



Alaska Marijuana Control Board Form MJ-27: Marijuana from Unlicensed Source

Why is this form needed?

A strain introduction request must be completed each time a standard limited marijuana cultivation facility seeks director approval to introduce a new marijuana strain, as set forth under 3 ACC 306.405(a)(9).

This form must be completed and submitted to amco.enforcement@alaska.gov prior to introducing the new strain. The strain may not be received unless and until AMCO has given written approval on this form. Please note that licensees seeking to introduce multiple strains or multiple plant types must submit a separate completed copy of this form for each strain or type. This form must be maintained by the licensee, as required under 3 AAC 306.755.

Section 1 – Establishment Information

Enter information for the licensed marijuana cultivation facility.

Licensee:		MJ License #:	
License Type:			
Doing Business As:			
Premises Address:			
City:		State:	Alaska
		ZIP:	

Section 2 – Strain Information

Enter information for the requested strain.

Type:		Number Received:	
Name of Strain:			

Section 3 – Provider Information

Enter information for the individual providing the new strain.

Provider Name:		Date of Birth:	
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Section 4 – Provider Certifications

I certify that I am 21 years of age or older and that I have not and will not be receiving compensation for the clones, cuttings, or seeds.

Signature of provider

Printed name of provider



Section 5 – Licensee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that I have verified that the individual providing the clones, cuttings, or seeds is 21 years of age or older by reviewing the provider’s unexpired, unaltered passport, driver’s license, instruction permit, or identification card of a state or territory of the United States or the District of Columbia.

I certify that I **will not be** receiving more than six clones or cuttings OR ten seeds of the listed strain from the listed source upon approval of this request.

I certify that I will not be providing compensation for any clones, cuttings, or seeds obtained after receiving approval on this form.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature of licensee

Printed name of licensee

Date

Section 6 – AMCO Review

Approved

Disapproved

Signature of AMCO Enforcement Supervisor
Delegated with authority by the Director to sign this form.

Printed name of AMCO Enforcement Supervisor

Date

Reason for Denial:	