



Medical Marijuana Program Dispensary Registration Certificate Application Instructions

Please note that application information and other instructions may change. Please refer back to the ADHS website for the most current information.

Please read these instructions carefully before you begin the Dispensary Registration Certificate Application process. This packet includes the application instructions, checklist, and application form.

General Information

In accordance with [A.R.S. § 36-2804](#), nonprofit medical marijuana dispensaries shall register with the Arizona Department of Health Services (Department). The Department may not issue more than one nonprofit medical marijuana dispensary registration certificate for every ten (10) pharmacies that have registered under section 32-1929, have obtained a pharmacy permit from the Arizona Board of Pharmacy, and operate in the State. As per [A.A.C. R9-17-304](#), dispensary registration certificate applicants must submit to the Department an application in a Department-provided format (the *Dispensary Registration Certificate Application*). The Department will accept Dispensary Registration Certificate Applications for 10 working days.

How to Apply for a Dispensary Registration Certificate

1. Print and review the *Dispensary Registration Certificate Application Checklist* beginning on page iii of this packet. The checklist includes the information you will need to fill out on the *Dispensary Registration Certificate Application* (application) and will list additional documents and information that you will need to send in with the application.
2. Open the *Dispensary Registration Certificate Application* beginning on page 1 of this packet and save a copy onto your computer.
3. Fill out the application, typing the required information into the blank boxes.
4. Once the application is filled out, print the application and make sure the appropriate parties sign and date where required.
5. Gather all other required documents (refer to the *Dispensary Registration Certificate Application Checklist*, *Dispensary Registration Certificate Application*, and [A.A.C. R9-17-304](#) for details), including:
 - a. *If applicable*, a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents including the name of the business organization, the type of business organization, and the names and titles of the individuals in R9-17-301;
 - b. For each principal officer or board member, a signed and dated *Medical Marijuana Dispensary Principal Officer and Board Member Attestation* form (see page 4 of the application);
 - c. For each principal officer or board member, a complete fingerprint card, including information required in R9-17-304(C)(3)(c)(i) (see [Fingerprinting Instructions](#) on the Medical Marijuana



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Program website for guidance on submitting fingerprint cards). Please note, fingerprint cards from principal officers and board members will not be required if the fingerprints and information required in [R9-17-304\(C\)\(3\)\(b\)\(i\)](#) were submitted to the Department as part of an application for a designated caregiver or dispensary agent registry identification card within the previous six months; however, the registry identification number on the registry identification card issued to the principal officer or board member must be provided on the application;

- d. Copies of policies and procedures that comply with requirements in A.A.C. Title 9, Chapter 17, for inventory control, qualifying patient recordkeeping, security, and patient education and support;
 - e. A sworn statement signed and dated by the individual or individuals in [R9-17-301](#) certifying that the dispensary is in compliance with any local zoning restrictions;
 - f. Documentation from the local jurisdiction where the dispensary's proposed physical address is located that there are no local zoning restrictions for the dispensary's location and the dispensary's location is in compliance with any local zoning restrictions (*see* sample form provided on page 5 of the application);
 - g. Documentation of ownership of the physical address of the proposed dispensary or permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address (*see* sample form provided on page 6 of the application);
 - h. A copy of the dispensary's by-laws or operating agreement, including information required in [R9-17-304](#);
 - i. A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis, including information required in [R9-17-304](#);
 - j. The non-refundable \$5,000.00 Dispensary Registration Certificate Application fee in the form of a cashier's check or money order made payable to the *Arizona Department of Health Services*.
6. Dispensary Registration Certificate Applications and all additional required documents will be accepted for 10 working days after the date the Department begins accepting applications. Applications will not be accepted before this date. When mailing the application, please use an envelope that will not cause the fingerprint card(s) to be folded or creased.

Please mail Dispensary Registration Certificate Applications to:

Arizona Department of Health Services
ATTN: Medical Marijuana Program
P.O. Box 19000
Phoenix, AZ 85005



Medical Marijuana Program Dispensary Registration Certificate Application Checklist

Please note that this checklist information and other instructions may change. Please refer back to the ADHS website for the most current information.

Please review this checklist **prior to** completing a *Dispensary Registration Certificate Application*. An entity applying for a dispensary registration certificate must ensure that the following criteria has been met and all required information is included in the application as outlined below:

<input type="checkbox"/> 1. To apply for a dispensary registration certificate, an entity shall submit to the Department an application in a Department-provided format that includes:	
<input type="checkbox"/> a. The legal name of the dispensary;	
<input type="checkbox"/> b. The physical address of the proposed dispensary;	
<input type="checkbox"/> c. The following information for the entity applying:	<input type="checkbox"/> i. Name, <input type="checkbox"/> ii. Type of business organization (corporation, partnership, LLC, etc...) <input type="checkbox"/> iii. Mailing address, <input type="checkbox"/> iv. Telephone number, and <input type="checkbox"/> v. E-mail address;
<input type="checkbox"/> d. The name of the individual designated to submit dispensary agent application on behalf of the dispensary;	
<input type="checkbox"/> e. The name and medical license number of the dispensary's medical director;	
<input type="checkbox"/> f. The name, residence address, and date of birth of each:	<input type="checkbox"/> i. Principal officer, and <input type="checkbox"/> ii. Board member;
<input type="checkbox"/> g. Whether a principal officer or board member:	<input type="checkbox"/> i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked; <input type="checkbox"/> ii. Is a physician currently providing written certifications for qualifying patients; <input type="checkbox"/> iii. Is a law enforcement officer; <input type="checkbox"/> iv. Is employed by or is a contractor of the Department;
<input type="checkbox"/> h. Whether the dispensary agrees to allow the Department to submit supplemental requests for information;	
<input type="checkbox"/> i. A statement that, if the dispensary is issued a dispensary registration certificate, the dispensary will not operate until the dispensary is inspected and obtains an approval to operate from the Department;	
<input type="checkbox"/> j. An attestation that the information provided to the Department to apply for a dispensary registration certificate is true and correct; and	
<input type="checkbox"/> k. The signature of the principal officers of the dispensary according to R9-17-301(A) and the date the principal officers signed;	
<input type="checkbox"/> 2. If the entity applying is one of the business organizations in R9-17-301(A)(2) through (A)(7) a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:	
<input type="checkbox"/> a. The name of the business organization;	
<input type="checkbox"/> b. The type of business organization; and	
<input type="checkbox"/> c. The names and titles of the individuals in R9-17-301(A) and (B);	



Medical Marijuana Program Dispensary Registration Certificate Application Checklist

<input type="checkbox"/> 3. For each principal officer and board member:	
<input type="checkbox"/> a. An attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801 (<i>see <u>Principal Officer & Board Member Attestation</u> form on page 4 of this packet</i>);	
<input type="checkbox"/> b. For the Department's criminal records check authorized in A.R.S. §36- 2804.05:	<input type="checkbox"/> i. The principal officer's or board member's fingerprints on a fingerprint card (<i>see <u>Fingerprinting Instructions</u> on the Medical Marijuana Program website and R9-17-304(C)(3)(b)(i)</i>); or <input type="checkbox"/> ii. If the fingerprints and information required in R9-17-304(C)(3)(b)(i) were submitted to the Department as part of an application for a designated caregiver or dispensary agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the principal officer or board member as a result of the application; and
<input type="checkbox"/> 4. Policies and procedures for:	
<input type="checkbox"/> a. Inventory control as per R9-17-310(A)(2)(c) and R9-17-316,	
<input type="checkbox"/> b. Qualifying patient recordkeeping as per R9-17-310(A)(2)(d) and R9-17-315,	
<input type="checkbox"/> c. Security as per R9-17-318, and	
<input type="checkbox"/> d. Patient education and support as per R9-17-310(A)(2)(e);	
<input type="checkbox"/> 5. A sworn statement signed and dated by the individual or individuals in R9-17-301 certifying that the dispensary is in compliance with any local zoning restrictions;	
<input type="checkbox"/> 6. Documentation from the local jurisdiction where the dispensary's proposed physical address is located that:	
<input type="checkbox"/> a. There are no local zoning restrictions for the dispensary's location, or	
<input type="checkbox"/> b. The dispensary's location is in compliance with any local zoning restrictions (<i>see sample on page 5 of this packet</i>);	
<input type="checkbox"/> 7. Documentation of:	
<input type="checkbox"/> a. Ownership of the physical address of the proposed dispensary, or	
<input type="checkbox"/> b. Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address (<i>see sample on page 6 of this packet</i>);	
<input type="checkbox"/> 8. The dispensary's by-laws including;	
<input type="checkbox"/> a. The names and titles of individuals designated as principal officers and board members of the dispensary;	
<input type="checkbox"/> b. Whether the dispensary plans to:	<input type="checkbox"/> i. Cultivate marijuana; <input type="checkbox"/> ii. Acquire marijuana from qualifying patients, designated caregivers, or other dispensaries; <input type="checkbox"/> iii. Sell or provide marijuana to other dispensaries; <input type="checkbox"/> iv. Transport marijuana; <input type="checkbox"/> v. Prepare, sell, or dispense marijuana-infused edible food products; <input type="checkbox"/> vi. Prepare, sell, or dispense marijuana-infused non- edible products; <input type="checkbox"/> vii. Sell or provide marijuana paraphernalia or other supplies related to the administration of marijuana to qualifying patients and designated caregivers; <input type="checkbox"/> viii. Deliver medical marijuana to qualifying patients; or
<input type="checkbox"/> c. Provisions for the disposition of revenues and receipts to ensure that the dispensary operates on a not-for-profit basis; and	
<input type="checkbox"/> d. Provisions for amending the dispensary's by-laws;	



Medical Marijuana Program Dispensary Registration Certificate Application Checklist

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| <input type="checkbox"/> 9. A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis that includes: <ul style="list-style-type: none"><input type="checkbox"/> a. A description of and total dollar amount of expenditures already incurred to establish the dispensary or to secure a dispensary registration certificate by the individual or business organization applying for the dispensary registration certificate;<input type="checkbox"/> b. A description and total dollar amount of monies or tangible assets received for operating the dispensary from entities other than the individual applying for the dispensary registration certificate or principal officer or board member associated with the dispensary including the entity's name and the interest in the dispensary or the benefit the entity obtained;<input type="checkbox"/> c. Projected expenditures expected before the dispensary is operational;<input type="checkbox"/> d. Projected expenditures after the dispensary is operational; and<input type="checkbox"/> e. Projected revenue; and |
| <input type="checkbox"/> 10. The applicable fee in R9-17-102, \$5,000, for applying for a dispensary registration certificate. |

IMPORTANT NOTES:

1. As per A.A.C. R9-17-304(A), an individual applying for a dispensary registration certificate shall not be an applicant, principal officer, or board member on:
 - a. More than one dispensary registration certificate application for a location in a single CHAA, or
 - b. More than five dispensary registration certificate applications for locations in different CHAAs.
2. As per, A.A.C. R9-17-304(D), before an entity with a dispensary registration certificate begins operating a dispensary, the entity shall apply for and obtain an approval to operate a dispensary from the Department.



MEDICAL MARIJUANA DISPENSARY REGISTRATION CERTIFICATE APPLICATION

GENERAL INFORMATION

Dispensary's Legal Name:			
Dispensary's Proposed Physical Address*: <i>*This cannot be a P.O. Box.</i>			CHAA #:
City:	County:	State:	Zip Code:

APPLYING ENTITY INFORMATION

Applying Entity's Name:			
Business Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Assoc/Coop. <input type="checkbox"/> Joint Venture			
Telephone #:	E-mail Address*: <i>*This e-mail address must be valid as it will be used for all notifications regarding the status of this application.</i>		
Mailing Address*: <i>*This must be an Arizona address.</i>			
City:	County:	State:	Zip Code:

MEDICAL DIRECTOR INFORMATION

Last Name:	First Name:	MI:
License #:	License Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NMD <input type="checkbox"/> MD (H)	

DESIGNEE INFORMATION

List the name of the individual designated to submit dispensary agent registry ID card applications on behalf of the dispensary.

Last Name:	First Name:	MI:
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DISPENSARY PRINCIPAL OFFICER (PO) AND BOARD MEMBER (BM) NAME(S)

For each principal officer and board member listed below, please fill out a corresponding Dispensary Principal Officers and Board Members Information Form.

Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM

SUPPLEMENTAL REQUESTS

Does the applicant agree to allow the Arizona Department of Health Services (ADHS) to submit supplemental requests for information? <input type="checkbox"/> YES <input type="checkbox"/> NO



MEDICAL MARIJUANA DISPENSARY REGISTRATION CERTIFICATE APPLICATION

Pursuant to A.R.S. § 41.1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement of condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency’s adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing “medical” marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act (“Act”), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing “medical” marijuana.

If the applicant is issued a dispensary registration certificate, the applicant agrees to not operate the dispensary until the dispensary is inspected and the applicant obtains an approval to operate from ADHS.

I attest that the information provided to ADHS for this dispensary registration certificate application is true and correct.

Print Name	Signature	Title	Date
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NOTE: Confidential and time sensitive information will be sent to the applicant’s e-mail address provided in this application. Failure to respond to e-mails may result in your application being withdrawn or denied. It is the applicant’s responsibility to add AZDispensaryRegistry@azdhs.gov to their list of safe senders to avoid having messages sent to their junk e-mail folder. Instructions on how to add an e-mail address to your list of safe senders can be found in your e-mail provider’s documentation. Do not respond to or send any e-mails to AZDispensaryRegistry@azdhs.gov, it is an automated system.



MEDICAL MARIJUANA DISPENSARY REGISTRATION CERTIFICATE APPLICATION

DISPENSARY PRINCIPAL OFFICERS AND BOARD MEMBERS INFORMATION FORMS

Provide the following information for each principal officer and board member listed on Page 1 of application. Use as many sheets as needed.

Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Date of Birth:			
Residence Address*: <i>*This cannot be a P.O. Box.</i>			
City:	County:	State:	Zip:
Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a physician currently providing written certifications for qualifying patients? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a law enforcement officer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual employed by or a contractor of ADHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individuals signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individual's fingerprints on a fingerprint card been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<i>If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?</i>			

Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Date of Birth:			
Residence Address*: <i>*This cannot be a P.O. Box.</i>			
City:	County:	State:	Zip:
Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a physician currently providing written certifications for qualifying patients? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a law enforcement officer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual employed by or a contractor of ADHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individuals signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individual's fingerprints on a fingerprint card been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<i>If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?</i>			



MEDICAL MARIJUANA DISPENSARY REGISTRATION CERTIFICATE APPLICATION

DISPENSARY PRINCIPAL OFFICERS AND BOARD MEMBERS INFORMATION FORMS

Provide the following information for each principal officer and board member listed on Page 1 of application. Use as many sheets as needed.

Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Date of Birth:			
Residence Address*: <i>*This cannot be a P.O. Box.</i>			
City:	County:	State:	Zip:
Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a physician currently providing written certifications for qualifying patients? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a law enforcement officer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual employed by or a contractor of ADHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individuals signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individual's fingerprints on a fingerprint card been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<i>If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?</i>			

Last Name:	First Name:	MI:	<input type="checkbox"/> PO <input type="checkbox"/> BM
Date of Birth:			
Residence Address*: <i>*This cannot be a P.O. Box.</i>			
City:	County:	State:	Zip:
Has this individual served as a principal officer or board member for a dispensary that has had their dispensary registration certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a physician currently providing written certifications for qualifying patients? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a law enforcement officer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual employed by or a contractor of ADHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individuals signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individual's fingerprints on a fingerprint card been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<i>If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?</i>			



ARIZONA DEPARTMENT OF HEALTH SERVICES MEDICAL MARIJUANA PROGRAM

DOCUMENTATION OF COMPLIANCE WITH LOCAL JURISDICTION ZONING

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE LOCAL JURISDICTION
IN WHICH THE PROPOSED DISPENSARY IS LOCATED.

Name of Individual or Entity Applying for a Dispensary Registration Certificate:			
Physical Address of Proposed Dispensary:			
City:	County:	State:	Zip Code:
Legal Description of the Property:			
Name of Local Jurisdiction:			

There are no local zoning restrictions for a proposed dispensary at the above location.

OR

The location of the proposed dispensary is in compliance with local zoning restrictions related to where a dispensary may be located.

TITLE OF THE AUTHORIZED REPRESENTATIVE OF THE LOCAL JURISDICTION

PRINTED NAME

TELEPHONE NUMBER

SIGNATURE

DATE SIGNED



ARIZONA DEPARTMENT OF HEALTH SERVICES
MEDICAL MARIJUANA PROGRAM

DOCUMENTATION OF PROPERTY OWNERSHIP

TO BE COMPLETED BY THE OWNER OF THE PHYSICAL ADDRESS OF THE PROPOSED DISPENSARY.

Form with fields for: Name of Individual or Entity Applying for a Dispensary Registration Certificate; Name of Owner of the Physical Address of the Proposed Dispensary; Physical Address of Proposed Dispensary; City; County; State; Zip Code; Legal Description of the Property.

[] The individual or entity applying for a Dispensary Registration Certificate is the owner of the physical address of the proposed dispensary.

OR

[] The owner of the physical address of the proposed dispensary gives permission to the individual or entity applying for a Dispensary Registration Certificate to operate a dispensary at the physical address.

Signature lines for PROPERTY OWNER NAME, TITLE, PROPERTY OWNER SIGNATURE, and DATE SIGNED.