, may be imposed. The Company may provide cell phone allowances to employees in certain positions in an effort to improve efficiency and effectiveness. When cell phones are used for Company business, employees must comply with all Company policies governing conduct, including our policies prohibiting discrimination, harassment, and violence in the workplace. When using the cell phone in a public place, please remember to maintain the confidentiality of any private or confidential

business information. As a courtesy to others, please shut cell phones off or place on vibrate mode during meetings.

## **Section 5: Employee Benefits and Services**

### **General**

The Company provides insurance programs as mandated by state and federal regulations for all employees. From time to time, benefits may be added or deleted from the benefits package. The Company reserves the right to make such changes. This Handbook does not contain the complete terms and/or conditions of any of the Company's current benefit plans. It is intended only to provide general explanations. For information regarding employee benefits and services, employees should contact Missy Mason.

### **Workers' Compensation**

All states have Workers' Compensation laws whose purpose is to promote the general welfare of people by providing compensation for accidental injuries or death suffered in the course of employment. These laws are designed to provide protection to workers suffering occupational disabilities through accidents arising out of, and in the course of employment. Alabama Green Transport LLC carries Workers' Compensation Insurance for all employees and pays the entire cost of the insurance program. An employee who suffers an injury or illness in connection with the job is usually eligible to receive payment through the insurance company for lost wages. In addition to disability payments, necessary hospital, medical and surgical expenses are covered under Workers' Compensation, with payments being made directly to the hospital or physician. Workers' Compensation benefits to injured workers also include assistance to help qualified injured employees return to suitable employment.

### **Social Security Benefits (FICA)**

During your employment, you and the Company both contribute funds to the Federal government to support the Social Security Program. This program is intended to provide



you with retirement benefit payments and medical coverage once you reach retirement age.

### **Unemployment Insurance**

The company pays a state and federal tax to provide employees with unemployment insurance coverage in the event they become unemployed through no fault of their own or due to circumstances described by law. This insurance is administered by applicable state agencies, who determine eligibility for benefits, the amount of benefits (if any), and duration of benefits.

## **Section 6: Employee Leaves of Absence and Time Off**

### **General**

While regular attendance is crucial to maintain business operations, the Company recognizes that, for a variety of reasons, employees may need time off from work. The Company has available a number of types of leaves of absence. Some are governed by law and others are discretionary. For all planned leaves, however, employees must submit a request at least 5 days in advance; in case of emergencies, employees should submit the request as soon as they become aware of the need for leave. All leaves must have the approval of Company management. If, during a leave, an employee accepts another job, engages in other employment or consulting outside of the Company, or applies for unemployment insurance benefits, the employee may be considered to have voluntarily resigned from employment with the Company.

All requests for a leave of absence will be considered in light of their effect on the Company and its work requirements, as determined by Company management, which reserves the right to approve or deny such requests in its sole discretion, unless otherwise required by law. For disability-related leave requests, the Company will engage in an interactive process with the employee to determine if a leave is the most appropriate accommodation. The employee must provide a certification from his or her health care provider to the Company to support a leave for medical reasons. Failure to provide the required

certification to the Company in a timely manner will result in delay or denial of leave. If an employee requires an extension of leave, the employee must request such extension and have it approved before the expiration of the currently approved leave.

While the Company will make a reasonable effort to return the employee to his or her former position or a comparable position following an approved leave of absence, there is no guarantee that the employee will be reinstated to his or her position, or any position, except as required by law.

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have it approved before the expiration of the currently approved leave. While the Company will make a reasonable effort to return the employee to his or her former position or a comparable position following an approved leave of absence, there is no guarantee that the employee will be reinstated to his or her position, or any position, except as required by law.

### **Sick Days**

Eligible employees are entitled to five paid sick days per year. Sick days' pay for regular full-time employees will be calculated based on the employee's base pay rate times the number of hours the employee would otherwise have worked on that day. Regular part-time employees will be paid on a pro-rata basis. When employees eligible for paid sick days do not take the full amount of sick time they could have taken in a year, that amount will be forfeited at the end of the year.

### **Vacation Days**

Eligible employees are entitled to five paid vacation days per year. Vacation days' pay for regular full-time employees will be calculated based on the employee's base pay rate times the number of hours the employee would otherwise have worked on that day. Regular part-time employees will be paid on a pro-rata basis. Employees may not accrue more than 5 days of vacation time. Once an employee's vacation balance reaches this limit, an employee may accrue more vacation only by taking some vacation time to bring the balance back below the limit. When employees eligible for paid vacation days do not take the full amount of vacation time they could have taken in a year, that amount will be paid to the employee as wages in the final paycheck of the year.

### **Holidays**

Alabama Green Transport LLC observes the following paid holidays:

- New Year's Day
- Memorial Day

- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

The Company will grant paid holiday time off to all eligible employees. Holiday pay for regular full-time employees will be calculated based on the employee's base pay rate (as of the date of the holiday) times the number of hours the employee would otherwise have worked on that day. Regular part-time employees will be paid on a pro-rata basis. If an eligible non-exempt employee works on a recognized holiday with Company approval, he or she will receive holiday pay plus wages at his or her straight-time rate for the hours worked on the holiday.

### **Family and Medical Leave**

Because of the Company's small size, we are not required to comply with the federal Family and Medical Leave Act ("FMLA"). However, we recognize that our employees may occasionally need to take unpaid leave to care for a new child, to care for a seriously ill family member, to handle an employee's own medical issues, or to handle issues relating to a family member's military service, possibly including caring for a family member who is injured while serving in the military. If you anticipate that you might need time off to deal with family and medical issues, please speak with your supervisor. We will seriously consider every request on a case-by-case basis.

### **Workers' Compensation Leave**

Any employee who is unable to work due to a work-related injury or illness and who is eligible for Workers' Compensation benefits will be provided an unpaid leave for the period required. The first 12 weeks will be treated concurrently as a family and medical leave under the federal Family Medical Leave Act ("FMLA") for employees eligible for FMLA leave.

## **Jury Duty**

U.S. citizens have a civic obligation to provide jury duty service when called. By state law, full-time employees are entitled to their usual pay minus any fees received from the court. The employee must bring in the jury duty notice as soon as it is received so that appropriate arrangements can be made to cover his or her duties. Employees are required to call in or report for work on those days or parts of days when their presence in court is not required.

## **Voting Time**

Employees who are registered voters and who lack two nonwork hours before polls open or one nonwork hour after polls are open to vote in any local, state, and national election may take up to one hour off work without pay to vote at a time of the employer's choosing. Employees should provide reasonable notice when time off is required.

**At-Will Employment Agreement and  
Acknowledgement of Receipt of Employee Handbook**

**Employee: \_\_\_\_\_**

I acknowledge that I have been provided with a copy of the Alabama Green Transport LLC (the "Company") Employee Handbook, which contains important information on the Company's policies, procedures and benefits, including the policies on Anti-Harassment/Discrimination, Substance Use and Abuse and Confidentiality. I understand that I am responsible for familiarizing myself with the policies in this handbook and agree to comply with all rules applicable to me.

I understand and agree that the policies described in the handbook are intended as a guide only and do not constitute a contract of employment. I specifically understand and agree that the employment relationship between the Company and me is at-will and can be terminated by the Company or me at any time, with or without cause or notice.

Furthermore, the Company has the right to modify or alter my position, or impose any form of discipline it deems appropriate at any time. Nothing in this handbook is intended to modify the Company's policy of at-will employment. The at-will employment relationship may not be modified except by a specific written agreement signed by me and an authorized representative of the Company.

This is the entire agreement between the Company and me regarding this subject. All prior or contemporaneous inconsistent agreements are superseded.

I understand that the Company reserves the right to make changes to its policies, procedures or benefits at any time at its discretion. However, the at-will employment agreement can be modified only in the manner specified above. I further understand that

the Company reserves the right to interpret its policies or to vary its procedures as it deems necessary or appropriate.

I have received the Company Employee Handbook. I have read (or will read) and agree to abide by the policies and procedures contained in the Handbook.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Exhibit 23 – Secure Transport Drivers

## Verification

The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official

 \_\_\_\_\_

Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date



## **Secure Transport Drivers**

\*In Progress with completion expected within 60 days after award of license.

**Exhibit 24 – Driver’s Manual**

**Verification**

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason

Owner

Printed Name of Verifying Official

Title of Verifying Official



12/12/2022

Signature of Verifying Official

Verification Date

**Alabama Green**

**TransportLLC. Driver's Manual**

Alabama Green Transport LLC. is owned and operated by Shawna M. Mason. We are in the business of safely, efficiently and professionally transporting medical cannabis products within the great state of Alabama.

The company (Alabama Green Transport LLC.) transports medical cannabis products from, to and between licensees' facilities, cultivators, dispensaries and state testing labs. We do not transport any cargo other than medical cannabis, and associated materials, packages or containers.

The company (Alabama Green Transport LLC.) will not cultivate, process or dispense cannabis, or perform the function of a State testing laboratory. We will not make home deliveries or transport patients or caregivers to or from dispensing sites or any other licensees.

We require our partners to properly package and handle all products in accordance to Alabama codes as well as any applicable federal laws. Individual batches of cannabis or medical cannabis prepared for storage or transport must be appropriately labeled and inserted in containers prior to transport. Batches shall be bar-coded, Q-R coded, or otherwise digitally coded to identify the following: (a) The batch number(s) or plant tag number(s), (b) the contracting licensee, (c) facility of origin, (d) the type of product, (e) the date of harvest and/or processing and packaging, as applicable, and (f) the date of the last State Testing Laboratory approval

To the extent that Alabama Green Transport LLC. intends to operate a vehicle that requires a Commercial Drivers' License, documentation demonstrating that proposed drivers are properly trained and licensed. Alabama Green Transport will certify that all vehicles and drivers have the requisite training and shall maintain compliance with all federal, state and local laws applicable to them at all times while employed as a driver.

Alabama Green Transport will provide a Fleet Summary showing the, make, model, VIN Number, license plate number and specifications of all vehicles proposed for the secure transport of cannabis or medical cannabis including but not limited to the design and specification of all areas in which cannabis or medical cannabis is to be stored.

Alabama Green Transport's Security Plan includes variable route plans and GPS tracking

systems monitored from the secure transporter's security center using wifi or hardline network technology. Locks and Alarm systems are present on all vehicles used for the secure transport of medical cannabis, including but not limited to the storage area within each vehicle where the product is to be kept while in transit. All company vehicles used for cannabis transport will be equipped with dashboard and storage area audio/video recording devices (self-recording and, at all times possible, viewable from and saved directly to the secure transporter's security center) will be installed and operational at all times while the vehicle is in transit, and shall include lighting and resolution sufficient to readily identify individuals and activities depicted in the same way as required of audio/video recordings inside licensees' facilities, and kept for the same time and under the same conditions as for such audio/video recordings.

Alabama Green Transport LLC. vehicles will be free of markings: (a) indicating that they are carrying cannabis or medical cannabis, or (b) bearing the name or logo of any other licensee.

Cannabis and/or medical cannabis shall be kept in sealed tamper-evident containers that are not accessible to transport personnel during transit but are equipped with tracking devices that can be monitored remotely by the secure transporter at all times during transit. Cannabis, medical cannabis and containers holding the same must not be visible or recognizable outside the secure transport vehicle.

Alabama Green Transport drivers will have ready access to duress panic and/or hold-up alarms that may be activated in the event of an attempted diversion by unauthorized personnel, hijackers, terrorists, or other improper intervenors. Each employee in a secure transport vehicle must have communication access to the Alabama Green Transport's security center and be able to contact 911 at all times while the secure transport vehicle contains cannabis or medical cannabis. If an emergency requires stopping the vehicle, employees must notify the Alabama Green Transport's security center (or ALEA) of the

nature of the emergency and complete an incident report form provided by the Commission.

Under no circumstances may any other person other than a designated secure transporter employee have actual physical control of the motor vehicle transporting cannabis or medical cannabis. Alabama Green Transport drivers shall be trained in and have ready access to secure procedures for undergoing administrative inspection by law enforcement pursuant to § 20-2A-65(c), Code of Alabama 1975 (as amended). An Alabama Green Transport employee must carry an employee's ID card at all times when transporting or delivering cannabis or medical cannabis; upon request, the ID card must be presented to the Commission or law enforcement officer acting in the course of official duties.

Alabama Green Secure Transport vehicles shall have no fewer than two personnel (a driver and one other) in the vehicle at all times when the vehicle is carrying cannabis. Secure Transport vehicles may not be left unattended at any time; at least one employee must remain with the vehicle at all times when the vehicle contains cannabis or medical cannabis, except that a single employee may transport cannabis or medical cannabis to a State Testing Laboratory. Only designated personnel shall occupy a secure transport vehicle; non-employee passengers of any kind are at all times prohibited.

Alabama Green Transport vehicles carrying cannabis or medical cannabis must adhere to the designated route at all times. If an alternate route is necessary, the driver must contact the security office and note the change on the route plan. Secure transporters shall document all stops in transit for refueling or otherwise, including the reason for the stop, the duration of the stop, the location of the stop, and all activities of employees exiting the vehicle (please see attached route log).

Route plans, manifests, transport logs, freight bills, bills of lading and any free-on-board ("FOB") terms of sale documents, along with maintenance and repair records and insurance documentation will be kept (either manually or electronically, including, but not limited to, as part of the Statewide Seed-to-Sale Tracking System) as to all vehicles in the Alabama Green Transport's fleet for a period of not less than two (2) years, and longer upon the request of the Commission or law enforcement. Such documents shall be made

available to the Commission or its representatives (including inspectors) during inspections and other official visits. Upon request, Alabama Green Transport shall make available to the Commission or its inspectors all information relating to the security plan. As part of (or in addition to) the medical cannabis education and safety training applicable to all employees of licensees generally, transport personnel employed by Alabama Green Transport LLC. shall annually complete and receive certification for no less than five (5) hours of training specifically tailored to driver safety and procedures related to the proper procedures to be followed when transporting cannabis and medical cannabis.

Before transporting cannabis or medical cannabis, Alabama Green Transport will a.

Complete a manifest on a form approved by the Commission

b. Input the manifest to the Statewide Seed-to-Sale Tracking System.

At a minimum, manifests shall contain:

- a. The names of the driver, crewmember, and any other individuals onboard.
- b. The name and address of the destination.
- c. The weight and description of each individual package that is part of the shipment, and the total number of individual packages
- d. The date and time the medical cannabis shipment is placed into the transport vehicle
- e. The date and time the shipment is accepted at the delivery destination
- f. The identity of the employee having custody of the cannabis or medical cannabis, and the circumstances, duration, and disposition of any other person who had custody or control of the shipment
- g. Any handling or storage instructions.

The manifest must be signed by:

- a. An authorized employee of the facility from which the cannabis or medical cannabis is being transported
- b. The Secure Transporter's driver

- c. An authorized employee of the receiving facility

Prior to transport, Alabama Green Transport will verify the following:

- a. That individual batches of cannabis or medical cannabis have been tagged or otherwise identified and inserted in containers.
- b. That batches and containers are Q-R coded or otherwise digitally coded, identifying at a minimum the licensee and facility of origin, the licensee and facility of destination, and the date of the State Testing Laboratory's last testing and approval
- c. That cannabis and medical cannabis is accompanied by a manifest and any other appropriate documentation, and that the information thereon is accurate and has been duly executed by the transporting licensee and the driver.
- d. That all information from the Q-R code relating to the cannabis or medical cannabis, as well as the date and time of shipment, has been logged into the Statewide-Seed-to-Sale Tracking System.

Upon delivery, the Secure Transporter must coordinate with the receiving licensee to:

- a. Verify and document the type and quantity of the transported medical cannabis against the manifest.
- b. Input the updated manifest to the Statewide Seed-to-Sale Tracking System.
- c. Sign the manifest and other documents demonstrating that delivery has been accomplished

### **General Driving Rules and Safety Measures**

Driving a motor vehicle is a serious responsibility, not only to you, but also to all others on the road. To be a good, safe driver you must know the rules and respect them, know and follow proper driving procedures, and have a good attitude. The proper attitude toward the laws and toward others on the road is extremely important. Courtesy toward others should be practiced at all times.

### **GOOD DRIVING HABITS**

It is just as easy to develop good driving habits as it is to fall into bad



habits. Safety techniques begin the moment you step into the car. Start by forming good habits immediately and use them for EVERY trip, whether it's for just a few blocks or for several hundred miles.

### **ENTERING THE CAR**

Develop a routine for entering and leaving your car. Adjust the seat, mirrors, and check passengers to be sure they are properly seated and do not interfere with your driving. Before switching on the ignition, **buckle your safety belt** and see that all passengers do likewise.

If you are driving a hand-shift vehicle equipped with a manual transmission, push in the clutch before turning the ignition key. If you have an automatic transmission, be sure the indicator is in park or neutral and depress the brake pedal as you turn the key.

### **POSTURE AND STEERING**

Good posture at the steering wheel is important. It will result in better vision, control, and ability to maneuver in an emergency. You should sit erect, comfortably gripping the outside rim of the steering wheel with both hands. Don't grip the wheel so tightly as to restrict reflexes but keep a firm grip to maintain control. Always keep both hands on the wheel except when it is necessary to remove one for signaling or for another purpose necessary to the operation of the vehicle.

### **STARTING FROM A PARKING PLACE**

In preparing to leave a parallel parking spot, look over your shoulder as well as in rear view mirrors and wait until the way is clear before pulling into traffic. Indicate your intention by signaling. Enter traffic in the nearest lane and remain in that lane until it is safe to change into another lane.

### **RULES FOR TURNS**

These are some of the rules for making safe, courteous and legal turns:

- Prepare for the turn before you get there. Don't make the decision to turn at the last moment. Observe and be alert.

- Get into the proper turn lane well ahead of the place where you will make your turn. Be sure it is safe to make the change.
- At least 100 feet before making the turn, signal your intentions. Continue the signal until you are ready to make the actual turn. Signals are given to inform both pedestrians and drivers of your intentions. Both hands should be on the steering wheel when actually turning. Pedestrians have the right of way over the motor vehicle.
- Reduce speed before making turns.
- Always finish your turn in the proper lane.
- Make sure in advance that it is safe to turn. Check to the front, rear, and sides for cars and pedestrians, and also watch for situations developing in the street you will enter upon turning.
- Be certain your signals are discontinued after completing a maneuver.
- During the daytime, hand and arm signals may be used in addition to signal lights. Reflection of bright sunlight may make it difficult for other motorists to see your flashing signal light.

### **TURNING FROM FOUR-LANE HIGHWAYS**

In making a right turn from a four-lane or divided highway, enter the right lane well in advance of the turn and make a tight turn into the right lane of the cross street.

For a left turn, move to the lane nearest the center line or traffic divider and turn from the inside lane. Avoid a wide swing during your turn. Enter the cross street just to the right of the centerline. Some intersections are marked to permit turns from more than one lane and you may make your turns as indicated by signs or pavement markings.

### **PROPER TURNING RULES**

- Plan ahead.
- Be in the proper lane well before the turn (follow proper steps to change lanes).
- Signal the direction you plan to turn.

- Reduce your speed and check for persons and vehicles in your turning

path.

- Turn into the proper lane (see Turning Diagrams).
- Adjust speed to the flow of traffic.

### **THREE-POINT TURN**

When making a three-point-turn, turning your vehicle around so that you are driving in the opposite direction from the direction that you were traveling, the three-point-turn **must** be made without endangering other traffic. They are normally permitted where your vehicle can be seen for a great distance and where traffic is such that making a three-point-turn would not constitute a hazard. Three-point turns are not permitted on interstate freeways, on curves, or near the top of hills where you cannot be seen by drivers of other vehicles approaching from either direction within 500 feet. Three-point turns are governed by local ordinances and there may be no signs to warn you. Prohibitory signs are usually posted at hazardous locations.

### **CURVES**

Slow down before entering curves because of the danger of running over the center line or leaving the roadway. A driver should enter a curve slow enough to enable him to accelerate slightly when actually rounding the curve.

### **SHARING THE ROAD WITH BICYCLES**

Traffic laws also apply to people on bicycles. That is, people on bicycles possess the same rights and responsibilities of the road as people in motor vehicles. Therefore, both drivers of motor vehicles and people on bicycles should be fully aware of all of the state's traffic laws and obey them.

### **SHARING THE ROAD WITH MOTORCYCLES**

The increasing popularity of motorcycle riding is evident by the variety of riders and two-wheeled motor vehicles appearing on our streets and highways. The following are a few of the specific situations that call for special attention by

motorcyclists and the driver.

Left turns in front of an oncoming motorcyclist account for a large percentage of car/cycle injury producing accidents. The problem of not seeing the motorcyclist is two fold: car drivers may fail to pick the cyclist out of the traffic scene, or drivers may fail to judge the speed of the oncoming motorcycle.

The correct behavior is to:

**LOOK AND LOOK AGAIN. MAKE SURE YOU KNOW THE SPEED OF THE MOTORCYCLE BEFORE MAKING A LEFT TURN.**

Turn signals are not automatically self-canceling on most motorcycles. At times, the rider may forget to turn the signal off.

Before making a turn in front of any vehicle, **BE SURE THE VEHICLE IS TURNING** and not continuing straight with a forgotten turn signal still blinking.

Following distance behind the motorcyclist should be the same 2-second following distance given any other vehicle. Following too closely may make the rider nervous, causing the rider's attention to be distracted from the road and traffic ahead.

Lane usage for the motorcyclist is critical. Motorcycles are entitled to the same full lane width as all other vehicles. A skilled motorcycle operator is **CONSTANTLY CHANGING** positions within a lane to maximize being seen, to see the roadway better, and to compensate for objects on or near the road. Drivers should never move into the same lane alongside a motorcycle even if the lane is wide and cyclist is riding far to one side. It is not only illegal, but extremely hazardous.

### **SHARING THE ROAD WITH LARGE VEHICLES**

When sharing the road with trucks, buses or other large vehicles, there are some special tips that are important to remember:

No-Zones are danger areas around trucks and buses where crashes are more likely to occur. Some of the No-Zones are blind spots where your car "disappears" from the view of the truck or bus driver.

**Side No-Zones: *Don't hang out on either side of trucks or buses!***

They have large blind spots on both sides. If you can't see the driver's face in the side-view mirror, the driver can't see you. If that driver needs to change lanes for any reason, you could be in big trouble. This is especially true if there is an accident situation and the driver must take evasive action. When passing a truck or bus, always try to pass on the left and do it as quickly as possible. Get your vehicle ahead of the vehicle you are passing so the driver can see you. Do not ride alongside a truck or bus.

**Rear No-Zones: *Avoid tailgating!*** Unlike cars, trucks and buses have

huge no-zones directly behind them that may extend as far as 200 feet. The truck or bus driver can't see your car and you can't see what is occurring ahead of you. If the truck or bus driver brakes suddenly, you have no place to go. When following a large vehicle at night, always dim your headlights. Bright lights will blind the driver when they reflect off the side mirrors of the bus or truck.

**Front No-Zones: *Pass safely!*** Don't cut in too quickly after passing a

large vehicle. Look for the entire front of the vehicle in your rear-view mirror before pulling in front and don't slow down. Truck and bus drivers need nearly two times more room to stop. A National Safety Council study of reaction time and braking distance found that at speeds of 55 miles per hour, a passenger car needs 193 feet to stop safely and a loaded truck needs 430 feet.

**Backing No-Zones: *Pay closer attention!*** Never cross behind a truck or

bus that is backing up. Hundreds of accidents occur each year because motorists and pedestrians ignore a backing vehicle. Drivers of large vehicles cannot see directly behind them. They may not be able to see you.

**Turning No-Zones: *Avoid the "squeeze play"!*** Truck and bus drivers

need to swing wide to the left to safely make a right turn. Watch the driver's signal. When the right turn signal is blinking, do not attempt to pass on the right. The driver will not be able to see you and you will become trapped. It is best to wait until the truck or bus has completed the maneuver before

proceeding.

## **PARKING**

Any vehicle left standing along a rural highway for any reason must be moved off the paved or main traveled portion of the roadway. If the vehicle cannot be moved, you must take lighting and marking precautions to eliminate danger to other traffic.

### **PARKING ON A HILL**

When parking on a hill you must make sure your car does not roll into traffic if the brakes do not hold. Always set the hand brake. Shift to the PARK position if you have one. If not, shift to reverse or low gear. If you park where there is a curb:

Facing downhill, turn your wheels toward the curb and shift into reverse gear or PARK.

Facing uphill turn your wheels away from the curb and shift into low gear or PARK. If there are no curbs, turn your wheels toward the edge of the road, whether facing uphill or downhill.

- A. Downhill with or without a curb, turn wheels toward curb.
- B. Uphill with curb, turn wheels away from curb.
- C. Uphill without curb, turn wheels to the right.

### **Parking is NOT allowed at the following places:**

- Within intersections.
- On a crosswalk or a sidewalk.
- Within 20 feet of a crosswalk at an uncontrolled intersection.
- Within 30 feet of any flashing beacon, stop sign, or traffic control signal located at the side of a roadway.
- Within 50 feet of the nearest rail of a railroad crossing.

- Within 15 feet of a fire hydrant.
- In front of a driveway.
- Upon any bridge or in a tunnel.
- On the roadway side of any vehicle parked at the curb or the edge of a highway.
- Beside a curb that is painted yellow, or where official signs prohibit parking.

### **ALABAMA'S SAFETY BELT**

Alabama's safety belt law requires that each occupant, regardless of age, be restrained. For maximum effectiveness, a seat belt should be drawn snugly across the hip bones.

### **THE DRIVER**

Accident records show that over 90 percent of the highway crashes are caused by driver error, lack of knowledge, inattention, physical or mental condition, improper attitude or faulty judgment.

Any professional driver will tell you that it takes much more than basic skills to make a good driver. After learning and mastering the basics, a driver must continue to study the fine points of good driving and those physical and mental conditions that affect driving.

### **CONCENTRATION**

Concentration is one of the most important elements of safe driving. The driver's seat is no place for daydreaming, mental napping, window shopping, scenic viewing, or distracting conversation. Lack of concentration can dull a person's powers of observation and cause an accident that could have been avoided. Driving an automobile is a full-time job.

### **CELLULAR PHONE USAGE:**

When using your cellular phone while driving, always remember your No. 1 responsibility is driving. If you do use a cell phone, use following precautions:

Always assess traffic conditions before calling. • Be familiar with the telephone keypad

– use speed dial, if possible. • Place calls when stopped or have a passenger call. •

Ensure phone is within easy reach. • Use speaker phone/hands-free device. • Avoid intense, emotional or complicated conversations. • Avoid talking on phone in congested traffic or bad weather. • Pull off the road to dial or complete a conversation.

### **TEXTING WHILE DRIVING**

Alabama’s law prohibits using a wireless device to write, send or read a text message, instant message or e-mail while operating a motor vehicle.

### **HIGHWAY HYPNOSIS AND FATIGUE**

Stop driving when you feel drowsy. Don’t try to fight it. Pull off the highway at the first rest stop or service area. If you are getting tired, a cup of coffee and a bit of stretching may be enough to wake you. If you are really sleepy, get off the highway and take a nap. Drowsiness is one of the greatest dangers in interstate highway driving. Don’t rely on “stay-awake drugs”. They are likely to make your driving even more hazardous.

It is advisable to take regular breaks every 100 miles or every two hours. Get out of the car and walk around stretch your legs and relax.

For long trips, it is a good idea to take a pre-trip nap. On the road, exercise your eyes. Expressway drivers are subject to “highway hypnosis” - a condition of drowsiness or unawareness brought on by monotony: the sound of the wind, the tires on the pavement, and the steady hum of the engine. Shift your eyes from one area of roadway to another and focus them on various objects near and far, left and right. Reading highway signs also may keep you alert.

### **MEDICAL ASPECTS OF DRIVING**

Physical condition has an important bearing on one’s driving ability. Alcohol, drugs, illness, or disability, are factors which may cause or contribute to traffic crashes.

### **DRINKING AND DRIVING**

### **RELATIONSHIP OF ALCOHOL TO TRAFFIC ACCIDENTS**



The consumption of alcohol by drivers is a major contributing factor in traffic crashes.

**Drinking of any amount while driving is unacceptable per company policy and will be grounds for dismissal.**

### **THE EFFECTS OF ALCOHOL**

- Alcohol is a depressant, not a stimulant.
- Consuming alcohol causes drowsiness, blurred vision, and slowed reflexes.
- Consuming alcohol affects judgment and coordination.
- Impairment can occur before legal intoxication is attained.
- Alcohol related crashes have killed more people than all the U. S. soldiers killed in war.

### **IMPLIED CONSENT LAW**

Any person who operates a motor vehicle upon the public highways of this state shall be deemed to have given his consent to a chemical test or tests of his blood, breath, or urine to determine blood alcohol content.

A driver under arrest for Driving Under the Influence, who refuses to submit to chemical breath tests when directed by an officer, shall have his driver license suspended.

### **DRUGS**

There are many drugs, which interfere with a person's ability to drive safely. Per Company policy no illegal drug use of any kind is acceptable and reason for immediate termination.

### **CHRONIC ILLNESS OR IMPAIRMENT**

In cases of chronic illness or physical impairment, the physician has the responsibility to inform his patient of any driving limitation that may be appropriate. This must be relayed to company HR manager for safety consideration.

### **HOW TO AVOID REAR END COLLISIONS**

Most rear-end collisions are caused by following too closely. The space easiest to control is the space ahead of your vehicle. This space cushion is called

“following distance.” You must consider the speed of the traffic, the condition of the highway and allow yourself enough following distance to stop if necessary.

For years, the rule-of-thumb formula for following distance was one car length for every ten miles per hour. Recently, a new formula was introduced which is even more positive and easier to apply, the “two-second rule.”

To use the two-second rule, choose a fixed object on the road ahead (such as a sign post, tree, overpass, bridge abutment, etc.). When the vehicle ahead passes that object, begin to count “One thousand one, one thousand two.” If you reach the same object before you finish saying “one thousand two,” you are following too closely and should gradually slow down until you’ve reached the safe following distance.

The two-second rule applies to good and bad weather conditions. If the road and weather conditions are not good, increase your following distance to a four or five second count. The increased following limit also applies if you are driving vehicles with longer lengths than cars.

You must also watch for brake lights on the vehicle ahead and be alert for diminishing distances between your car and the one ahead. If you see brake lights or notice the following distance getting less, shift your foot to the brake pedal promptly so you are ready to stop if necessary.

### **STOPPING DISTANCE**

The distance required to stop your car is important in determining a safe driving speed. The chart below may be used as a guide, but actual stopping distances depend upon many factors.

- Mental and physical reaction time of the driver.
- Type and condition of the pavement. There is a great difference between rough, dry concrete and slippery brick or smooth asphalt.
- The type and condition of tires - radial, bias ply, regular tread, snow tires, the amount of tread - all determine the traction you will have for stopping. The proper size tire for your vehicle is important; large, wide tires

may help stop quicker on smooth, dry surfaces, but will skid or hydroplane easier on slippery or wet surfaces. Conversely, small narrow tires may “cut through” standing water but lose stopping power overall because of less rubber on the road and poorer traction. Consult your owner’s manual or with a car dealer for proper tire size for the vehicle you drive.

- Chassis design, weight distribution, suspension, and shock absorbers.
- Type of brakes, condition of brakes, and brake balance. In an emergency situation you can be in serious trouble if one or more of the brakes lock the wheels before the others fully take hold.
- Wind direction and velocity. Drivers may not realize the difference a strong tail wind can make when trying to stop suddenly at high speed.

### **WHAT TO DO IF YOU HAVE A CRASH**

If you are involved in a traffic crash, you must stop at once and aid any injured persons. Call for medical assistance if necessary. Before the police arrive, use whatever means available to warn other traffic (flags, flares, etc). It is dangerous to move injured persons. You should avoid moving the injured unless it is absolutely necessary to remove them from areas threatened by fire or other dangers common to a crash scene. Keep the injured lying or sitting down until competent medical aid arrives.

Apply first aid to the injured, making the persons as comfortable as possible.

Treat for shock. Remember that a layman can give “too much first aid.”

It is wise for every motorist to become familiar with first aid treatment by enrolling in Red Cross sponsored courses or other training courses offered by groups and organizations. You may not only save another person’s life with your knowledge, but it will also make you a more safety-conscious individual.

Remember - you must STOP whenever you are involved in a crash. Give your name, address, and registration number and show your driver license to other persons involved. This applies to any type of accident.

### **TRAFFIC LAWS**

Laws regulating the movement of traffic are an absolute necessity.

Without traffic laws, all movements of vehicles on public roads would

come to a complete stop in a very short time. Traffic laws apply to all who use the streets and roads - drivers of vehicles, operators of motorcycles and bicycles, and pedestrians. Traffic laws exist for your own protection. If you disobey them, you run the risk of killing or injuring yourself or someone else.

From time to time, traffic laws are changed or modified by our State Legislature. Any important changes will be brought to the attention of drivers through the news media, driver education courses, law enforcement officers, and all other resources. Every driver should study the manual every few years to know the laws of the state.

Listed here are the principle traffic laws as they apply to users of public streets and highways. Topics covered in other sections of this manual may be regulated by law, in addition to their value as safe operating suggestions for highway users.

## **SPEED REGULATIONS**

Speed may not always, in itself, be the primary cause of traffic crashes, but it all too often is the factor that turns a minor mishap into a fatal accident. The greatest danger of excessive speed lies in the increased severity rather than the frequency of collisions.

Alabama's basic speed law provides that you must never drive a vehicle at a speed that is faster than reasonable under existing conditions.

Consider road, weather, and your vehicle condition, as well as your own physical condition. What might be a reasonable speed at one time may not be reasonable at another time because of conditions.

## **SPEED LIMITS**

In addition to the basic speed law, the traffic laws set up speed limits for normal driving conditions. Speeds in excess of such limits are prima facie evidence that they are unlawful, and you may be arrested. All speed limits in municipalities are maximum speeds.

Minimum speed limits may also be set on some roadways. Where they are posted, any speed below that minimum is considered to be unlawful under normal weather, road, and traffic conditions. You must never drive so

slowly that you will interfere with other cars or vehicles moving at normal safe speeds. Many accidents are caused by drivers who block or hinder other traffic by driving at speeds that are too low.

### **SLOW SPEEDS OFTEN REQUIRED**

Slower speeds are necessary when you approach or cross a street, highway, or railroad crossing and also when approaching flags, flares, or fuses on roads. Slow down when approaching crests of hills and curves.

### **STOPPING**

A complete stop is required for the following:

- At a STOP sign. When a stop sign is placed at the entrance to any street or highway, you must bring your vehicle to a complete stop. A vehicle approaching a STOP sign must stop at the marked stop line. If no stop line is marked, the vehicle must stop before entering the crosswalk on the near side of the intersection. If there is no crosswalk, the vehicle must stop before entering the crossing street at the point nearest the intersection where the driver has a clear view of approaching traffic. Proceed cautiously. You may have to stop a second time if your view was blocked at the first stop and there is conflicting traffic.
- When coming from an alley, private driveway, or building within a business or residence district. Always stop before crossing the sidewalk or crosswalk area.
- When a school patrol member is displaying an official flag in a STOP position.
- At an intersection or crosswalk when traffic signal shows a red light or stop signal. Wait until the signal changes to green and the way is clear before proceeding. You may make a right turn after stopping for a red light if you are in the proper lane for such turn. You may make a left turn after stopping if you are driving on a one-way street and the street you turn left onto is a one-way street with traffic moving from right to left. In the case of both right and left turns after stopping for a red light, you must yield to other traffic and pedestrians lawfully proceeding

through the intersection. Such turns cannot be made against a red light if a sign has been posted prohibiting such turn. If the traffic light is inoperative, treat the intersection as you would a four-way stop.

- At railroad crossing where STOP signs are posted.
- At a flashing red signal. This means the same as a STOP sign.
- When directed by a flagman or any traffic control device at railroad crossings.
- At bridges opening for water navigation.
- When ordered to stop by a flagman at a construction site, or at any time when directed by a police officer.
- After being involved in an accident, proceed only after complying with procedure defined by law.
- When an emergency vehicle is coming toward you or approaches from behind, displaying flashing red or blue lights and activating a siren, you must pull over to the curb or side of the road and come to a complete stop.
- At a yield sign if there are pedestrians or vehicles crossing the intersecting street or highway.
- When you are following or meeting a school bus or church bus stopped on the road while the stop signal arm is extended and displaying flashing red lights. Remain stopped until the stop signal is retracted and red lights are turned off. You should also stop when meeting or following a school or church bus which is stopped on a four to six lane undivided highway. A stop is not required on a divided highway having four or more lanes which permits at least two lanes of traffic to travel in opposite directions when meeting a school or church bus which is stopped in the opposing roadway or if the school or church bus is stopped in a loading zone which is a part of or adjacent to such highway and where pedestrians are not permitted to cross the roadway.

## **SCHOOL BUSES**

## **RIGHT OF WAY AND YIELDING**

Right of way rules are an aid to safe and smooth traffic flow. They emphasize courtesy and common sense. The violation of these rules is one of the main causes of traffic crashes. It's smart driving to obey right-of-way rules.

The right-of-way rules include:

- If two vehicles enter an intersection not controlled by signs or signals, and from different roadways at about the same time, the driver of the vehicle on the left shall yield to the vehicle on the right. If you enter an uncontrolled intersection at an unlawful speed, you lose any right of way which you might otherwise have.
- Yield to emergency vehicles (such as ambulances, fire fighting apparatus, and police vehicles) when they are displaying a flashing red or blue light and sounding a siren or bell. Whether the emergency vehicle is overtaking or meeting you, pull to the side of the roadway and stop. In an intersection, clear it before stopping. Don't proceed until the emergency vehicle has passed.
- The law requires you to stop and give right of way at any intersection to a blind person carrying a white cane tipped with red and holding the cane with arm extended, or using a guide dog.
- Cars entering from a private road or driveway must stop and yield to cars on a public street or highway.
- When entering an intersection where there is a yield sign facing you, slow down and, if necessary, stop to yield the right of way to vehicles and pedestrians legally crossing the roadway on which you are driving.
- When making a left turn within an intersection or into an alley, driveway, or private road, you must yield the right of way to any vehicle approaching from the opposite direction when it is within the intersection or so close as to constitute an immediate hazard.
- Vehicles entering an intersection on "green arrows" must yield to other traffic lawfully using the intersection.

## **NO PASSING ZONES**

Many highway deaths and serious injuries occur on two-lane highways

when vehicles collide head-on or sideswipe each other. Most of these are caused by improper or careless passing, and is almost always a violation of state law.

Most two-lane highways in the state are adequately marked with solid yellow center stripes and prohibiting signs in areas where passing would be hazardous.

In addition to those areas so marked, drivers must exercise extreme caution in all areas during the hours of darkness, poor visibility, and when road surfaces are slippery from rain, snow, or ice.

On two-lane roads with traffic moving in both directions, you may pass traffic on the left if the pass can be completed safely without exceeding the speed limit. In preparing to pass, check the road ahead for sufficient distance and the road behind for other traffic that maybe preparing to pass you. Signal your intention to the driver ahead - a tap of the horn or a flick of headlights at night is helpful. Activate left turn signals before passing, and right turn signals after passing and before returning to the right lane. Do not return to the right lane too soon - not until you can see the entire front of the vehicle you have just passed in your interior rear view mirror. When another car is trying to pass you, stay in your own lane and don't increase speed.

Passing on the right is permissible on one-way roadways and streets and highways marked for two or more lanes of traffic moving in the same direction.

It is unlawful to drive on the shoulder to pass except during an emergency or when so directed by traffic authorities. When passing on the right, be sure to check traffic ahead and behind and use signals to show your intention. Use of the signal alone does not give you the right to pass. Be extremely cautious in passing on the right and watch the car you are passing carefully. In some states, this is a forbidden maneuver and out-of-state drivers may not expect it.

You may not cross the center line to pass:

- On a curve or hill where you cannot see a clear passing distance of at least 500 feet.
- At a highway intersection.



- When meeting an oncoming vehicle.
- Where signs prohibit passing, or where there is a solid yellow line on your side of the center line. Double solid yellow prohibits traffic from both directions from crossing the center line to pass.

## **PEDESTRIANS**

The number of pedestrian injuries/fatalities could be greatly reduced if motorists were more observant, particularly on streets with parked vehicles, during hours of darkness or poor visibility, in spots with a number of children going to and from school or play areas, and in areas with churches, mailboxes, bus stops and other spots with high foot traffic.

### **DRIVERS MUST:**

- Stop for school children and school safety patrols directing movement.
- Yield to blind pedestrians with canes and/or guide dogs.
- Not block crosswalks when at a stop sign or waiting on a red light.
- Stop for a school bus displaying an extended stop arm.

## **FOLLOWING EMERGENCY VEHICLES**

Only vehicles on necessary official business are permitted to follow within 500 feet of emergency vehicles on an emergency run. Don't drive over an unprotected fire hose unless authorized to do so by a police officer or fire department official.

## **OTHER TRAFFIC LAWS**

Backing is a dangerous maneuver and accounts for many crashes among all classes of drivers. If you are going to back the vehicle, it is a good practice to walk completely around the vehicle to be sure no person or obstacle is behind it.

Before backing, you should look to the front, sides, and rear and continue

to look over your right shoulder to the rear while backing. Do not depend on

your mirror. Back slowly into the proper traffic lane with a minimum of movement. Follow the same rules when backing into traffic lanes after being parked at an angle.

Backing is prohibited on controlled access highways (freeways and expressways)

except for emergency vehicles in performance of their duties. Except for backing into a parking place, it is never advisable to back on a public street or road. If you back out of a driveway, always back into the nearest lane and proceed from there. Never back across other traffic lanes.

Driving on shoulders is unlawful unless required by emergency conditions.

It is never lawful, except under emergency conditions, to drive on the shoulder to pass another vehicle.

Obstructions on windows are prohibited by state law. No sign, poster, or other materials may be placed on any window of a vehicle if it obstructs

### **CHANGING LANES**

Never move from one lane to another until you make certain that you can do so safely. This means watching for safe clearance to the side, ahead, and behind your vehicle. Do not rely solely on your mirror when checking for clearance. Glance over your shoulder to check the “blind spot” your mirror does not cover. Show your intentions to other drivers by using turn signals or hand signals, but remember that a signal does not grant the right to change lanes. Whether you are changing to the next lane or, as may be necessary on multiple lane roadways, to some other lane, you must wait until it is safe to do so. Be sure your intentions are known. Continue using turn signals until you are ready to make the actual turn.

### **DOCUMENTS REQUIRED AT TRAFFIC STOPS**

- Driver License • Proof of Insurance • Vehicle Registration

These documents are to be in company vehicle at all time it is in service

### **MOVE-OVER LAW**

When approaching emergency vehicles stopped with flashing emergency lights, or wreckers displaying flashing amber lights, motorists on roadways with four or more lanes must vacate the lane closest to the emergency vehicle or wrecker. When changing lanes is unsafe or not possible, the driver must slow to a speed that is at least 15 miles per hour less than the posted speed limit. If driving on a

two-lane road, the driver must move as far away from the emergency vehicle or wrecker as possible within his or her lane and slow to a speed that is 15 miles per hour less than the posted speed limit when the posted speed is 25 miles per hour or greater or travel 10 miles per hour when the posted speed limit is 20 miles per hour or less.

# DAILY DRIVER SHEET

DATE: \_\_\_\_\_

---

DRIVER: \_\_\_\_\_ ROUTE: \_\_\_\_\_

VEHICLE: \_\_\_\_\_

DRIVE TIME:

OUT: \_\_\_\_\_ IN: \_\_\_\_\_ DAILY TOTAL: \_\_\_\_\_

MILEAGE:

STARTING: \_\_\_\_\_ ENDING: \_\_\_\_\_ DAILY TOTAL: \_\_\_\_\_

FUEL:

GAL.: \_\_\_\_\_ PRICE: \_\_\_\_\_

GAL.: \_\_\_\_\_ PRICE: \_\_\_\_\_

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## DAILY DRIVER CHECKLIST:

- \_\_\_ RE-FUEL VEHICLE
- \_\_\_ COMPLETE DAILY LOG
- \_\_\_ UNLOAD product/supplies
- \_\_\_ TURN IN LOG BOOK
- \_\_\_ RESTOCK VEHICLE FOR NEXT DAY

## DAILY VEHICLE CHECKLIST:

- \_\_\_ TIRE PRESSURE & WEAR OK
- \_\_\_ NO ENGINE LIGHTS ON
- \_\_\_ OUTSIDE VISUAL INSPECTION
- \_\_\_ CLEAN OUT INTERIOR

NOTES:

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\*\*\*\*DRIVERS MUST NOT USE TEXT OR EMAIL WHILE VEHICLE IS RUNNING. DRIVERS MUST NOT OPERATE ANY VEHICLE WHILE UNDER THE INFLUENCE OF ANY DRUGS AND/OR ALCOHOL. DRIVERS MUST REPORT ANY MEDICAL ISSUES THAT PHYSICIAN SAYS COULD IMPAIR DRIVING ABILITY SO THAT WE CAN KEEP OUR STAFF, CUSTOMERS, AND THE PUBLIC SAFE\*\*\*\*

### Driver Manual Acknowledgement and Understanding

My signature below indicates that I have completed the required training and I have read and understand Alabama Green driving manual and instructions.

Employee signature \_\_\_\_\_ Date : \_\_\_\_\_

Supervisor signature \_\_\_\_\_ Date: \_\_\_\_\_

# Exhibit 25 – Website and Social Media

## Verification

**The undersigned verifies that the information contained in this Exhibit, including any attachments thereto, is accurate and complete, based on the best available information at the date of verification.**

Shawna M. Mason \_\_\_\_\_

Printed Name of Verifying Official

Owner \_\_\_\_\_

Title of Verifying Official

 \_\_\_\_\_

Signature of Verifying Official

12/17/2022 \_\_\_\_\_

Verification Date

## **Website and Social Media**

In Progress with completion expected within 60 days after award of license.

## Redactions

The Privacy Act of 1974, as amended to present, including Statutory Notes (5 U.S.C. 552a), **Protects records about individuals retrieved by personal identifiers such as a name, social security number, or other identifying number or symbol.**

**Home address of applicant redacted from this document for security and safety reasons.**



**FORM K: Affidavit of Entity Applicant for  
Alabama Medical Cannabis License**

STATE OF Alabama )  
 )  
Houston COUNTY )

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows (*please type or print legibly*):

1. NAME OF ENTITY APPLYING FOR LICENSE: Alabama Green Transport

2. NAME OF AFFIANT: James Blake Daughtry

3. AFFIANT'S POSITION WITH APPLICANT: Business Advisor

4. AFFIANT IS THE APPLICANT'S (*Check One*):  Responsible Party  Contact Person  
**(The affidavit of BOTH individuals is required)**

5. TYPE OF LICENSE BEING SOUGHT BY APPLICANT (*Check One*):

- Cultivator       Processor       Secure Transporter  
 Dispensary       Integrated Facility       State Testing Laboratory

6. On behalf of the Applicant, I do hereby affirm under oath as follows:

a. I, the undersigned Affiant named in paragraph 2 above, am an adult, over the age of 19 years and competent to provide this Affidavit.

Jm INITIAL HERE

b. In my position stated in paragraph 3 above, I have been duly authorized by the Applicant identified in paragraph 1 above (hereinafter, "Applicant") to provide this Affidavit.

**(Attach a copy of the entity applicant's written authorization to this Affidavit.)**

Jm INITIAL HERE

c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 5 above, on behalf of the Applicant. Neither I nor the Applicant are seeking a different Alabama Medical Cannabis license on behalf of any individual or any other entity.

Jm INITIAL HERE

d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those within the Applicant's business who have such personal knowledge, whose duties

include knowledge of the facts stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I and the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

JM INITIAL HERE

- e. Applicant understands and acknowledges that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to, or otherwise entitle unto, the Applicant any rights to a license.

JM INITIAL HERE

- f. Applicant understands, acknowledges, and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.

JM INITIAL HERE

- g. Applicant consents to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.

JM INITIAL HERE

- h. Applicant has no economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.

JM INITIAL HERE

- i. I and the Applicant will at all times, to the best of our ability, comply with the AMCC Rules, and cooperate and maintain transparency with the AMCC, its staff and other agents.

JM INITIAL HERE

- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's submission.

JM INITIAL HERE

[Signature]  
Signature of Affiant

Acting for and on behalf of:

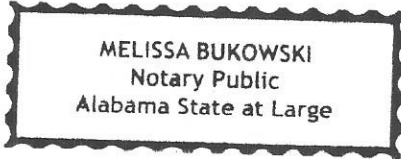
Alabama Green Transport  
Applicant

Sworn to and subscribed before me on this 28 day of February, 2023

[Signature]  
Notary Public

My Commission Expires: 3/29/2025

[SEAL]



**FORM J: Affidavit of Individual Applicant for  
Alabama Medical Cannabis License**

STATE OF Alabama )  
 )  
Houston COUNTY )

Before me, the undersigned notary, did appear the Affiant, who after being by me first duly sworn, did state under oath as follows:

1. NAME OF INDIVIDUAL APPLICANT/AFFIANT: Shawna Michelle Mason
2. STREET ADDRESS OF INDIVIDUAL APPLICANT: [REDACTED]

Enterprise Alabama 36330  
City State Zip

3. CONTACT INFORMATION: Tel: 334-763-0618 Email: wwebb05@roadrunner.com

4. TYPE OF LICENSE BEING SOUGHT BY INDIVIDUAL APPLICANT (CHOOSE ONE):
- Cultivator       Processor       Secure Transporter  
 Dispensary       Integrated Facility       State Testing Laboratory

5. As an individual applicant, I do hereby affirm under oath the following:
- a. I, the undersigned Affiant named in paragraph 1 above, am an adult, over the age of 19 years and competent to provide this Affidavit.  
SM INITIAL HERE
- b. I am not seeking an application on behalf of a company, but on my own behalf as a sole proprietor. I therefore have authority to provide this Affidavit, as I am also the Applicant.  
SM INITIAL HERE
- c. I understand and acknowledge that this Affidavit and the statements, information and documents or other exhibits accompanying it, are for the purpose of seeking one (1) license of the type specified in paragraph 4 above, on my own behalf. I am not applying for any other license in regard to the medical cannabis industry in the State of Alabama, either as an individual or through an entity.  
SM INITIAL HERE
- d. That all statements, information, documents and other exhibits provided in the Application are true and correct, based on my own personal knowledge and a diligent investigation by me. To the extent any information provided therein was heretofore outside my personal knowledge or ability to affirm, I have personally communicated with those who have such personal knowledge, whose duties include knowledge of the facts

stated and/or the integrity of the documents or other exhibits, and I am able, based on such communications, to attest to their currentness and accuracy. This I as Affiant and as the Applicant affirm under penalty of perjury and other applicable sanctions under the AMCC Rules and Alabama law.

SR INITIAL HERE

- e. I understand and acknowledge that the license being applied for is a revocable privilege granted by this state and is not a property right, and that this Application likewise does not convey to me, nor otherwise entitle me to, any rights to a license.  
SR INITIAL HERE
- f. I understand, acknowledge and will continue to respect and comply with AMCC Rules regarding limited communication during the Application process.  
SR INITIAL HERE
- g. I consent to all background checks, examinations, inspections, and search and seizure by AMCC and law enforcement personnel during this Application process and afterward, to the extent a license is awarded.  
SR INITIAL HERE
- h. I do not have an economic interest, as defined in the AMCC Rules, in any other license or Application for license under the Darren Wesley "Ato" Hall Compassion Act, § 20-2A-1, et seq., Code of Alabama 1975.  
SR INITIAL HERE
- i. I as Applicant will at all times, to the best of my ability, comply with AMCC Rules, and at all times cooperate and maintain transparency with the AMCC, its staff and other agents.  
SR INITIAL HERE
- j. Any verification provided in the Application is hereby affirmed under oath to be true and correct as of the date of the Application's filing.  
SR INITIAL HERE

Shauna M. Moon  
Signature of Individual Applicant/Affiant

Sworn to and subscribed before me on this 21 day of November, 2022.

Chelsie Roe  
Notary Public  
My Commission Expires: June 24, 2026

[SEAL]

