

MEDICAL CANNABIS  
PRODUCTION ESTABLISHMENT

# AGENT CARD APPLICATION OVERVIEW

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Utah Department of Agriculture and Food

# REQUIRED APPLICANT INFO

- Please make sure applicants enter the name, height, eye/hair color, DOB as it appears on their gov't issued ID
- Applicants should provide their current residential address
- Applicants should provide the best email to contact them at (used for notifications from EVS and if we need additional information)
- If agent has another agent application (active or awaiting state review), they should select "Yes" to the last question

Photo  Browse <sup>R</sup>

First Name  <sup>R</sup>

Last Name  <sup>R</sup>

Suffix  <sup>R</sup>

Last 4 Digits of SSN  <sup>R</sup>

Date of Birth  (mm/dd/yyyy) <sup>R</sup>

Height  ft <sup>R</sup>  in <sup>R</sup>

Eye Color  <sup>R</sup>

Hair Color  <sup>R</sup>

Address  <sup>R</sup>

Apt/Suite#

City  <sup>R</sup>

State  <sup>R</sup>

County  <sup>R</sup>

Zip Code  <sup>R</sup>

Email Address  <sup>R</sup>

Are you an Owner or Existing Agent  Yes  No <sup>R</sup>

Save

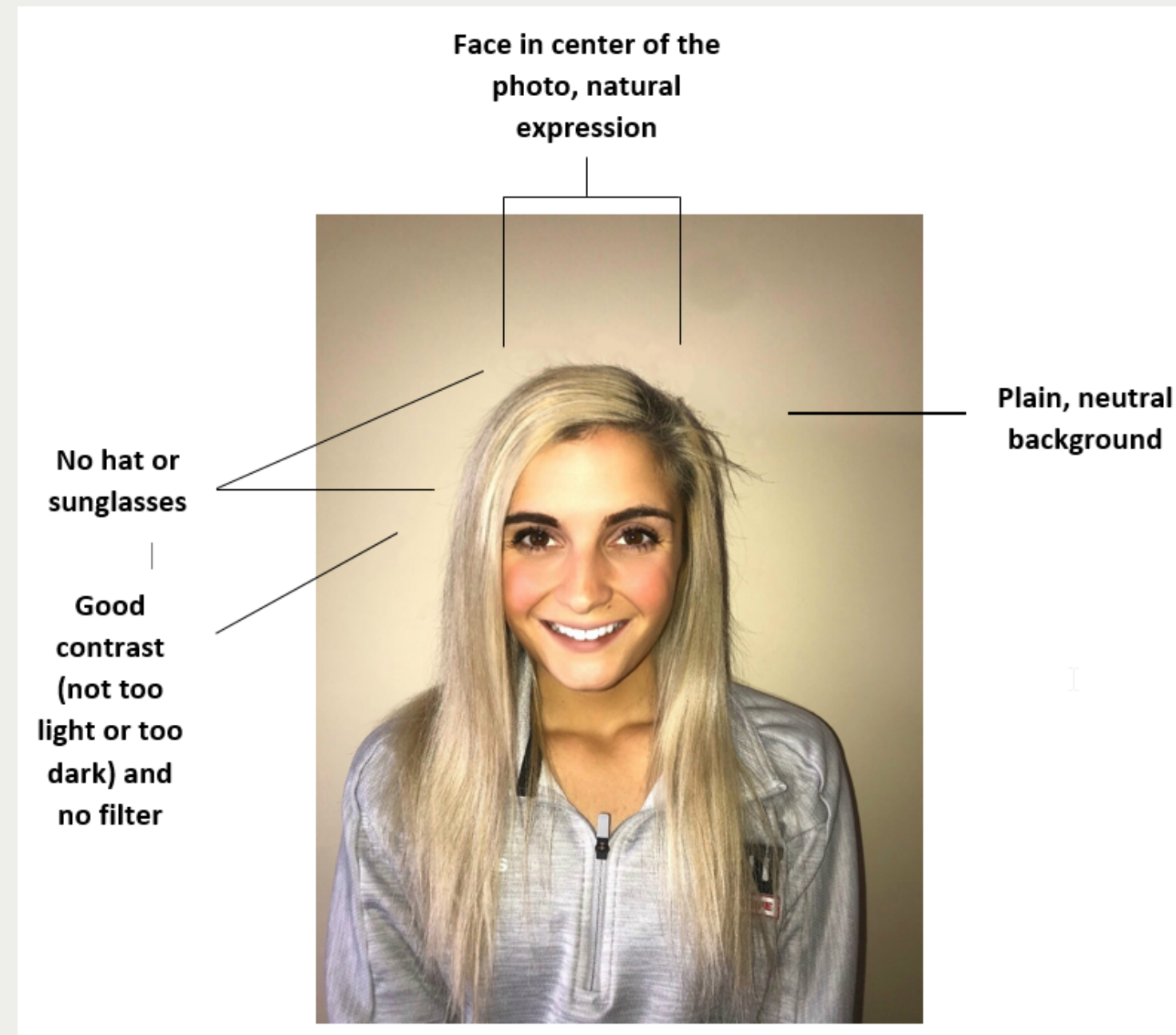
# AGENT PHOTO

## REQUIREMENTS

Clear image of face  
Full face in frame  
In color  
Minimal distractions

### **NO:**

Text over image  
Filters  
Sunglasses  
Hats  
Additional people in frame



# TRAINING CERTIFICATE

## REQUIRED INFORMATION

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Name of establishment issuing certificate

Name of training

Date of training

Name **and** signature of trainee/agent

Name **and** signature of an establishment's representative verifying the training occurred



# PAYMENT OPTIONS

WHEN AN APPLICATION IS  
READY FOR PAYMENT...

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**Option One:**

Make a payment through EVS

**Option Two:**

Make a payment over the phone at 801-982-2200

-Receipt will be emailed

-Forward receipt to [cannabischeck@utah.gov](mailto:cannabischeck@utah.gov) with  
name of agent and type of application



# WORK FACILITIES

## COMMON ISSUES

Applicant adds cultivation facility on processing application or vice versa

Applicant adds multiple facilities to one application





**\*IF AN AGENT WILL BE WORKING AT MULTIPLE FACILITIES OF THE SAME TYPE, THE ESTABLISHMENT OR AGENT NEEDS TO EMAIL [CANNABISCHECK@UTAH.GOV](mailto:CANNABISCHECK@UTAH.GOV)**

# BACKGROUND FORM

## Requirements

1. First and Last LEGAL name
2. Signature of applicant and date
3. Initials on the FBI Privacy Act Statement

Forms that leave #3 blank or cross out or check off the box are considered INCOMPLETE and the application will not be processed

 **UTAH DEPARTMENT OF AGRICULTURE & FOOD**  
Medical Cannabis Production Establishment Agent  
Criminal Background Screening Authorization Form 

**1** →  First Name:  Last Name:

I understand that my personal information including name, DOB, SSN and fingerprints will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by Utah Department of Agriculture and Food (UDAF) to determine my eligibility for registration as a medical cannabis production establishment agent, or continued registration as a medical cannabis production establishment agent. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries. UDAF will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview.

I understand that I may request to review any results of this inquiry and understand that UCA 53-10-108 does not allow UDAF to provide a copy of those results to me. Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by UDAF as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). Until the completion of the background check, I understand that I will not be issued a medical cannabis production establishment agency registration card and continued registration is contingent upon the results of the background screening. I have read this Privacy Act Statement and understand my rights according to this statement.

**2** →  Applicant Signature:  Date:

**3** →  By initialing this line, I acknowledge I have received and read the attached FBI Privacy Act Statement.

# **SUBMITTING FOR STATE REVIEW**

**Applicant should review all information and required documents to make sure the application is complete and ready to be submitted**

**Once application is saved with the background form, the application will go into "Awaiting State Review" status**



A background image of a cannabis plant with green serrated leaves and developing buds, overlaid with a semi-transparent grey rectangle containing text.

**APPLICANTS CANNOT MAKE CHANGES TO  
THEIR APPLICATIONS WHILE IT IS IN  
"AWAITING STATE REVIEW" STATUS**

**PLEASE MAKE SURE EVERYTHING IS  
COMPLETE AND ACCURATE PRIOR TO  
SUBMITTING**

# APPLICATION ISSUES

## COMMON MISTAKES

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Unacceptable photo

Legal name or hair color not provided

Incorrect file uploaded as training certificate

Training certificate is missing signatures

Incomplete background authorization

Agent has not been fingerprinted yet

## HOW TO FIX...

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Agent will be emailed if there are any issues with their application or documents

Agent or establishment need to email updated documents to [cannabischeck@utah.gov](mailto:cannabischeck@utah.gov)

If uploading corrected documents directly to EVS, please notify [cannabischeck@utah.gov](mailto:cannabischeck@utah.gov) that new documents are available

# CONTACT

IF YOU HAVE QUESTIONS OR NEED HELP...

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**Before contacting the Department**, please reach out to your point of contact at the medical cannabis production establishment for assistance

**If additional assistance is needed:**

Email [cannabischeck@utah.gov](mailto:cannabischeck@utah.gov)

Call 801-982-2375

For status updates, check the status of the application on EVS

Please note that it may take up to **15 days** for the Department to review an application once it has been submitted