

**Marijuana Research License Application Signature Page**

Instructions:

You may complete this form by one of the following methods:

- a. Type the required information below, print the form, sign the form in pen and scan the final document; or
- b. Type the required information below and sign electronically by adding “/s/” before your name and using italic font; for example, /s/*Jane Doe*; or
- c. Type the required information below and sign electronically using Adobe’s Digital ID when prompted.

Once completed, save the file with a file name containing your license number and the words “signature page;” for example:

“License\_111111\_Signature\_Page”

Email this Signature Page as an attachment, along with your other application materials to [curt@DynamiteAg.com](mailto:curt@DynamiteAg.com) with the subject line “Marijuana Research License Application”

“I certify that this application satisfies the requirements of  
RCW 69.50.372 and WAC 314-55-73.”

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location Signed:

City: \_\_\_\_\_

State: \_\_\_\_\_

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**Fee:**

Applicants will be charged an initial administrative fee of \$500.00 for initial marijuana research license application processing. This fee will be due in full prior to performing our administrative review. The scientific review process will then be billed at \$300/hr with an additional fee if a site visit is deemed necessary. Upon completing the review, the applicant will be billed for the remainder of applicable charges. Payment will be due before Dynamite Ag, Inc. submits the decision to the LCB. The maximum application fee will not exceed \$5,350.

**Disclaimer:**

The applicant is responsible for ensuring that no information is included in the research plan that may compromise the applicant's ability to secure patent, trade secret, or other intellectual property (IP) protection.

“I certify that I have the legal authority to represent the subject entity named in this application and that all application documents submitted herein are true and correct.”

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Location Signed:

City: \_\_\_\_\_

State: \_\_\_\_\_