

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

marijuana.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-10: Education Course Provider Application

This marijuana handler permit education course provider application is required for all persons and entities seeking to have a marijuana handler permit education course approved or re-approved (every three years) by the Marijuana Control Board. Applicants should review **3 AAC 306.700.**

The course curriculum must cover at least the following topics:

- AS 17.37, AS17.38, and 3 AAC 306
- The effects of consumption of marijuana and marijuana products
- How to identify a person impaired by consumption of marijuana
- How to determine valid identification
- How to intervene to prevent unlawful marijuana consumption
- The penalty for an unlawful act by a licensee, an employee, or an agent of a marijuana establishment
- A written test, demonstrating that each student has learned the information correctly

This form must be submitted to AMCO's Anchorage office, along with copies of the course curriculum, before any marijuana handler education course provider application will be considered by the board.

	A	pplicant Informati	on			
Enter information for the bu	siness seeking to be an	approved marijuana hander p	permit educat	ion course	<u>)</u> .	
Applicant: American C		nnabis Training Association (ACTA)				
Course Name:	American Cannabis Training Association - Alaska Marijuana Handler Certification Course					
Mailing Address: 1650 Limekiln Pike, Ste B19 #169						
City: Dresher			State:	РА	ZIP:	19025
Email Address:	hello@actatrair	ning.org	Phone:	617-213-0439		
Check one:	urse application 🗵 Th	nree year course review				
	·	classroom-type setting, or				In-person Online
I hereby certify that I am the p and I know the full content the submitted are true and correc any attachment, or document	erson herein named and sereof. I declare that all of telefication that any fals to support this application	ubscribing to this application ar he information contained herei Isification or misrepresentation on, is sufficient grounds for deny a Statute 11.56.210 to falsify an	nd that I have ron, and evidence of any item or revoking application an	ead the core or other	mplete appli documents n this applica permit. I fur	ation, or ther
Insuk Lee		Insuk	Lee			
Printed Name of Applicant Signature of Applicant						
		OFFICE USE ONLY		ı		
Board Meeting Date:		Approved Y/N?:		Co	ourse #:	MHCP 033

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