



## **MOFGA CERTIFIED CLEAN CANNABIS (MC3) PRODUCER ENDORSEMENT**

I, the undersigned, affirm the following:

- I affirm that I have read and understood MOFGA CERTIFIED CLEAN CANNABIS standards and that all cannabis grown and processed for MC3 certification has been produced according MOFGA CERTIFIED CLEAN CANNABIS standards.
- I affirm that I am an appointed representative of the operation and I can make decisions involving this operation and its certification by MOFGA. I am an official contact for this operation.
- I affirm that the information provided in the application paperwork is complete and accurate and understand that MOFGA Certification Services LLC (MCS) relies upon this information for its certification process. **Willfully providing false information may result in the denial of certification and may be subject to legal action. If any of this information changes about my operation, I (we) will notify MCS of these changes promptly.**
- I understand that my operation may be subject to unannounced inspection and/or sampling at any time, in accordance with State and Federal law, as deemed appropriate by MCS to ensure compliance with our standard.
- I understand that MOFGA Certification Services LLC may revoke MC3 certification at any time if it is believed that MC3 standards are not being met. Should certification be revoked, I agree to immediately cease using MOFGA's name, the MC3 name, and any MOFGA logos in association with my cannabis operation.
- I will maintain all records applicable to the MC3 certified operation for no less than five (5) years beyond their creation. This includes keeping a copy of my annual certification paperwork.
- I understand that acceptance of MC3 paperwork does not constitute certification. Certification is granted by the issuance of an MC3 certificate. I understand that the certificate is good for approximately 12 months and must be renewed annually.
- I agree to not hold MOFGA or MOFGA Certification Services, LLC responsible for the use or safety of my cannabis product by me or by my patients.
- I am aware of the MCS inspection cancellation policy and understand that I may be charged additional fees if applicable per the policy.

**The undersigned must be 18 years or older. This document must be signed in order for MCS to proceed with the certification process.**

(1) \_\_\_\_\_ Date \_\_\_\_\_

Print Name Here: \_\_\_\_\_

(2) \_\_\_\_\_ Date \_\_\_\_\_

Print Name Here: \_\_\_\_\_

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