

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

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MAY 3 0 2024

Dept. of Commerce

AMCO

Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-10: Education Course Provider Application

This marijuana handler permit education course provider application is required for all persons and entities seeking to have a marijuana handler permit education course approved or re-approved (every three years) by the Marijuana Control Board. Applicants should review 3 AAC 306.700 and 3 AAC 306.701.

The course curriculum must cover at least the following topics:

- AS 17.37, AS17.38, and 3 AAC 306
- The effects of consumption of marijuana and marijuana products
- How to identify a person impaired by consumption of marijuana
- How to determine valid identification
- How to intervene to prevent unlawful marijuana consumption
- The penalty for an unlawful act by a licensee, an employee, or an agent of a marijuana establishment
- A written test, demonstrating that each student has learned the information correctly

This form must be submitted to AMCO's Anchorage office, along with copies of the course curriculum, before any marijuana handler education course provider application will be considered by the board.

	Applicant Information	n			
Enter information for the b	usiness seeking to be an approved marijuana hander per	mit educati	on course	e	
Applicant: MM411, Inc dba Medical Marijuana 411					
Course Name: Alaska Marijuana Handler Permit Online Certification Progr					Program
Mailing Address:	s: 2434 Lenore Drive				
City:	Tacoma	State:	WA	ZIP:	98052
Email Address:	chris@medicalmarijuana411.com	Phone:	720 635-5244		
Check one: ☐ Initial course application, \$500 fee ☐ Three year course review, \$500 fee					
Do you intend to provide this course in-person in a classroom-type setting, or online? Check all that apply.					
You must be able to certify the statement below. Read the following and then sign your initials in the box to the right:					
I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or					

Christine DeVol

Printed Name of Applicant

Signature of Applicant

Board Meeting Date: 6/26/24 Approved Y/N?: Course #: MHCP 029

any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn

falsification.