



Alaska Marijuana Control Board  
**Marijuana Handler Permit**  
**Form MJ-10: Education Course Provider Application**

Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

**What is this form?**

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 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 main office, along with a copy of the course curriculum, before any marijuana handler permit education course provider application will be considered by the board.**

**Applicant Information**

Enter information for the business seeking to be an approved marijuana handler permit education course.

<b>Applicant:</b>	CLARK ALLEN DAVIS				
<b>Course Name:</b>	MARIJUANA HANDLER PERMIT				
<b>Mailing Address:</b>	1417 Mountain View DR				
<b>City:</b>	KODIAK	<b>State:</b>	AK	<b>ZIP:</b>	99615
<b>Email Address:</b>	mr.cadavis@yahoo.com	<b>Phone:</b>	907-512-7257		

In-person  Online

Do you intend to provide this course in-person in a classroom-type setting, or online? Check all that apply.

CLARK ALLEN DAVIS  
 Signature of Applicant

03.29.16  
 Date

**OFFICE USE ONLY**

<b>Board Meeting Date:</b>		<b>Approved Y/N?:</b>		<b>Course #:</b>	
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**Applicant Information**

Enter information for the business seeking to be an approved marijuana handler permit education course.

<b>Applicant:</b>	GEORGE HOLLOWAY				
<b>Course Name:</b>	MARIJUANA HANDLER PERMIT				
<b>Mailing Address:</b>	322 SHELKOF STREET				
<b>City:</b>	KODIAK	<b>State:</b>	AK	<b>ZIP:</b>	99615
<b>Email Address:</b>	CHIVERSCIGARS@GMAIL.	<b>Phone:</b>	(907)512-0775		

com

In-person  Online

Do you intend to provide this course in-person in a classroom-type setting, or online? Check all that apply.

George Holloway  
 Signature of Applicant

3/29/2016  
 Date

**OFFICE USE ONLY**

<b>Board Meeting Date:</b>		<b>Approved Y/N?:</b>		<b>Course #:</b>	
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