



Alaska Marijuana Control Board

Form MJ-27: Marijuana from Unlicensed Source

What is this form?

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).

What must be submitted with this form?

- A copy of the provider's photo identification (to be kept confidential)

This form must be completed and submitted to AMCO's main office prior to introducing the new strain. The strain may not be received unless and until the AMCO director 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. Signed forms 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



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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 declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee Printed name of licensee

Date

Section 6 – AMCO Review

Approved Disapproved

Signature of Director Printed name of Director

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Date

Comments: