FORM L-1: AGENT REGISTRATION VERIFICATION

Business Licensee Name	License Number
Agent Name	Agent Driver's License/State ID Number
<u>Ve</u>	erification erification
	Agent"), the undersigned, a duly authorized verifying ve (the "Licensee"), hereby verifies all of the following:
	ly) officer, employee,contractor, and/or have access to cannabis, a medical cannabis facility, or usee.
its state and national criminal background	-59(a), Code of Alabama 1975 (as amended), submitted check application forms and related documents to the A") and the Federal Bureau of Investigation ("FBI").
	the FBI, as applicable, to release any and all criminal censee and/or Alabama Medical Cannabis Commission
• That the Licensee has received the Agent's	state and national criminal background check results.
 That the Agent has no disqualifying pendic Code of Alabama 1975 (as amended). 	ng charge or conviction as provided in § 20-2A-59(b),
	Agent, including but not limited to any and all criminal naintained by the Licensee and, upon request, made s, investigators, agents, or auditors.
to the following: § 20-2A-52, Code of Alaba	licable laws and regulations, including but not limited ama 1975 (as amended); § 20-2A-59, Code of Alabama 38-X-402; Ala. Admin. Code r. 538-X-404; Ala. in. Code r. 538-X-407.
Printed Name of Verifying Individual	Title of Verifying Individual
Signature of Verifying Individual	