



## Medical Cannabis Courier Application Checklist

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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.

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- 1. Review all laws, rules, and regulations pertaining to medical cannabis pharmacies and couriers 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
  
  - 2. Submit a completed Medical Cannabis Courier Application**
  
  - 3. Submit a completed Medical Cannabis Courier Acknowledgment Form**
  
  - 4. Submit operating plan (see 26-61a-604, R380-408) with Operating Plan Coversheet.**
  
  - 5. Pay \$125 application fee**
    - a. Call 801-538-6628 Monday-Friday 9:00am-3:00pm MST to make payment via credit card.
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**Once the Medical Cannabis Courier Application has been reviewed by the Department you will submit/complete the following:**

- 1. 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 individual's email addresses
  - Pay background check fees
  - Receive background check emails and follow instructions
- 2. Employees complete Courier Agent registration.**
  - Apply via the Electronic Verification System
  - Complete background screening process for Courier Agents

- 3. Submit current list of employees to UDOH prior to opening.**
  - Employee names
  - Department registration license classification / numbers
  - Registration expiration dates
  - General work schedules
  
- 4. Communicate with city/municipality to determine local requirements, obtain business license, etc.**
  
- 5. Submit final Operating Plan with Operating Plan Coversheet.**
  - Email plan to [cannabiscompliance@utah.gov](mailto:cannabiscompliance@utah.gov)
  
- 6. Complete final site visit inspection with UDOH representative.**
  - Contact [cannabiscompliance@utah.gov](mailto:cannabiscompliance@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.
  
- 7. Pay \$2,500 medical cannabis courier license fee to UDOH after passing UDOH inspection.**
  - Contact [cwerner@utah.gov](mailto:cwerner@utah.gov) for payment instructions.

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### Submittal Information

Application packets must be submitted electronically by emailing all required forms to [cannabiscompliance@utah.gov](mailto:cannabiscompliance@utah.gov).

Applicants will be notified of application status by email.

For questions, please contact:

Utah Department of Health  
Center for Medical Cannabis  
[cannabiscompliance@utah.gov](mailto:cannabiscompliance@utah.gov)



## 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 \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Business Owner** \_\_\_\_\_

Primary Business Owner Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**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 \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

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 \_\_\_\_\_

Printer Name of Authorized Signer \_\_\_\_\_

Date \_\_\_\_\_



## Medical Cannabis Courier Acknowledgement Form

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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 \_\_\_\_\_



Facility:
Address:
Date:

### Medical Cannabis Courier Operating Plan Coversheet

In accordance with 26-61a-604 and R380-408-2 a licensed Utah medical cannabis courier must have an operating plan that describes how the courier will comply with all applicable operating standards, statutes and administrative rules. This document is not intended to be a full comprehensive list of all operating standards, statutes and administrative rules. Medical cannabis facilities must be familiar with and comply with all operating standards, statutes and administrative rules. Statutes and administrative rules change frequently, verify you are using the most up to date form.

Please indicate where each operating plan requirement is listed in the proposed operating plan

Page #	Paragraph #	Item
_____	_____	Floor Plan and architectural elevation 26-61a-604(14)(a)
_____	_____	List of owners with 2% or greater financial or voting rights (include name and percentages)26-61a-604(3), 26-61a-604(14)(b)
_____	_____	List persons with power to direct or cause management or control of courier 26-61a-604(3)
_____	_____	List of electronic payment providers 26-61a-305(4)(a )(iii), 26-61a-305(4)(b)
_____	_____	List and description of vehicles meeting appropriate standards R380-408-2(1)(f), R380-408-2(4)
_____	_____	Procedure to maintain records of employees R380-408-2(1)(c )(e )
_____	_____	Employee Training Standards26-61a-604(14)(c )
_____	_____	Security Plan 26-61a-604(14)(d)
_____	_____	Storage plan that keeps product safe and sanitary 26-61a-604(14)(e ), 26-61a-607(3), R380-408-2(1)(d), R380-408-2(6)
_____	_____	Procedure to for creating/maintaining the manifest and trip log 26-61a-605(4), R380-408-2(1)(g)(i)
_____	_____	Procedure if items are missing R380-408-2(5)
_____	_____	Return procedures 26-61a-607(3)(b)&(c ), 26-61a-607(4)
_____	_____	Delivery Standards that include:
_____	_____	Payment has been made prior to delivery 26-61a-607(2)(a)
_____	_____	Record keeping in ICS 26-61a-607(2)(d), R380-408-2(1)(b)
_____	_____	No person other than courier agent in vehicle 26-61a-605(3), R380-408-2(1)(h)
_____	_____	Verify delivery is to the cardholder 26-61a-607(1), R380-408-2(2)(a)
_____	_____	Only deliver during 6am-10pm R380-408-2(2)(b)
_____	_____	Does not leave product unattended for more that 1 hour in vehicle R380-408-2(2)(c)
_____	_____	Does not make changes to orders R380-408-2(2)(d)
_____	_____	No product consumed R380-408-2(2)(e)
_____	_____	Wear a name badge R380-408-2(3)(a)
_____	_____	Provide PMP contact info and hours of availability R380-408-2(3)(b)

For UDOH office use only:	
Date Received: _____	Date Approved: _____
Compliance Officer: _____	