



MOFGA CERTIFIED CLEAN CANNABIS (MC3) PRODUCER ENDORSEMENT

I, the undersigned, affirm the following:

- I affirm that I have read and understand MOFGA CERTIFIED CLEAN CANNABIS standards and that all cannabis grown and processed for my MC3 certification has been produced according to 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 I 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 inspections and/or sampling at any time, in accordance with State and Federal law, as deemed appropriate by MCS to ensure compliance with MC3 standards.
- 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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