

How to Submit a Medical Cannabis Agent Card Application

Make sure you have all required materials before starting your application:

- Type of agent card/work facility details
- Photo
- Signed training certificate

If you experience system issues, email cannabischeck@utah.gov with:

- First Last name
- UtahID/email address
- Description of steps taken up to error
- Screenshot of error received

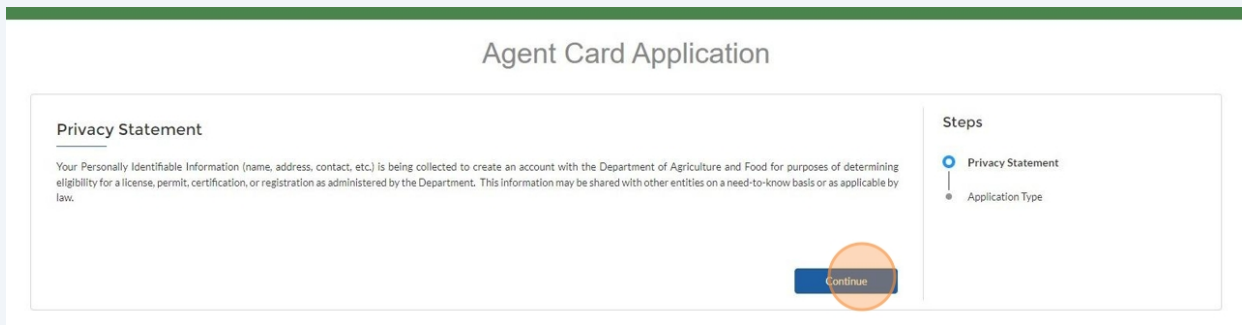
1 Click "Medical Cannabis"



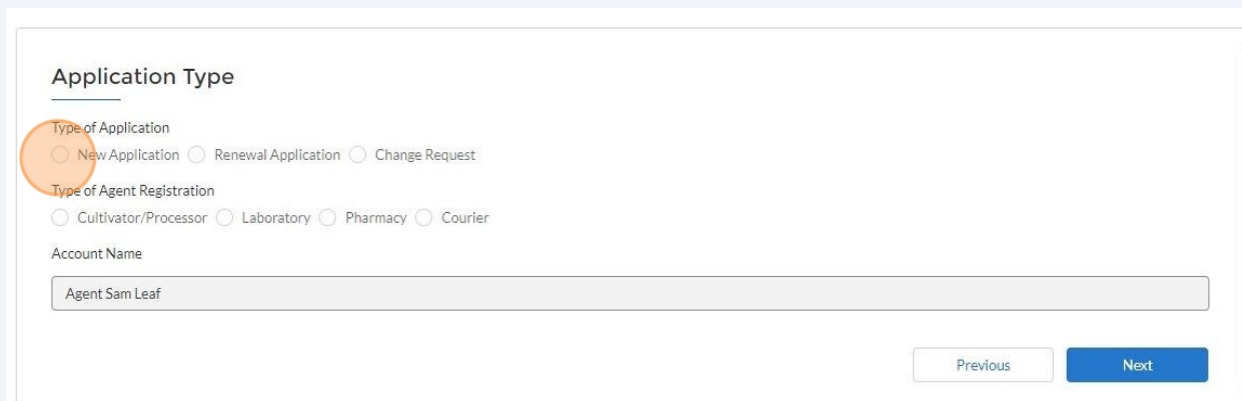
2 Click "Agent Card Application"



3 Click "Continue"



4 Select "New Application" and the type of agent card you are applying for



5 Answer eligibility question

Agent Card Application

Application Type

Type of Application

New Application Renewal Application Change Request

Type of Agent Registration

Cultivator/Processor Laboratory Pharmacy Courier

Account Name

Agent Sam Leaf

Are you licensed as a pharmacist, APRN, physician, or physician assistant under Title 58?

Yes No

Previous

Next

Steps

Privacy Statement

Application Type

Select Application Sections

6 Click "Next"

Agent Card Application

Application Type

Type of Application

New Application Renewal Application Change Request

Type of Agent Registration

Cultivator/Processor Laboratory Pharmacy Courier

Account Name

Agent Sam Leaf

Are you licensed as a pharmacist, APRN, physician, or physician assistant under Title 58?

Yes No

Previous

Next

Steps

Privacy Statement

Application Type

Select Application Sections

7 Click "Select All Sections" and "Next"

Agent Card Application

Select Application Sections

Please select the sections that are applicable. If this is your Initial Cultivator/Processor agent card application, please select all sections.

Personal User Information

Work Facility

Proof of Identity

Agent Acknowledgments

Select All Sections

Previous

Next

Steps

Privacy Statement

Application Type

Select Application Sections

Signature

Confirmation

8 Click "Upload Files" to upload photo

No hat or sunglasses

Good contrast (not too light or too dark) and no filter

background

Upload Files Or drop files Attach

First Name Last Name Suffix

Sam Leaf



Make sure your photo meets requirements before uploading!

- Clear image
- Full face in frame
- In color, no filters
- No hats, sunglasses, or other people in frame

9 Click "Done"

Attach

Upload Files

UDAF logo.png
91 KB

1 of 1 file uploaded

Done

Last Name
Leaf

Hair Color

10 Enter height. Select eye and hair color from dropdown lists.

First Name	Last Name	Suffix
Sam	Leaf	
Date of Birth		
08-12-1990		
Height		ft
		in
Eye Color	Hair Color	
-	-	
Mailing Address	1234 S Leaf St	
Apt/Suite #		
Country	United States	State
		Utah
City	Salt Lake City, Salt Lake	Zip Code
		84129
County	Salt Lake	
Email Address	agentsamleaf@gmail.com	
	Previous	Next

i If you need to edit name, mailing address, or email address you will need to submit a change request by navigating to your profile and editing the information.

Please email cannabisccheck@utah.gov for assistance with change requests.

11 Click "Next"

A registration form with the following fields: a dropdown menu with 'Bald' selected, a text field with '1234 S Leaf St', a text field with 'United States', a 'State' dropdown with 'Utah' selected, a text field with 'Salt Lake City, Salt Lake', a 'Zip Code' dropdown with '84129' selected, a text field with 'Salt Lake', and a text field with 'agentsamleaf@gmail.com'. At the bottom right, there are two buttons: 'Previous' and 'Next'. The 'Next' button is highlighted with an orange circle.

12 Click "Add Work Facility"

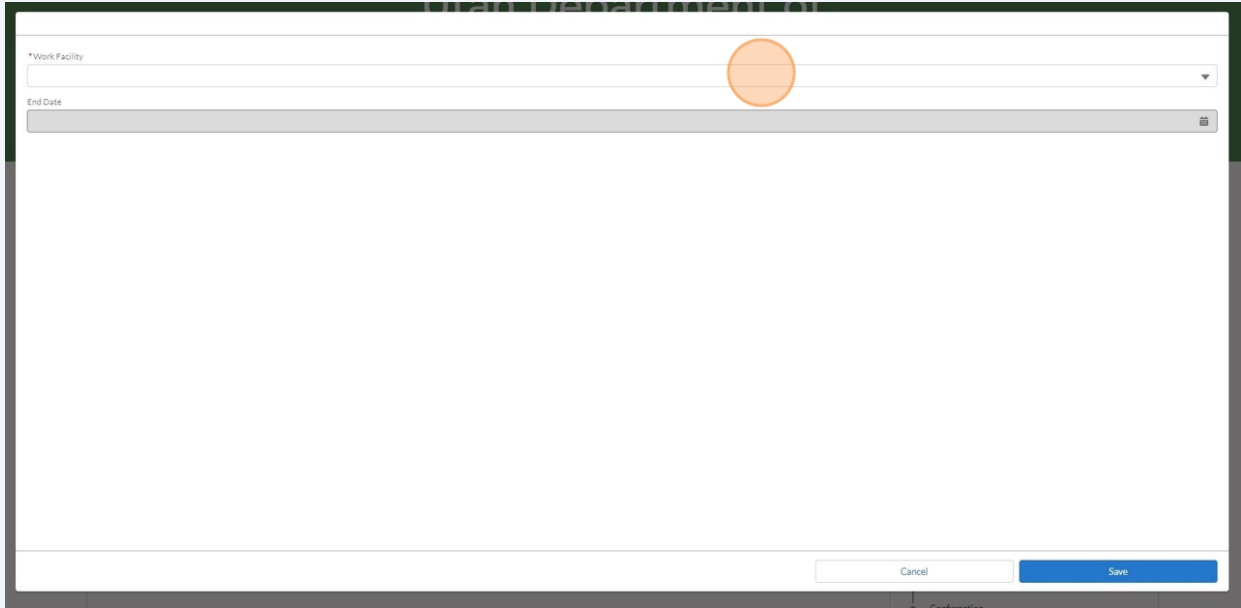
The 'Agent Card Application' interface shows the 'Work Facility' section. It includes a table with columns 'WORK FACILITY' and 'END DATE', and an 'Add Work Facility' button highlighted with an orange circle. Below this is the 'Proof of Agent Training' section with an 'Upload Files' button and an 'Attach' checkbox. On the right, a sidebar shows the application number 'CAN-00004251' and a progress list: Privacy Statement, Application Type, Select Application Sections, Personal User Information, Work Facility (highlighted with a blue circle), Proof of Identity, Agent Acknowledgments, Signature, and Confirmation. 'Previous' and 'Next' buttons are at the bottom.



You can add multiple work facilities on one application. Please verify with your employer which work facilities to add.

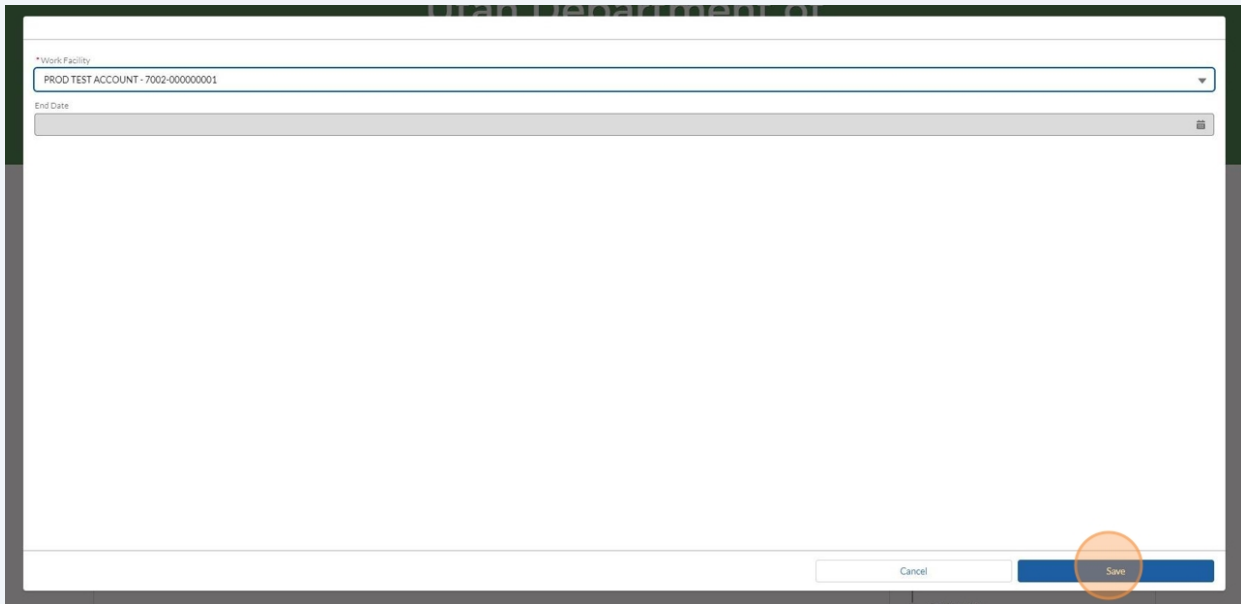
- 7001: Cultivators
- 7002: Tier 1 Processors
- 7003: Tier 2 Processors

13 Select work facility from dropdown list



A screenshot of a web form. At the top, there is a dropdown menu labeled "*Work Facility" with a downward arrow. An orange circle highlights the dropdown arrow. Below the dropdown is a field labeled "End Date" with a calendar icon. At the bottom right, there are two buttons: "Cancel" and "Save".

14 Click "Save"



A screenshot of the same web form as in step 13. The dropdown menu now displays the selected value: "PROD TEST ACCOUNT - 7002-000000001". The "Save" button at the bottom right is highlighted with an orange circle.

15 Click "Upload Files" to upload your training certificate

Work Facility

Work Facility

WORK FACILITY	END DATE
PROD TEST ACCOUNT - 7002-000000001	

Proof of Agent Training
Upload your agent training certificate. Please note certificates must be dated 3 months from date of application and be signed by the applicant and trainer.

Attach

Or drop files




Make sure your training certificate meets requirements before uploading!

- Dated within the last 3 months
- Signed by you and the trainer

16 Click "Done"

Upload Files

 Training Certificate.png
77 KB

1 of 1 file uploaded

17 Click "Next"

Agent Card Application

Work Facility

Work Facility

WORK FACILITY	END DATE
PROD TEST ACCOUNT - 7002-000000001	

[Add Work Facility](#)

Proof of Agent Training

Upload your agent training certificate. Please note certificates must be dated 3 months from date of application and be signed by the applicant and trainer.

[Upload Files](#) Or drop files Attached

Training Certificate.png

[Previous](#) [Next](#)

Your Application Number is: CAN-00004251

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility**
- Proof of Identity
- Agent Acknowledgments
- Signature
- Confirmation

18 Enter government issued ID information

Proof of Identity

ID Type

ID Number

ID Expiration Date

[Previous](#) [Next](#)

19 Click "Next"

Agent Card Application

Proof of Identity

ID Type: International Passport

Issuing Body: France

ID Number: 123456789

ID Expiration Date: 08-12-2037

Your Application Number is: CAN-00004251

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- ✓ Privacy Statement
- ✓ Application Type
- ✓ Select Application Sections
- ✓ Personal User Information
- ✓ Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature
- Confirmation

20 Read agreements and acknowledgments. Select checkbox for each section after reading.

agents and employees. Agent shall defend all suits brought upon such claims and pay all costs and expenses their option, to participate in the defense incidental thereto without relieving Agent of any obligation hereunc including their agents, employees and volunteers, from any liability or responsibility for any damages arising f of the registration, and any order issuing therefrom that suspends, delays, modifies, terminates, or otherwise i

Disclaimer: Agent acknowledges and understands that cultivating, processing, possessing, using, distributin Utah law or any authorizations in the Agent or this Registration to the contrary. Nothing in this Application i with existing federal laws regulating marijuana cultivation, distribution, or use. Similarly, compliance with st card does not confer immunity from enforcement of federal law or federal enforcement practices. Further, advice with regard to compliance with applicable federal, state, or local tax laws or any regulatory consequenc

Agent Acknowledgement

Background Check Authorization

I understand that my personal information including name, DOB, SSN and fingerprints will be used for tl applicable state and federal databases. This information will be used by Utah Department of Agriculture a cannabis production establishment agent, or continued registration as a medical cannabis production establ for ongoing monitoring and comparison against future submissions to the state, regional or federal database removal of my fingerprints from applicable state and federal databases when I am no longer under their purvie

I understand that I may request to review any results of this inquiry and understand that UCA 53-10-108

21 Click "Next"

which has also published notice in the Federal Register describing any system(s) or records in which that agency may also maintain your records, and routine uses for the system(s).

I Privacy Act statement.

Previous

Next



If you need to make any changes to the application, please do that before completing the signature section.

To go back, you can select the green checkmark next to the section needed.

Your Application Number is: CAN-000004251

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- ✓ Privacy Statement
- ✓ Application Type
- ✓ Select Application Sections
- ✓ Personal User Information
- ✓ Work Facility
- ✓ Proof of Identity
- ✓ Agent Acknowledgments
- Signature
- Confirmation

22 Draw signature and click "Capture Signature"

Signature

Applicant Signature

👤

Capture SignatureClear

The signature has been captured successfully.

SIGNED BY NAME	TITLE	DATE
<input type="text"/>	<input type="text"/>	<input type="text" value="08-27-2024"/>

*To review or edit your application, click on the green checkmark next to the selected sections to the right and proceed through each section prior to edit your application after you press "Submit" on this page.
By signing and submitting this application, you are agreeing to the agent acknowledgments and certifying that all information provided is accurate*

23 Enter name and click "Submit"

Agent Card Application

Signature

Applicant Signature

👤

Capture SignatureClear

The signature has been captured successfully.

SIGNED BY NAME	TITLE	DATE
<input style="background-color: #28a745; color: white;" type="text"/>	<input type="text"/>	<input type="text" value="08-27-2024"/> <input type="button" value="📅"/> <input type="text" value="06:40 am"/> <input type="button" value="🕒"/>

*To review or edit your application, click on the green checkmark next to the selected sections to the right and proceed through each section prior to signing and submitting. You cannot view or edit your application after you press "Submit" on this page.
By signing and submitting this application, you are agreeing to the agent acknowledgments and certifying that all information provided is accurate.*

Your Application Number is: CAN-000004251

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature**

24 To pay online, select "Credit Card" and follow steps provided on screen

Agent Card Application

Confirmation

Agent Card Application is successfully submitted!. Your Application Number is : CAN-000004251

Complete the payment of **\$150** for your **Cultivator/Processor** Agent Card Application.

Your application will be subject to a review once the payment is made. If your payment is not received within 30 days, your application will become inactive and you will need to reapply. Payments are non-refundable.

Please select the Payment Mode:

Credit Card E-Check Offline Payment

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature
- Confirmation

25 To pay over the phone, select "Offline Payment" > "Cash" > "Next"

Confirmation

Agent Card Application is successfully submitted!. Your Application Number is : CAN-000004251

Complete the payment of **\$150** for your **Cultivator/Processor** Agent Card Application.

Your application will be subject to a review once the payment is made. If your payment is not received within 30 days, your application will become inactive and you will need to reapply. Payments are non-refundable.

Please select the Payment Mode:

Credit Card E-Check Offline Payment

Please select Offline Payment Method:

Cash

Check (We do not accept Demand draft payments)

Money Order

Wire Transfer (Please contact UDAF)

An offline payment is a payment that is paid either by mail or in-person; such as a check, money order, cash, or in-person credit card payment at the UDAF office. Please note: by selecting this method of payment, the application process may take longer for processing than online payments via credit card or Echeck.

[Next](#)

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When making payment over the phone, have your application number ready for reference.

Agent Card Application

Payment Notice

Application Number: CAN-00004251

Payment Instructions

Please print this page and mail with your payment, or bring it with you for in-person payments.

Payment Option 1: Mail

Regular Mail: P.O. Box 146500	Salt Lake City, UT 84114-6500
Overnight/Courier Mail: 4315 South 2700 West TSOB South, Floor 2	Taylorsville, UT 84129

Payment Option 2: In-person

4315 South 2700 West TSOB South, Floor 2	Taylorsville, UT 84129
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Phone:
(801)982-2200

Finish

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature
- Confirmation
- Payment Notice**