

**Attachment A**

**DIVERSITY ATTESTATION**

*This form must be signed and notarized for each participant for whom status as a minority is relied upon in the Applicant's Diversity Plan.*

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR DISQUALIFICATION OF AN APPLICATION OR A PRE-APPROVAL AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER APPLICABLE FEDERAL AND STATE LAW.**

State of \_\_\_\_\_, County of \_\_\_\_\_

I am an individual who intends to become (circle one): Owner/Investor/Employee/Contractor in this Applicant's grower's business if the Applicant is awarded a medical cannabis grower's license. If a prospective employee or contractor, I certify that I do not intend to become an employee or a contractor in the medical cannabis grower business of any other medical cannabis grower Applicant involved in this Application process.

I, the Attestor named below, hereby certify that I am (check all that apply):

- African American
- American Indian/Native American
- Asian
- Hispanic
- Female
- Other (specify)\_\_\_\_\_

\_\_\_\_\_  
Signature of Attestor

\_\_\_\_\_  
Printed Name of Attestor

\_\_\_\_\_  
Title or Profession of Attestor

Contact Information of the Attestor (Address, email, and phone number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTARY

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, a Notary Public of the State of \_\_\_\_\_, in and for the County of \_\_\_\_\_, personally appeared \_\_\_\_\_ (*name of person(s) who make acknowledgement*) and made this affirmation in due form of law that the matters and facts set forth in the \_\_\_\_\_ (*document to which the person(s) is or are swearing*) are true.

As witness, my hand and notarial seal.

Notary Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Name of Notary Public

My Commission Expires: \_\_\_\_\_