



AMCO Enforcement Report of Theft or Burglary

3 AAC 306.715 (e) A marijuana establishment shall notify the Department of Commerce, Community, and Economic Development, Alcohol and Marijuana Control Office as soon as reasonably practical and in any case not more than 24 hours after any unauthorized access to the premises or the establishment's knowledge of evidence or circumstances that reasonably indicate theft, diversion, or unexplained disappearance of marijuana, marijuana products, or money from the licensed premises.

The following are required,

- Copies of Security Footage of Incident
- Police/Trooper Report
- Complete this form

Send all documents to,

AMCO Enforcement
Attn: Criminal Justice Technician
550 West 7th Ave. Ste. 1600
Anchorage, AK 99501

1. DBA and Address of License Premises (include ZIP Code)

2. Phone No. (Include Area Code)

3. License Number

4. Date of Theft or Loss

5. Principal Business of Licensee (Check one)

- 1 Standard Cultivation 5 Product Manufacturer
 2 Limited Cultivation 6 Concentrate Manufacturer
 3 Retail Store 7 Other (Specify) _____
 4 Testing Facility

6. Borough in which Licensee is Located

7. Was Theft reported to Police?

Yes No

8. Name and Telephone Number of Police Department (Include Area Code)

9. Number of Thefts or Losses Licensee has Experienced in the Past 24 Months

10. Type of Theft or Loss (Check one and complete items below as appropriate)

- 1 Night Break-in 3 Employee Theft (Complete Item 15) 5 Other (Explain at bottom of page 2)
 2 Armed Robbery 4 Customer Theft 6 Lost in Transport (Complete Item 14)

F. If Armed Robbery, was Anyone:

Killed? No Yes (How Many) _____
Injured? No Yes (How Many) _____

F. Purchase value to Licensee of marijuana product taken?

\$

13. Were any other products or merchandise taken?

No Yes (Est. Value)

\$

14. IF LOST IN TRANSPORT, COMPLETE THE FOLLOWING:

A. Name of Person Transporting Products

B. Starting Destination DBA and License Number

C. Final Destination DBA and License Number

D. Manifest Number

E. If product received, did it appear to be tampered with?

Yes No

F. Vehicle Information

Plate _____ Make _____
Model _____ Year _____

15. EMPLOYEE INVOLVED IN THEFT:

A. Full Name

B. Marijuana Handler Permit Number

C. Dates of Employment

16. What identifying marks, symbols were on the labels of these packages that would assist in identifying the products?

17. What security measures have been taken to prevent future thefts or losses?

LIST OF MARIJUANA PRODUCTS LOST OR STOLEN

Examples

Item Name	Item Type	Package Number	Source Harvest (s)	Source Packages (s)	Total Quantity Lost or Stolen
Cartridge – Sativa/Hybrid	Non-Edible	1A4020300002B5E00005849	Mercy Fruit Haze 5-16-19	1A4020300002B5E00005626	10 each
Amnesia Flower	Bud/Flower	1A40203000017D7000000456	111-Amnesia-20170808	N/A	300 grams
Canna Caps	Edible	1A40203000085FD000001238	Sweet Strawberries 18-10-5	1A40203000085FD000001067	45 each
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20.					
Summary of Incident -					Express Quantity in Count, or Grams

I certify that the foregoing information is correct to the best of my knowledge and belief.

Print _____ Sign _____ Date _____