



Medical Cannabis Courier Application Form

Courier Business Legal Name and Entity Type _____

DBA (if applicable) _____
If you are a sole proprietor, this is your legal name.

EIN _____

Primary Business Owner _____

Primary Business Owner Phone _____ Email Address _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Courier Main Contact _____

Title _____ Role _____

Phone Number _____

Email Address _____

Courier Back-Up Contact _____

Title _____ Role _____

Phone Number _____

Email Address _____

Name of Planned Delivery Software Program(s) _____

Please name each person with a 2% or greater financial or voting interest or who has power to direct or cause management or control of courier:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Please submit additional names on a separate sheet if needed. All individuals with 2% or greater financial or voting interest or who have the power to direct or cause management or control of courier must submit to a background check.

Signature of Authorized Signer _____

Printed Name of Authorized Signer _____

Date _____



Medical Cannabis Courier Acknowledgement Form

I understand that the Utah Department of Health (UDOH) may revoke the license of a medical cannabis courier who fails to maintain compliance with the requirements of the Utah Medical Cannabis Act.

I certify that the information presented in this application for a licensed medical cannabis courier is true to the best of my knowledge.

I additionally certify that I have been given actual Notice, and understand that notwithstanding the Utah Medical Cannabis Act (Act):

1. Cannabis is a prohibited Schedule I controlled substance under federal law;
2. Participation in the program is permitted only to the extent provided by the strict requirements of the Utah Medical Cannabis Act;
3. Any activity not sanctioned by the Act may be a violation of state or federal law and could result in arrest, conviction, or incarceration;
4. Growing, distributing, or possessing cannabis under the Act, unless done through a federally-approved research program, is a violation of federal law.

I certify that I, nor any other members of the medical cannabis courier business, including employees and contractors, am not a registered qualified medical provider.

I certify the above information to be true and complete and no one other than me is submitting this request. I am performing this request on behalf of the medical cannabis courier business I am representing. I authorize the Utah Department of Health to contact me using the telephone and email address I provided. I understand incomplete applications will not be accepted. Submission of false, misleading, or inaccurate information in connection with this application is grounds for revocation of the medical cannabis courier's registration and other administrative, civil, or criminal penalties.

Authorized Signature _____

Printed Name of Authorized Signer _____

Date _____



Medical Cannabis Courier Application Checklist

Please follow this checklist carefully when submitting your application. All fees collected by the Utah Department of Health for medical cannabis courier applications are non-refundable. All required application forms must be filled out completely. Incomplete or illegible application packets will be returned, delaying the approval process.

Forms submitted must contain original signatures.

- 1. Complete Medical Cannabis Courier Application**
- 2. Pay \$125 application fee**
 - Call 385-249-4239
- 3. Complete background screening process for each individual who has a financial or voting interest of 2% or greater in the applicant or who has the power to direct or cause the management or control of the applicant.**
 - Send list of applicable individuals and email addresses to Kayla Strong (kaylastrong@utah.gov)
 - Receive background check emails and follow instructions
 - Pay background check fees
- 4. Submit operating plan (see 26-61a-604, R380-406-9):**
 - a. Describe method for ensuring accurate record keeping of delivery information in home delivery software and transfer of data to Utah inventory control system (ICS).
 - b. Describe storage procedures for transporting medical cannabis and medical cannabis devices, including locking mechanisms and temperature control.
 - c. Describe shipping manifest protocol, including a sample manifest and modification prevention steps. Manifests must include:
 - i. Unique identifier that links medical cannabis shipment to relevant inventory control system;
 - ii. Origin and destination information for the medical cannabis shipment;
 - iii. Departure and arrival times and locations of the individual transporting the medical cannabis shipment.
 - d. Describe personnel protocol that ensures only registered pharmacy and courier agents enter or operate the delivery vehicle.
 - e. Describe delivery protocols, including methods for preventing the following:
 - i. Delivering medical cannabis to anyone other than the medical cannabis cardholder.
 - ii. Delivering product before 6 am or after 10 pm.
 - iii. Leaving medical cannabis products, including devices, unattended in a delivery vehicle for more than 60 minutes.
 - iv. Changing dosage or quantity upon the request of the cardholder.

- v. Consuming medical cannabis while delivering medical cannabis products.
- vi. Transporting medical cannabis or medical cannabis devices beyond what appears on the manifest.
- f. Describe delivery protocols to ensure the pharmacy and courier agents perform the following:
 - i. Wear identification tag or similar form of identification that includes their position as a pharmacy or courier agent.
 - ii. Provide each cardholder printed material that includes the home delivery medical cannabis pharmacy's contact information and hours for counseling over the phone with a PMP.
- g. Describe response protocols in the event that medical cannabis products, including devices, go missing during the course of a home delivery route, including the agent's responsibility to notify the supervising PMP within 24 hours of when the agent first became aware of the missing product.

5. Complete Courier Agent registration:

- Apply via the [Electronic Verification System](#)
- Complete background screening process for Courier Agents

6. Submit current list of employees to UDOH prior to opening (R380-406).

- Employee names
- Department registration license classification / numbers
- Registration expiration dates
- General work schedules

7. Communicate with city / municipality to determine local requirements, obtain business license, etc.

8. Review all laws, rules, and regulations pertaining to medical cannabis pharmacies to ensure compliance.

- Utah Code 26-61a – Utah Medical Cannabis Act
- Utah Code 4-41a – Cannabis Production Establishments
- R380-400 thru R380-411 – Utah Medical Cannabis Act Rules
- R68-27 thru R68-28 – Utah Department of Agriculture and Food (UDAF) Cannabis Rules

9. Complete final site visit inspection with UDOH representative.

- Contact Kayla Strong at 801-589-9642 or kaylastrong@utah.gov to schedule the inspection. Medical cannabis product cannot be transported prior to an in-person inspection by UDOH and receipt of a physical medical cannabis courier license from UDOH.

10. Pay \$2,500 medical cannabis courier license fee to UDOH after passing UDOH inspection.

- Call 385-249-4239
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IMPORTANT INFORMATION

Application packets must be submitted electronically by emailing all required forms to kaylastrong@utah.gov. Please attach all forms in one email with subject line “Medical Cannabis Courier Application.”

Fee payment may be made with a credit card by phone Monday through Friday, 9:00 AM – 4:00 PM by calling 385-249-4239.

Applicants will be notified of application status by email.

For questions, please contact:

Kayla Strong
kaylastrong@utah.gov
801-589-9642

Utah Department of Health
Center for Medical Cannabis
medicalcannabis@utah.gov
801-538-6504