MARIJUANA LICENSING MANAGEMENT SYSTEM (MLMS)

PO/BM Handbook

Updated: November 27, 2024

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ADHS LICENSING PORTAL INTRODUCTION

Marijuana Program Overview

The Arizona Department of Health Services (ADHS) Marijuana Program began in 2010 when Arizona voters passed Proposition 203, an initiative creating the Arizona Medical Marijuana Act (AMMA). The AMMA made medical marijuana available for qualified patients with debilitating medical conditions. By 2020, the program grew to more than 250,000 qualified patients served by 120 dispensaries throughout the state of Arizona.

The statutes regarding the AMMA are found in Arizona Revised Statutes (A.R.S.) Title 36, Chapter 28.1. The rules (administrative law) are in the *Arizona Administrative Code* (A.A.C.) Title 9, Chapter 17. For the most recent information regarding the AMMA statutes and rules visit the Medical Marijuana Rules and Statutes web page on the ADHS website.

On November 3, 2020, voters passed Proposition 207, the Smart and Safe Arizona Act (SASAA). The SASAA made the responsible use of recreational marijuana legal for adults 21 years of age or older.

For SASAA, the statutes are in A.R.S. Title 36, Chapter 28.2. The rules are in A.A.C. Title 9, Chapter 18. The most recent information about the SASAA statutes and rules is found on the ADHS website Adult Use of Marijuana Statutes and Rules web page.

This manual outlines the ADHS Licensing Management System functions available to the Dispensary PO/BM.

For initial account setup and login details please refer to the section titled: ADHS Portal Account Registration
(located in the appendix of this handbook)

Images, screenshots, and steps outlined in this guide may not reflect the current portal site. Refer to the portal site for the most up-to-date experience.

Marijuana Facility Types

Medical Marijuana Dispensary ("Dispensary")

A nonprofit medical marijuana dispensary is a not-for-profit entity licensed by the department that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, supplies, sells or dispenses medical marijuana or related supplies and educational materials to qualified patients or their caregivers.

Dispensaries must follow the AMMA and the rules of the Medical Marijuana Program in A.A.C. Title 9, Chapter 17.

Marijuana Establishment ("Establishment")

A marijuana establishment is an entity licensed by the department to:

- Sell marijuana to adults 21 years of age or older for recreational use from one retail location
- Operate a single off-site cultivation location where a licensee may cultivate marijuana, process marijuana and manufacture marijuana products
- Operate a single off-site manufacturing facility where the licensee may manufacture marijuana products and package and store marijuana and marijuana products, but from which marijuana and marijuana products may not be transferred or sold to consumers

Establishments must follow the SSASAA and the rules of the Adult-Use Marijuana Program in A.A.C. Title 9, Chapter 18.

Dual Licensee ("Dual")

A dual facility is licensed by the department as both a medical marijuana dispensary and a marijuana establishment.

Marijuana Facility Roles

Role of a Principal Officer or Board Member (PO/BM) – Dispensary and Dual Facility

As a part of the initial application process to create and receive an approval to operate a marijuana facility, a list of initial principal officers and board members (PO/BM) is recorded on the certificate application. This indicates the marijuana facility has at least one dispensary PO/BM submitted the information needed to perform the PO/BM role. A PO/BM is authorized to:

- Grant access to DAs to view their DA Card
- Grant agents access to the Card Search & Sales Verification System for qualified patients/caregivers
- Review the patient/caregiver sales transactions of all agents and void or correct transactions
  Renew:
  o Facility Certificate
  o Dispensary Agent cards
- Terminate Dispensary Agent cards
- Update Dispensary Agent card information
- Apply for facility certificate Approved To items

- Apply for:
  o Dispensary Agent Card
  o Approval to Operate
  o Location Changes
  o Facility modifications
- Update facility information:
  o Hours of operation
  o Add or remove a PO/BM or Medical Director
  o Revise the name of the facility or the DBA name
  o Update the designated person
  o Update the facility email address, phone number, mailing address

Additionally, a PO/BM may perform the duties of a Dispensary/Facility Agent.

Due to the confidentiality requirements of the Arizona Medical Marijuana Act (AMMA), dispensary matters, including dispensary agent cards may only be discussed with the dispensary PO/BM.

Role of a Principal Officer or Board Member (PO/BM) – Establishment Facility

As a part of the initial application process to create and receive an approval to operate a marijuana establishment facility, a list of initial principal officers and board members (PO/BM) is recorded on the license application. This indicates the marijuana establishment facility has at least one establishment PO/BM who submitted the information needed to perform the PO/BM role. A PO/BM is authorized to:

- Link and Unlink Facility Agent cards
- Apply for facility certificate Approved To items
- Renew Establishment Certificate
- Apply for:
  o Approval to Operate
  o Location Changes
  o Facility modifications
- Update facility information:
  o Hours of operation
  o Add or remove a PO/BM
  o Revise the name of the facility or the DBA name
  o Update the designated person
- Update the facility email address, phone number, mailing address

Role of a Dispensary Agent (DA) – Dispensary or Dual Facility

Dispensary Agent (DA): Means the same as "[n]onprofit medical marijuana dispensary agent" in A.R.S. § 36-1901. A dispensary agent is a principal officer, board member, employee or volunteer of a nonprofit medical marijuana dispensary who is at least 21 years of age and has not been convicted of an excluded felony offense.

A Dispensary Agent (DA), may:
- View Portal Messages from ADHS
- Send messages to ADHS
- View DA-specific Notifications
- View and print their DA Card *
- Verify qualifying patient and caregiver cardholders*
- Register new sales transactions*

Role of a Facility Agent (FA) – Dual Facility

Facility Agent (FA): A Facility Agent is a principal officer, board member, employee or volunteer of a marijuana retail facility who is at least 21 years of age and has not been convicted of an excluded felony offense.

A Facility Agent (FA), may:
- View FA-specific Notifications
- View and print their FA Card*
- Verify qualifying patient and caregiver cardholders*
- Register new sales transactions*
- Link and Unlink to a facility

Role of a Facility Agent (FA) – Establishment Facility

Facility Agent (FA): A Facility Agent is a principal officer, board member, employee or volunteer of a marijuana retail facility who is at least 21 years of age and has not been convicted of an excluded felony offense.

A Facility Agent (FA), may:
- View FA-specific Notifications
- View and print their FA card
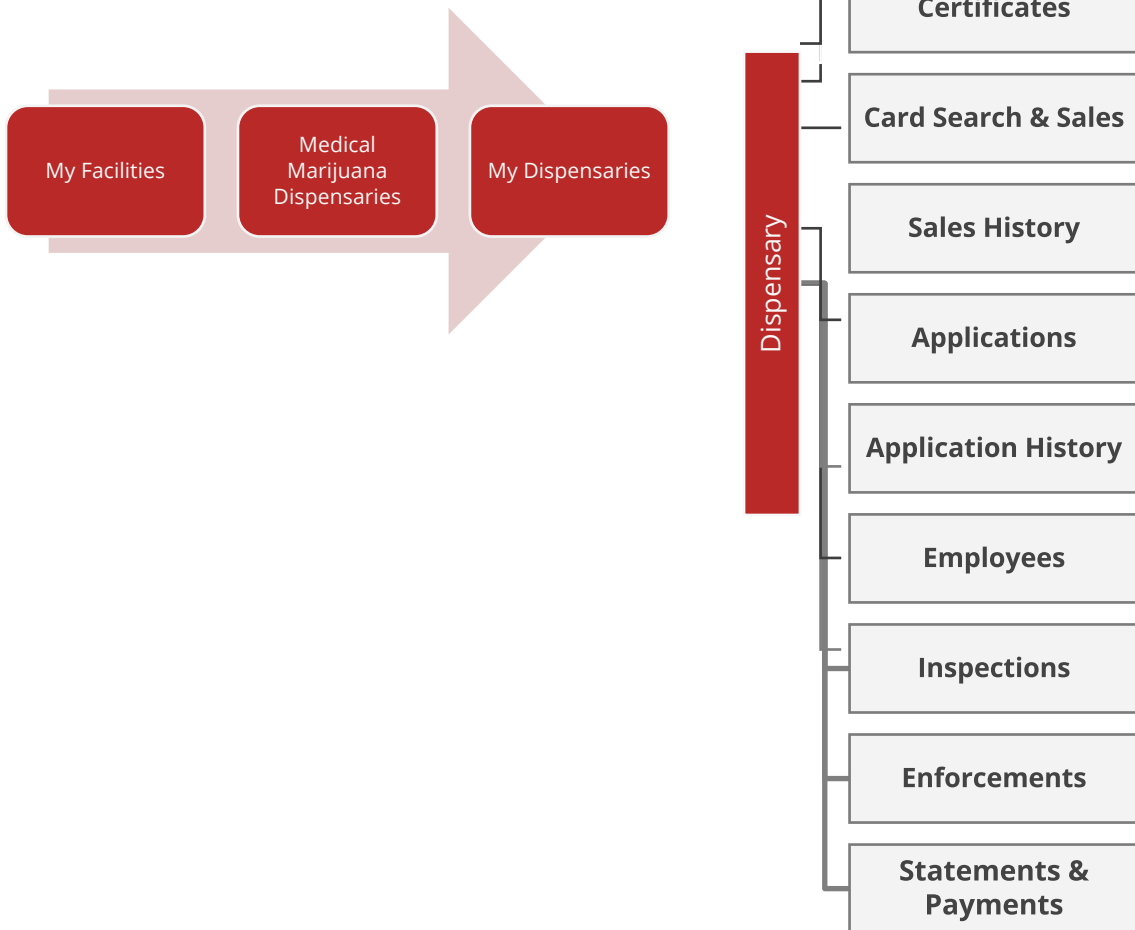- Link and Unlink to a facility

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* Access is granted by PO/BM
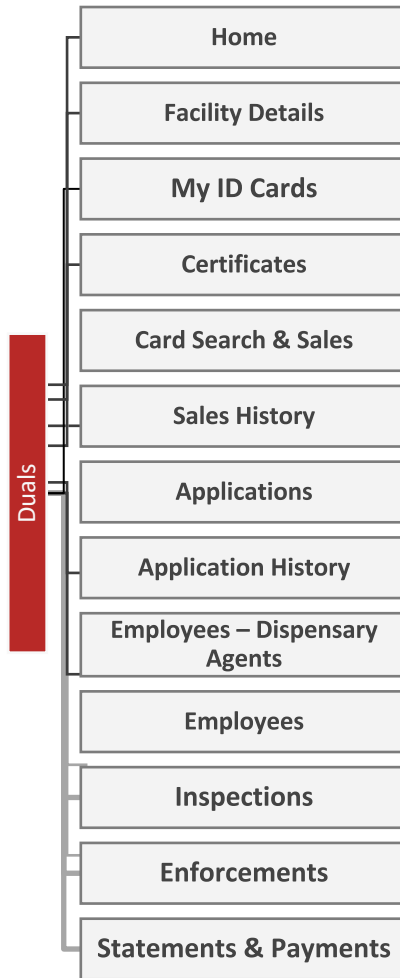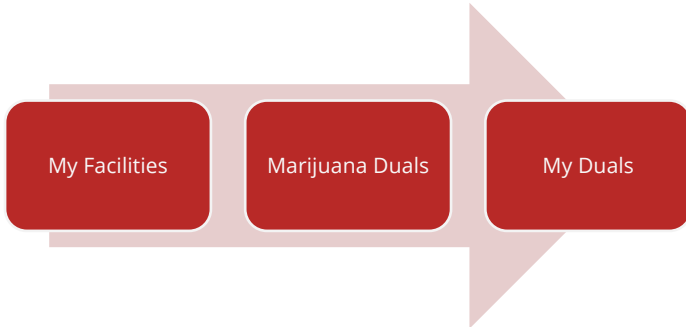
LICENSING PORTAL OVERVIEW

Facility Licensing Portal Details

The ADHS Licensing Management System includes functionality to allow Marijuana Facilities to interact with Patients, Caregivers, their employees and the ADHS Marijuana Program in accordance with the AMMA and SASAA. This manual details the ADHS Licensing Management System: Facility Licensing Portal functions available to the Facility PO/BM and the Individual Licensing Portal for Facility Agent functions (diagrammed below).

Dispensary Facility Licensing Portal

My Facilities → Medical Marijuana Dispensaries → My Dispensaries

Dispensary
- Home
- Facility Details
- My ID Cards
- Certificates
- Card Search & Sales
- Sales History
- Applications
- Application History
- Employees
- Inspections
- Enforcements
- Statements & Payments

Dual Licensing Portal Sitemap

My Facilities → Marijuana Duals → My Duals

Duals
- Home
- Facility Details
- My ID Cards
- Certificates
- Card Search & Sales
- Sales History
- Applications
- Application History
- Employees – Dispensary Agents
- Employees
- Inspections
- Enforcements
- Statements & Payments

Establishment Facility Licensing Sitemap

My Facilities → Marijuana Establishments → My Establishments

Establishments
- Home
- Facility Details
- Certificates
- Applications
- Application History
- Employees
- Inspections
- Enforcements
- Statements & Payments
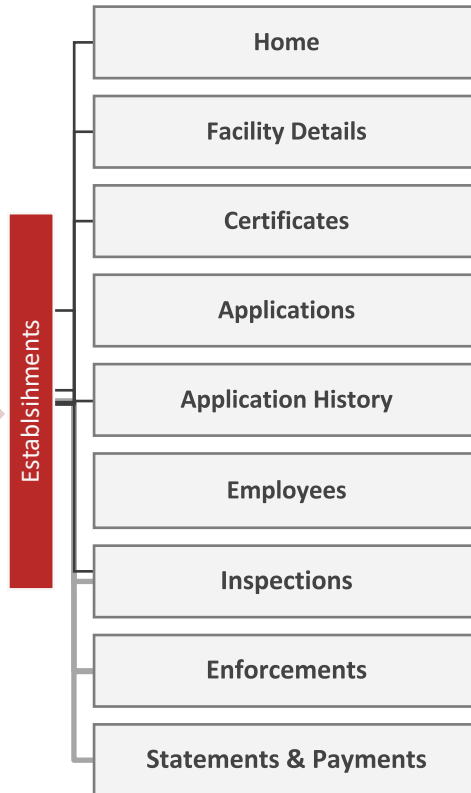
- **Home:** Notifications and Message ADHS

- **Facility Details:** View facility information related to the dispensary, establishment or dual

- **My ID Cards:** View your Dispensary Agent Marijuana Registry Identification Card and Card History *(Duals & Dispensaries only)*

- **Certificates:** View certificates associated with the facility

- **Card Search & Sales:** Search a Patient or Caregiver Card for verification, allotment remaining and register a purchase – (Duals & Dispensaries only)

- **Sales History:** View and edit Dispensary sales transactions – *(Duals & Dispensaries only)*

- **Applications:** View and Submit Employee *(dispensaries only)* and Facility Applications

- **Application History:** View status of applications

- **Employees – Dispensary Agents:** View status and last access of employee DA *Cards (Duals & Dispensaries only)*
    - Dispensary Agent Marijuana Registry Identification Card
        - Grant or Deny Access to view electronic card and Card Search & Sales functions
        - Download, Renew, Report Stolen, Terminate employee card

- **Employees**: View link status, manage/link/unlink agents. Grant or deny Access to Card Search & Sales functions – *(Duals & Establishments)*

Note: This manual may not contain the most up-to-date images and details. Please refer to the AZDHS website for the latest news and information on the program.

https://azdhs.gov/licensing/marijuana/index.php

ADHS Facility Licensing Portal Login

To access the Facility Licensing Portal, click the link to the Facility Licensing Portal on the Arizona Department of Health Services Marijuana Home page. This ADHS website also provides additional information regarding the Medical Marijuana Program and the Adult Use of Marijuana Program. To create an ADHS Licensing portal account, see **ADHS Licensing Portal Account Registration** instructions.

1. Access AZDHS.gov website – Search and access Marijuana Homepage:
   https://azdhs.gov/licensing/marijuana/index.php
2. Select **Facility Licensing Portal** link
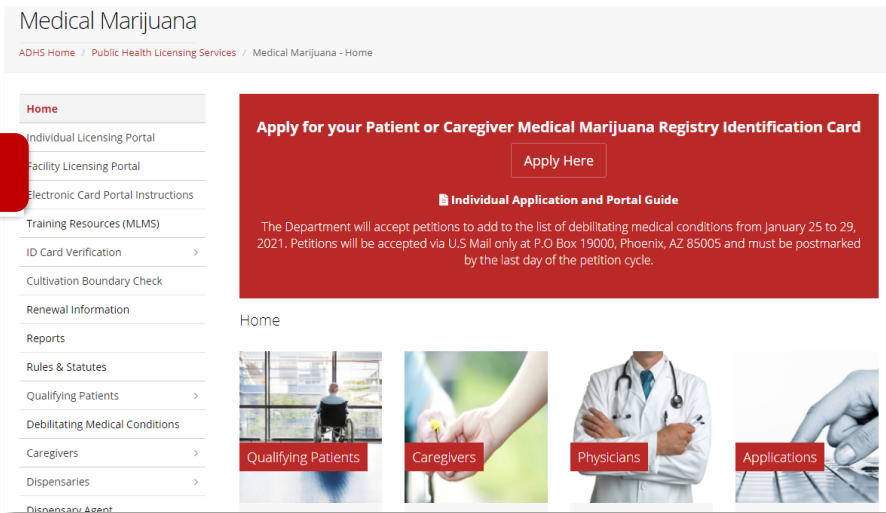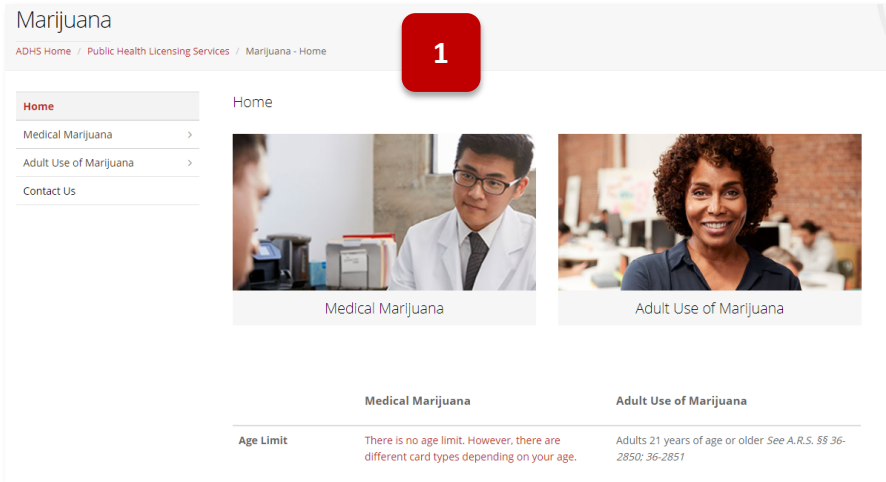
3. View **Facility Licensing Portal** login page
4. Enter ADHS Licensing portal credentials

NOTE: Facility Licensing Portal users are required to update their password every 1 year (365 calendar days)
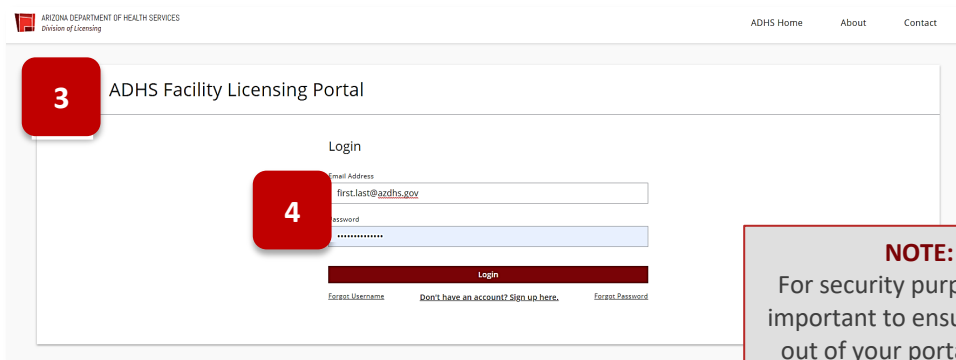

NOTE:
For security purposes, it is important to ensure you log out of your portal session when you are finished.

Initial Portal Selection Page

1. Upon log in, users will be able to select between either the Individual or Facility Portal

   The **Individual Portal** is used for personal licenses/applications

   The **Facility Portal** is used for facility applications, licensing and submitting transactions (sales, payments), inspections and more
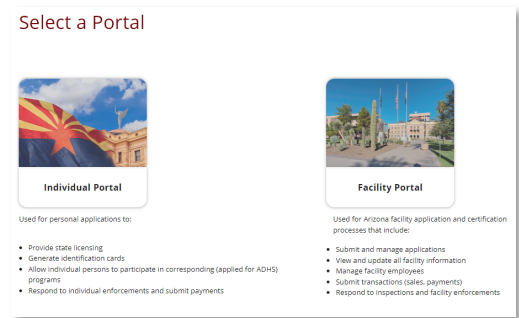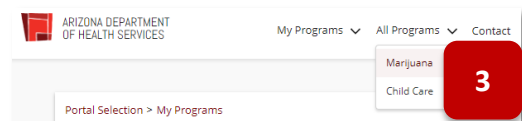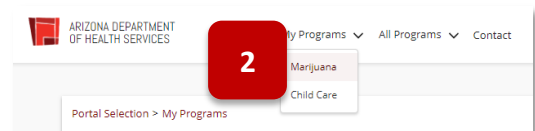

Facility Portal Navigation Overview

2. The top menu bar of the Facility Portal page layout displays My Programs, All Programs and Contact menus

   My Programs will display programs that the user has or had (in the last three years) an active associated license to that program

3. The **All Programs** menu will display all programs on the portal system

4. Contact menu will display the contact form upon selection

   Contact ADHS form is used to sub[5]tems pertaining to technical issue[6] dback or verification portal requests

5. Select the facility from which the communication is in reference to

6. Select the **Category** of the communication

7. Provide a **Subject** and **Description** of the communication

8. Select **Send Message** to submit

   NOTE: Submitting a communication from the portal may not always receive a reply from ADHS

9. The **Notification Bell**

   Notifications will be bundled under the notification bell and will include notifications from all records for all facilities the user is associated to

   NOTE: Selecting certain notifications will navigate the user to the specific page

10. Toward the top of the pages will display 'breadcrumbs' – breadcrumbs are a small text path that identifies where the user is on the site

11. Select a text link on the path to be redirected back to that page on the site

12. The Facility Program selection page will display program tiles based on user account status

13. Other Licenses section will display all other licensing programs on the system – use this section to apply for a new facility license
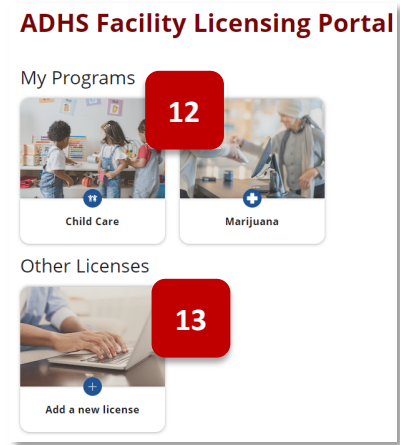
14. Once the program type is selected – the facility location types will display based on user permissions

15. My Locations display any affiliated facility types based on user permissions

16. Once a facility type is selected, the associated facility(ies) will display (alphabetically by facility name)

17. Applications for new facilities (if applicable) will display

18. Check current applications statuses by selecting the **Application Status** button

19. The Information section will link to the ADHS site for additional forms and information regarding the specific program
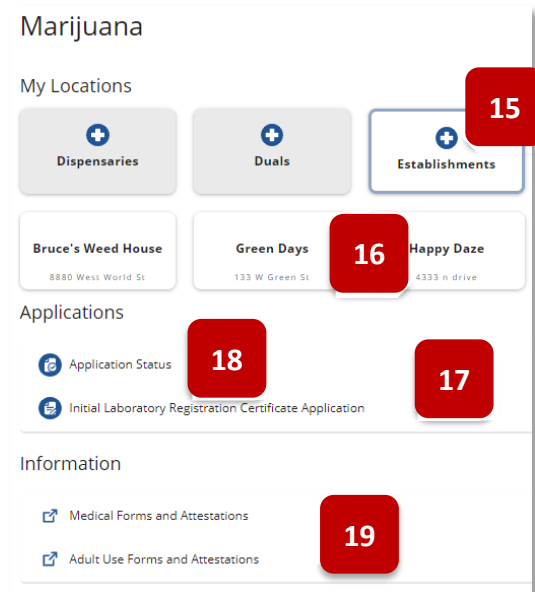
FACILITY DETAILS TAB

Facility Details

Access: PO/BM

Overview: View current details of the facility including location addresses, hours of operation, contact information and more

1. View Facilities Details page to see facility related information

MY ID CARDS TAB

Card History and Download

**Access:** PO/BM and DAs with Agent Card ID Access permission

Overview: This tab is available for Dispensaries and Duals only and will display the most current and active DA card and card history – Facility Agent cards are only available from the Facility Agent portal within the Individual Licensing Portal

1. View PO/BM Dispensary Agent Electronic Registry Identification Card (not applicable to Establishments)

   NOTE: Facility Agent cards are accessible from the Individual Licensing Portal
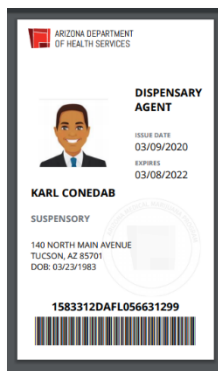
2. Click the **Download PDF** button
   a. Click **PDF file link** for a printable version
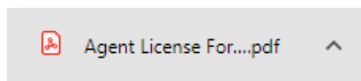
   Issued Date: Date that the card was issued. This is typically the date that the application for the card was approved and can be different than the Effective Date of the card.

   Effective Date The first day that the card is active

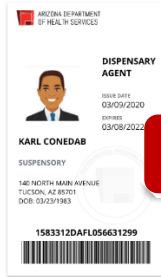   **Expires Date** The last day the card is active

3. Card History: View current card history, up to 3 years and Card ID, Issued Date, and Expired date

4. "**Dispensary Agent**" is the only role displayed on dispensary cards
   NOTE: This is the same view a DA will have if the PO/BM grants them Agent ID Card Access

Home

My ID Cards

Card Search & Sales

Sales History

Applications

Application History

Employees

My ID Cards

Suspensory
SUSPENSORY SECONDARY NAME

ARIZONA DEPARTMENT
OF HEALTH SERVICES

DISPENSARY AGENT

ISSUE DATE
03/09/2020

EXPIRES
03/08/2022

KARL CONEDAB

SUSPENSORY

140 NORTH MAIN AVENUE
TUCSON, AZ 85701
DOB: 03/23/1983

1583312DAFL056631299

Download PDF

3

4

Card History	Issued	Expired
DA ID 1583312DAFL056631299	3/9/2020	3/8/2022

CERTIFICATES

Certificate Approved To Items

Overview: Certificate Approved to Items are displayed on the certificate. Each item corresponds to a specific function that has been approved by AZDHS.

Facility Certificate Matrix - Establishment Certificate

| Establishment Approved To Items			Certificate Approved To Item Definition	Change App - Subtype	Required Change App Documents (subject to change)
Retail/Physical Site	Cultivation Site	Manufacturing Site			
Retail - Sell			Dual/Establishment is approved to Sell to adults	Change of Location of retail site	- POBM attestations - Property Ownership form - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Application fee: $2,500 (total)
Retail - Cultivate			Dual/Establishment is approved to cultivate at retail site	Adding cultivation to a retail site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Application fee: $2,500 (total)
Retail - Manufacture			Dual/Establishment is approved to manufacture at retail site	Adding manufacture to a retail site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Application fee: $2,500 (total)
Retail - Prepare Edibles			Dual/Establishment is approved to prepare edibles at retail site (requires manufacturing at retail site)	Adding prepare edibles, requires manufacturing at retail site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Food Establishment License (TBD) - Application fee: $2,500 (total)
	Cultivation - Cultivate		Dual/Establishment has an approved cultivation site separate from retail site	Adding a cultivation site or change of location of cultivation site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Application fee: $2,500 (total)
	Cultivation - Manufacture		Dual/Establishment is approved to manufacture at cultivation site	Adding manufacture to a cultivation site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Application fee: $2,500 (total)
	Cultivation - Prepare Edibles		Dual/Establishment is approved to prepare edibles at cultivation site (requires manufacturing at cultivation site)	Adding prepare edibles to cultivation site, requires manufacturing at cultivation site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Food Establishment License (TBD) - Application fee: $2,500 (total)
			Dual/Establishment is approved to process at cultivation site	Adding processing to cultivation site with manufacturing at cultivation site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Application fee: $2,500 (total)
		Manufacture - Manufacture	Dual/Establishment has an approved manufacturing site separate from retail site	Adding a manufacturing site or change of location of manufacture site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Application fee: $2,500 (total)
		Manufacture - Prepare Edibles	Dual/Establishment is approved to prepare edibles at manufacturing site	Adding prepare edibles to a manufacturing site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Food Establishment License (TBD) - Application fee: $2,500 (total)
		Manufacture - Package & Store	Dual/Establishment is approved to package and store at manufacturing site	Adding package and store to a manufacturing site	- POBM attestations - Zoning Statement - Occupancy Approval - Site plan - Floor Plan - Property Ownership form - Application fee: $2,500 (total)

CARD SEARCH & SALES

Card Search & Sales Functionality for Qualified Patients

Access: PO/BM, FA (Duals) and DAs with Card Search & Sales permission

Overview: Only available for Dispensaries and Duals – this feature allows the user to search the patient/caregiver card and log sale amounts toward the allotment of a medical marijuana account

PO/BMs or Agents with **Card Search & Sales** access are directed to the landing page:
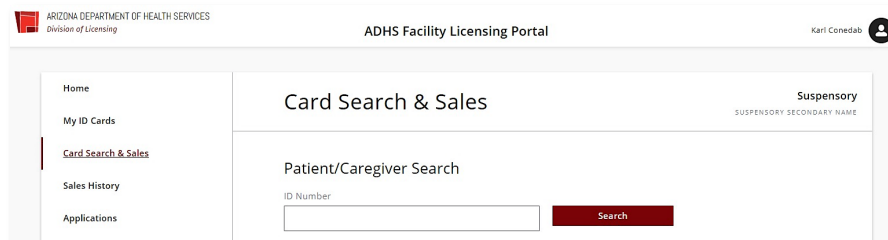
The following rules apply to marijuana dispensary and dual medical marijuana transactions:
- Card may be presented in either electronic or printed format
- You may only sell to caregivers or adult patients
  - You may not sell to minor patients (patients under 18 years old). Minor patients can only receive their medication through their designated caregiver
  - A Dispensary/Lab/Facility Agent cards does NOT qualify a person to purchase medical marijuana
- You may only sell to valid Medical Marijuana Registry Identification cardholders, i.e. ACTIVE status cards
  - You may not sell to cards that are INACTIVE, EXPIRED, or VOID
  - If the customer is a caregiver, both the caregiver and related patient cards must be ACTIVE
- You may not create a single transaction that exceeds 2.5 ounces in total
- You should only sell to customers who have not purchased more than 2.5 ounces in the last 14 days for the patient's card
  - You should not sell to a caregiver who has a patient with more than 2.5 ounces purchased in the last 14 days.
  - **NOTE:** The system will allow you to record a transaction for less than 2.5 ounces[1] that will exceed the patient's 2.5-ounce limit for a 14 day period, but you will be warned and a violation will be recorded.
  - PO/BMs will have 72 hours to correct the transaction.
- All medical marijuana transactions will appear in the **Sales History** Tab for 60 days
  - If the customer wants to view their purchase history, they can view it in the customer's Individual Licensing portal account under the Tab: **Purchase History**

- If this message appears during any Card Search & Sales transaction, record the details of the activities on the screen and email to marijuana@azdhs.gov

[1] Dispensing amount may be reported in ounces or grams. The Card Search & Sales verification system uses the standard conversion of grams to ounces (28.35 grams to the ounce), established by the National Institute of Standards & Technology.

Qualifying Patient (QP) and Caregiver (CG) Card Statuses	
QP or CG Card Status	Are Medical Marijuana Sales Allowed?

Active	Yes, if the patient has not reached their allotment
EXPIRED	No
INACTIVE	No

The following message is displayed in Card Search & Sales verification for a card that is not authorized to make a purchase

- "Attention: Agents may sell only to patients or caregivers with an **Active** patient card. You CANNOT sell to patients with a **Void, Expired, or Inactive** patient card. For customers with a caregiver card, both the caregiver AND patient cards must be **Active.**"

Register Purchase

Access: PO/BM & Agents with Card Search & Sales permission – Dispensary & Duals only

Overview: This section outlines how Dispensaries and Duals can log sales to a patient's account
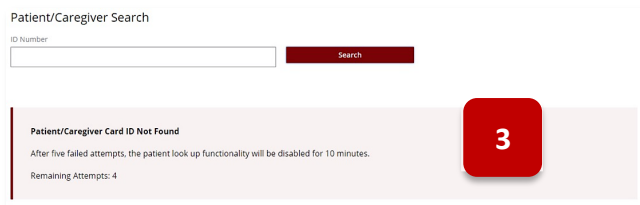
1. Enter the ID Number or scan the barcode as shown on the Patient / Caregiver card into the ID Number field

2. Click **Search** OR press **Enter/Return** key to search the Card Search & Sales verification system for the patient/caregiver card

3. If an invalid card number is entered, a warning will appear, and the number of remaining card search attempts displayed

   NOTE: After 5 invalid card search attempts, the PO/BM or dispensary agent (DA) will be locked out of all Card Search functionality for 10 minutes

4. View cardholder information:
   - Verify the identity of the QP or CG by checking the photo ID of the QP or CG versus what is shown in the Card Search & Sales verification system
   - Verify whether the QP or CG registry identification card is ACTIVE
   - Offer any appropriate patient education or support materials

5. View time remaining to register a sale, once the timer reaches 0, the cardholder information will be cleared
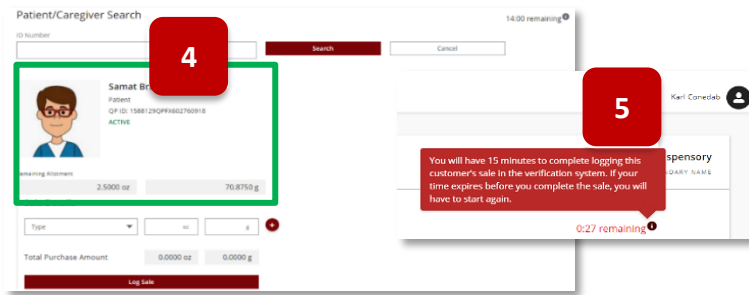
6. Select product **Type**:
   - Marijuana
   - Edible
   - Other - *ex: liquid vape*

7. Enter weight of product to be purchased, either ounces (oz) OR grams (g), the other weight will automatically be calculated
   Example: .4 ounces entered, and 11.34 grams auto calculated
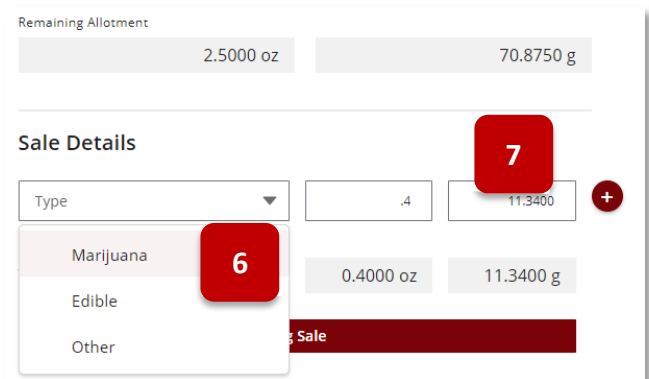
8. View **Total Purchase Amount**

   NOTE: To register additional items purchased, click the ⊕ to enter the Type and weight of additional item(s). **Total Purchase** amounts will reflect the total weight of all the items entered in this purchase.

9. Click **Log Sale** to register purchase on the cardholder's account
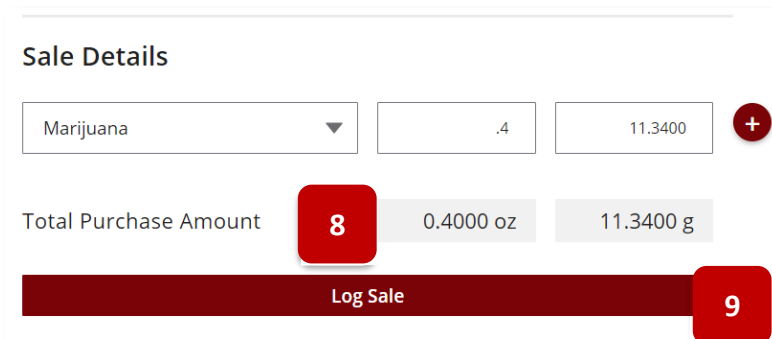
10. Both the ounces (oz) and the grams (g) show the deduction in allotment based on the total of the purchase

11. Click **Start New Sale** to register another purchase for the **same cardholder**
    a. OR Click **Cancel** to clear the data from the screen

    NOTE: If Total Purchase amount is greater than the cardholder's **Remaining Allotment,** a warning" Allotment *violation detected – please confirm amounts before continuing*" will display (see Allotment Violation section below for information)

Negative amounts are NOT allowed

Card Search & Sales

Patient/Caregiver Search

ID Number

| | Search | Cancel |

Samat Browyer
Patient
QP ID: 1588129QPFX602760918
ACTIVE

Remaining Allotment

| 2.1000 oz | 59.5350 g | |

Sale Details

Sale logged successfully

| Start New Sale | |

Allotment Violation

Access: PO/BM and Agents with Card Search & Sales permission – Dispensary & Duals Only

Overview: Details on what happens when a sales amount is logged and surpasses the amount available from the patient's allotment

1. If **Total Purchase Amount** is greater than the cardholder's **Remaining Allotment**, a warning "*Allotment violation detected – please confirm amounts before continuing*" will display

2. To continue with the purchase, DA must first acknowledge they want to proceed - **Check the box** "*I acknowledge this sale exceed the patient's remaining allotment, and I elect to proceed with this sale*"
NOTE: At this point, the DA can click **Cancel** and return to the Sale Details screen to make a correction in the purchase amount

3. If Log Sale is selected without checking the box to acknowledge the Allotment violation – DA or PO/BM cannot proceed to log the sale

4. To proceed with the sale – **Check box** to acknowledge the allotment violation sale

5. Click **Log Sale**

6. View Patient/Caregiver Remaining Allotment
NOTE: Remaining Allotment will display 0 (zero), not a negative value in the weight fields

7. Violation will be marked with a ⬤ in the PO/BM Sales History Tab

   NOTE: Pencil ✎ icon indicates editable transaction

Caregiver Card

Access: PO/BM and Agents with Card Search & Sales permission – Dispensary & Duals Only

Overview: Use-cases related to Caregiver card processes

A Caregiver Sales Transaction is processed in the same manner as for a patient. The same rules apply.

Caregiver and Adult Patient

1. Caregiver for an adult patient
2. View in Card Search & Sales Verification system
   a. Caregiver
   b. Minor Patient
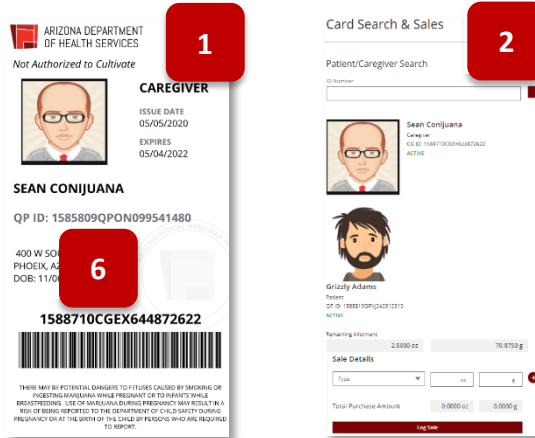
Caregiver and Minor Patient

3. Caregiver for a minor patient
4. View in Card Search & Sales Verification system
   a. Caregiver
   b. Minor Patient
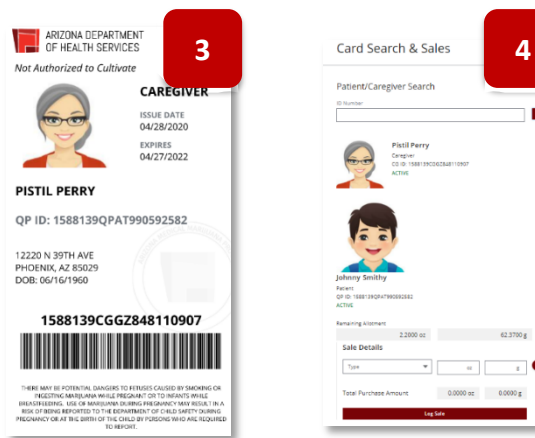
5. A caregiver must use their caregiver card to purchase for their **minor** patient, if the minor card number is entered, a reminder message will appear
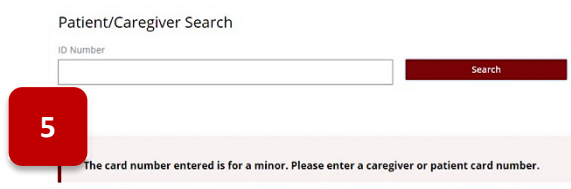
6. A caregiver **will not** be able to purchase using an INACTIVE patient's card. A warning will appear, and the transaction will not be allowed
   NOTE: Even though this caregiver card is ACTIVE, the patient's card is INACTIVE and will not display in the Card Search & Sales verification system
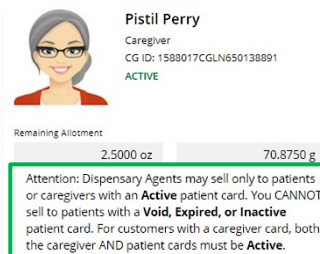
SALES HISTORY

Sales History Functions on Qualified Patient Sales

Access: PO/BM only – Dispensary & Duals
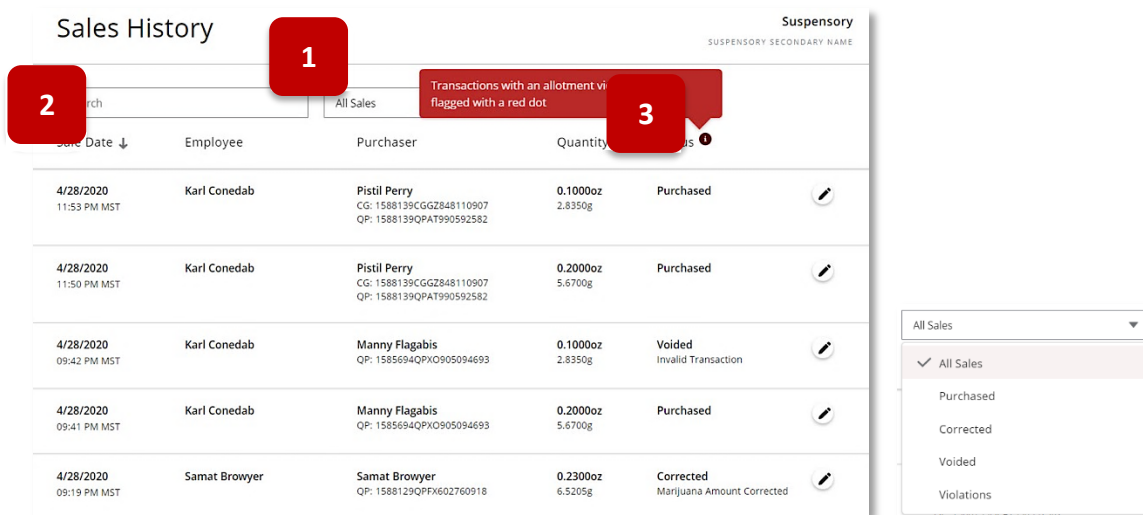
Overview: Sales history tab will display all sales logged by the dispensary/dual in the last 60 days with additional functionality

1. View Dispensary **Sales History**
   a. **Sale Date**: Original sales transaction date
   b. **Employee:** Agent or PO/BM who entered the transaction
   c. **Purchaser:** Patient/Caregiver (card ID) purchasing the item(s)
   d. **Quantity**: Weight of the purchase in ounces and grams
   e. **Status:** Status of the sales transaction
      i. Purchased: Original purchase sales transaction
      ii. Corrected: Sales transaction corrected by a PO/BM
      iii. Voided: Sales transaction voided by PO/BM
      iv. Violations: Sales Transaction was an allotment violation; the purchase exceeded the patient/caregiver remaining allotment amount on their card at the time of the purchase
      NOTE: Dispensary PO/BM has 72 hours from the time the purchase was registered to make a correction to the Sale Details – A pencil ✏ icon next to the transaction indicates it can be edited and is still within the 72 hour edit-window
2. Search by column data
3. Filter by **Sales Status**, click drop-down arrow to select: All Sales, Purchased, Corrected, Voided, or Violations

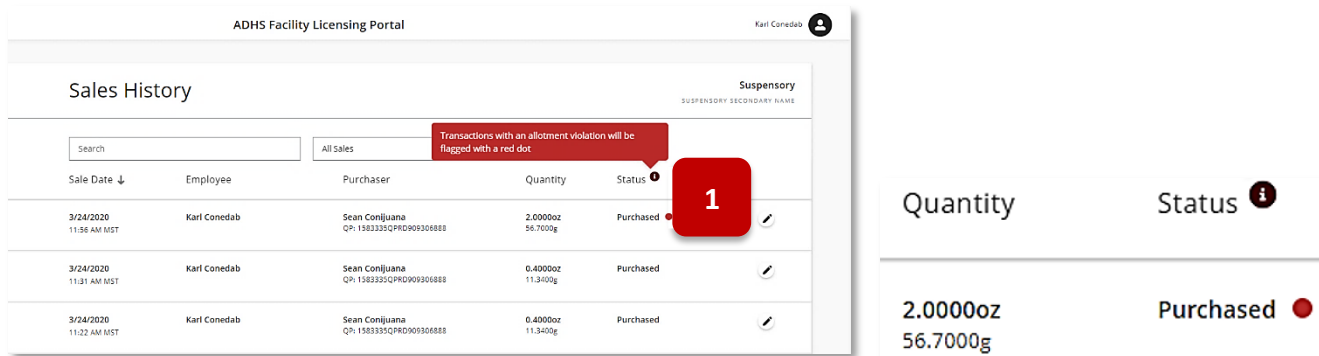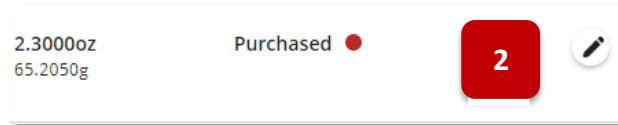# Sales History - Correcting or Voiding a Transaction

Access: Dispensary and Dual PO/BM only

Overview: Within the Sales History tab, users are able to correct/void transactions made within 72 hours of registration

1. Status Violations - next to sales transaction indicates an allotment violation; the purchase exceeded the patient/caregiver remaining allotment amount on their card at the time of the purchase

    NOTE:
    - PO/BM has 72 hours from the time the purchase was registered to make a correction to the Sale Details
    - Only the PO/BM can make corrections within 72 hours of the sale
    - **ADHS cannot make corrections to any transactions**
    - A pencil ✏ next to the transaction indicates it can be edited and is still within the 72 hour edit-window

2. To make a correction, click the pencil ✏ icon next to the transaction

3. Transaction details are now available for editing, make necessary changes and click **Confirm Correction**

4. Enter correct information
   a. Type, ounces (oz) or grams (g) and select Correction Reason
   b. Or, Void the sale

5. The Transaction changes will appear in the Sales History list
   NOTE: Edits can be made until the 72-hour window has passed
6. Patient will view transactions in Purchase History tab as shown

7. To VOID a transaction, click pencil icon

8. Select Void Reason

9. Transaction will indicate action and reason

10. Patient will view corrected transaction in Purchase History tab as shown

APPLICATIONS

Available Applications for Facility Types

Access: PO/BM only

Overview: The Applications Tab contains application forms for the facility. The page is arranged by the two application categories: Employee Applications (Dispensary & Dual only) and Facility Applications for all facility types

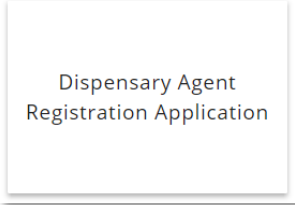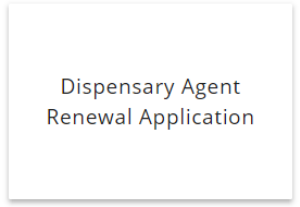| Facility Portal Application Tile Details		
See the checklist in the appendix for a list of required documents		
1. **New Dispensary Agent Application:** Click Dispensary Agent Registration Application tile to apply for a new Dispensary Agent (DA) or for a DA whose card has expired and was not renewed before it expired.	Dispensary Agent Registration Application	Available to: Dispensary, Dual
2. **Renew Dispensary Agent Application** Click **Dispensary Agent Renewal Application** tile to renew an existing DA card, the card must be active in order to renew. Renewal is allowed up to 90 days in advance of expiration	Dispensary Agent Renewal Application	Available to: Dispensary, Dual

3. **Dispensary Information Update Application:**
 	
Click **Dispensary Information Update Application** to apply for dispensary updates.
  a. DBA
  b. Decertify
  c. Designated Email Address
  d. Designated Person
  e. Hours of Operation
  f. Mailing Address
  g. Medical Director
  h. Name of Dispensary
  i. New POBM
  j. Designated Person
  k. Phone Number
  l. Remove POBM
  m. TPT Number
	Information Update Application	Available to: Dispensary, Dual

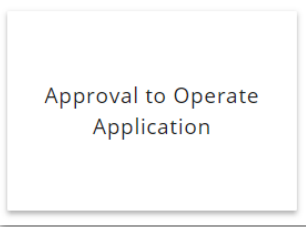|		
4. **Dispensary Approval to Operate Application:** Submit an **Approval to Operate Application** for the ability to legally operate a dispensary	Approval to Operate Application	Available to: Dispensary, Dual

5. **Dispensary Change Application:**
 	
Submit a **Facility Change Application** to modify facility information. Facility Change Application categories for Dispensary include:
  a. Add Cultivation Off-Site
  b. Add Cultivation On-Site
  c. Change Location of Cultivation Site
  d. Change Location of Retail
  e. Add / Remove Manufacturing to Retail Site
     i. Add Prepare Edibles (Manufacture is required)
  f. Sell/Dispense TCS/NPP Edibles at Retail Site
	Facility Change Application	Available to: Dispensary, Dual

6. **Establishment Change Application:**
 	
For Duals and Establishments, Change Application categories include:
  a. Add Cultivation to Retail
  b. Add Manufacturing to Retail
  c. Add Cultivation Site
  d. Add Processing to Cultivation Site
  e. Add Manufacturing to Cultivation Site
  f. Add Manufacturing Site
  g. Add Package & Store to Manufacturing Site
  h. Add Prepare Edibles (requires Manufacture)
  i. Change of Retail Location
  j. Change of Cultivation Location
  k. Change of Manufacturing Location
	Facility Change Application	Available to: Establishmnet, Dual

|		
7. Facility Modification Submit a **Modify Facility Site Application** when a site is being modified (including remodels and changes to the site plan etc.)	Modify Facility Site Application	Available to: Dispensary, Dual, Establishment
8. Renew a Facility Application: Submit a **Renew Facility Application** to renew a certificate for a dispensary. The Renewal Dispensary application tile will only appear 90 days before the expiration date	Renew Dispensary Application	Available to: Dispensary, Dual, Establishment

9. Establishment Update Information Application
Click **Dispensary Information Update Application** to submit an application for dispensary updates. The categories are:
  a. DBA
  b. Designated Email Address
  c. Designated Person
  d. Hours of Operation
  e. Mailing Address
  f. Name of Facility
  g. New POBM
  h. Designated Person
  i. Phone Number
  j. Remove POBM
  k. TPT Number
  l. Decertify a site
	Information Update Application	Available to: Establishment, Dual

Approval to Operate

Access: PO/BM only

Overview: This application is used by facilities to request approval by ADHS to open and operate a facility and is available after approval of the initial facility (dispensary/establishment) application

1. To obtain Approval to Operate, navigate to the **Applications** tab within the Facility Licensing Portal
2. Click **Approval to Operate Application** tile
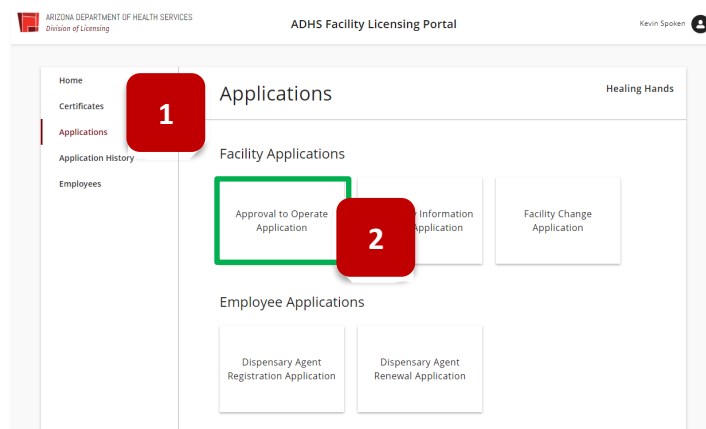
3. View User Agreement – verify consent to do business electronically
4. Click **I Agree**
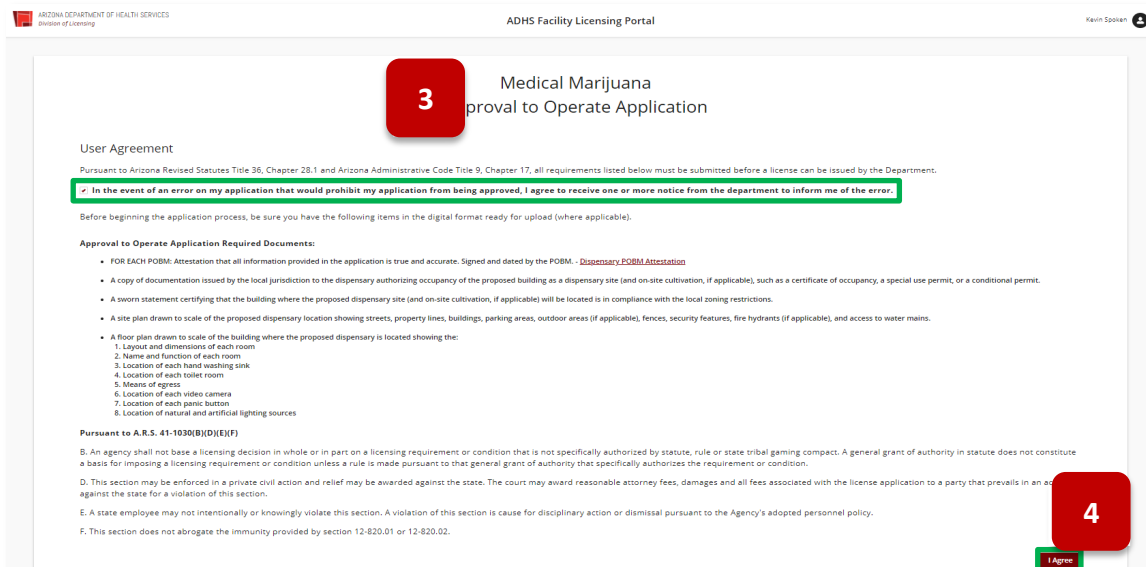
5. View Approval to Operate Application Information – the **Facility Information** section will be prepopulated with facility information

IMPORTANT: Please review all information displayed. If any updates or changes need to be made, submit a Change or Information Update application PRIOR to starting the ATO application – information

6. Fill in Application Information section
7. Click **Save & Continue**

8. Upload Supporting Documents
9. Click **Save & Continue** to proceed

10. Review Application
11. Click **Submit**

12. Once approved, the Approval to Operate certificate will be issued and can be viewed from the Facility Licensing Portal (Dispensary certificate shown)

ARIZONA DEPARTMENT OF HEALTH SERVICES

Healing Hands
3301 N 24th St, Phoenix, AZ 85016

The dispensary listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to the Arizona Administrative Code Title 9, Chapter 17 Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000001DCVQ26268377

Effective Date: August 25, 2020

Expiration Date: August 24, 2022

APPROVED TO:

Dispense

Sell Edibles

Dispense Edibles
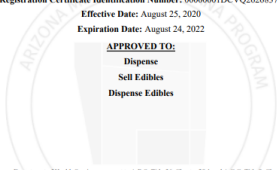
A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Megan Whitby
Recommended By: Megan Whitby
Bureau Chief

Issued By: Colby Bower on August 25, 2020
Assistant Director

Change Applications Overview

Access: PO/BM only

Overview: Change applications allow facilities to be update **Approved To Items** and other business functions. The following items can be changed/updated from the Facility Change Application tile:

Dispensaries:
- Add Cultivation Off-Site
- Add Cultivation On-Site
- Add Manufacturing to Retail Site/Cultivation Site
- Add Prepare Edibles (formerly Kitchen, Manufacture must be selected first to display if not already approved with a Manufacture site)
- Change Cultivation
- Change Retail Location - including the addition of a suite number
- Sell/dispense TCS/NPP Edibles at Retail Site
- Modify Retail / Cultivation Site*

Duals and Establishments:
- Add Cultivation to Retail
- Add Manufacturing to Retail
- Add Cultivation Site
- Add Processing to Cultivation Site
- Add Manufacturing to Cultivation Site
- Add Manufacturing Site
- Add Package & Store to Manufacturing Site
- Add Prepare Edibles
- Change of Retail Location - including the addition of a suite number
- Change of Cultivation Location
- Change of Manufacturing Location
- Modify Retail Site*
- Modify Cultivation*
- Modify Manufacturing*
- Sell/dispense TCS/NPP Edibles at Retail Site

Application is available as the Modify Facility Site Application

Change Application - Dispensary

Access: PO/BM only

Overview: Change applications allow facilities to modify certificate "Approved To" items.

1. To apply for a facility change application, navigate to the **Applications** tab within the Facility Licensing Portal
2. Click the **Facility Change Application** tile
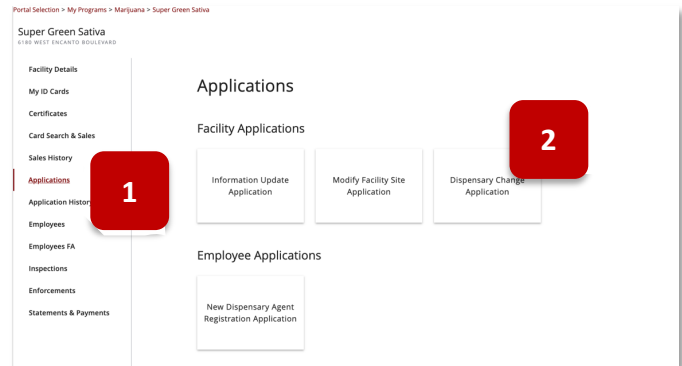
3. View User Agreement – verify decision to receive notice from the department
4. Click **I Agree**
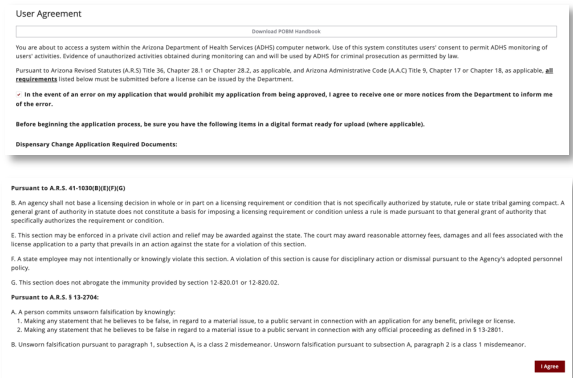
5. Facility location selection page will display – Current facility details will display at the top of the page
6. Click the **dropdown menu** to select the site being changed/updated

   NOTE: Only approved sites/locations will display in the drop-down menu. To add a net new cultivation site, select cultivation from the site selection
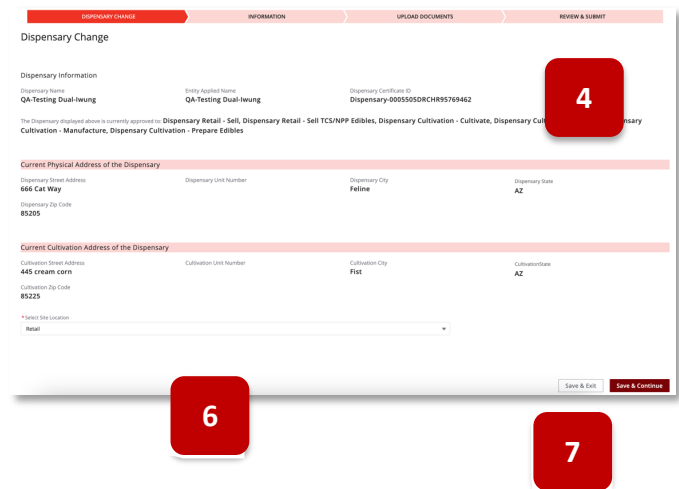
7. Click **Save & Continue** to proceed

8. Multiple changes can be selected – select the checkbox next to the desired change type – required details and fields will display once checked
9. To change the Retail location, select the **Change Retail Location** checkbox, a new address field will appear, and distance field is required
10. Enter the new proposed address of the retail location site

11. Based on facility approved to items, applicant can apply to **Add Cultivation** functions to the retail site by selecting the associated checkbox – required field will display
12. To **Add Manufacturing to a Retail Site**, select the checkbox
13. If requesting **Sell/Dispense TCS/NPP edibles**, select the available checkbox
14. Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
15. Select the **Ready for Inspection** checkbox if the proposed site is ready to be inspected – if not ready for inspection leave blank and an **Inspection Ready Date** is required to proceed
16. Select the **Save & Continue** button to proceed

17. Upload Supporting Documentation
18. Remove uploads by clicking the ⊗ next to the uploaded document
19. Click **Save & Continue** to proceed

20. Review Change Application information
21. Click **Submit & Go to Payment** to proceed to payment process

22. Once change is approved, new certificate will be available in portal (if applicable)

Change Application – Duals and Establishments

Access: PO/BM only

Overview: Change applications allow facilities to modify certificate "Approved To" items. To change items for the Establishment certificate, the Establishment Change Application will be selected.

2. From the Application tab, select **Establishment Change Application**
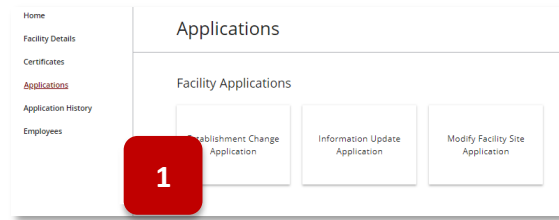
3. Upon selecting the tile, the **Agreement Page** is displayed – review in detail
4. Select the **I Agree** button to proceed
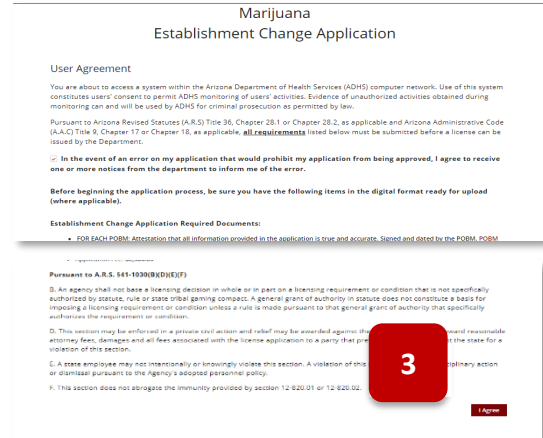
5. The top section of the application pages will display the current site details for the facility

6. On the Establishment Change page, select the **Select Site Location** drop-down menu to choose the site the change(s) will apply to
   a. To add a new site location: select the desired site type from the menu

7. Select **Save & Continue** to proceed

If the Retail site was selected on the Establishment Change page, the Retail Site change options will display (available change options will display based on current certificate Approve To items)

NOTE: For Dual facility types, if changing location of a retail site, PO/BMs will be required to submit a second change application for the Dispensary certificate in addition to the Establishment certificate.

8. To change the Retail location, select the **Change Retail Location** checkbox, a new address field will appear
9. Enter the new proposed address of the retail location site
10. Based on facility approved to items, applicant can apply to **Add Cultivation** and/or **Add Manufacturing** functions to the retail site by selecting the associated checkbox
11. If **Add Manufacturing** to Retail Site is selected, the application will display the option to add **Prepare Edibles at Retail Site**
12. If requesting **Sell TCS/NPP edibles**, select the available checkbox
13. Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
14. Select the **Ready for Inspection** checkbox if the proposed site is ready to be inspected – if not ready for inspection leave blank and an **Inspection Ready Date** is required to proceed
15. Select the **Save & Continue** button to proceed

Change Retail Site

- ✔ Change Retail Location **7**

Street Address * **8**

Suite, Unit, etc

City *

State * --None--

Zip Code *

Complete this field.

Validate Address

9
- ✔ Add Cultivation to Retail Site
- ✔ Add Manufacturing to Retail Site
- ✔ Prepare Edibles at Retail Site **10** to operate a Food Establishment is required pursuant to 9 A.A.C. 8, Article 1.
- **11** ✔ Sell Time/Temperature Sensitive Edibles or Edibles not Prepared in Individually Packaged Containers (TCS/NPP edibles)

* A license to operate a Food Establishment is required pursuant to 9 A.A.C. 8, Article 1.

Proposed Effective Date **12**
* Effective Date

- ☐ Ready for Inspection

Inspection Ready Date * **13**
* Inspection Status Date

14

Save & Exit   Save & Continue

Change To/Add Cultivation Site

If the Cultivation site was selected on the Establishment Change page, the Cultivation Site change options will display (available change options will display based on current certificate Approve To items).

NOTE: The modification to a facility site is a separate application from the Change Application and can be accesses in the application tab.

7. To change or add Cultivation location, select the **Add/Change Cultivation Location** checkbox, a new address field will appear
8. Enter the new proposed address of the location site
9. If **Add Manufacturing** to the site is selected or facility has an approved Cultivation site (based on facility Approved To items), the application will display the option to **Add Manufacturing to Cultivation Site** and **Prepare Edibles at Cultivation Site**
10. Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
11. Select the **Ready for Inspection** checkbox if the proposed site is ready to be inspected – if not ready for inspection leave blank and an **Inspection Ready Date** is required to proceed
12. Select the **Save & Continue** button to proceed

If the Manufacturing site was selected on the Establishment Change page, the Manufacturing Site change options will display (available change options will display based on current certificate Approve To items).

NOTE: The modification to a facility site is a separate application from the Change Application and can be accesses in the application tab.

7. To change or add Cultivation location, select the **Add/Change Manufacture Location** checkbox, a new address field will appear
8. Enter the new proposed address of the location site
9. If **Add Manufacturing** to the site is selected or facility has an approved Manufacturing site (based on facility Approved To items), the application will display the option to add **Prepare Edibles at Manufacture Site** and **Add Package and Store to Manufacture Site**
10. Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
11. Select the **Ready for Inspection** checkbox if the proposed site is ready to be inspected – if not ready for inspection leave blank and an **Inspection Ready Date** is required to proceed
12. Select the **Save & Continue** button to proceed

13. From the Upload page, attach the files required by each change type
14. Select **Save & Continue** to proceed
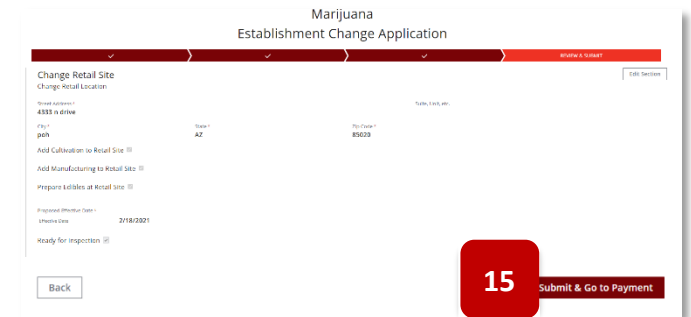
15. On the Review & Submit page, confirm information entered is correct - select **Submit & Go to Payment** to proceed to payment

Modification Application – Duals and Establishments

Access: PO/BM only

Overview: Modification application allows facilities to modify approved sites – including renovations and changes to a facility location.

1. From the Application tab, select the Modify Facility Site Application tile
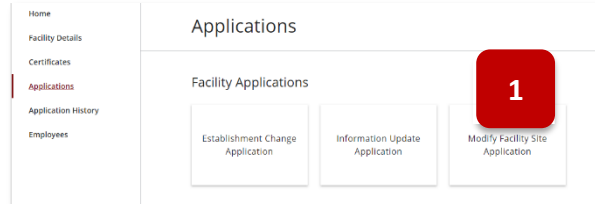
2. Upon selecting the tile, the Agreement page will display – select the **I Agree** button to proceed
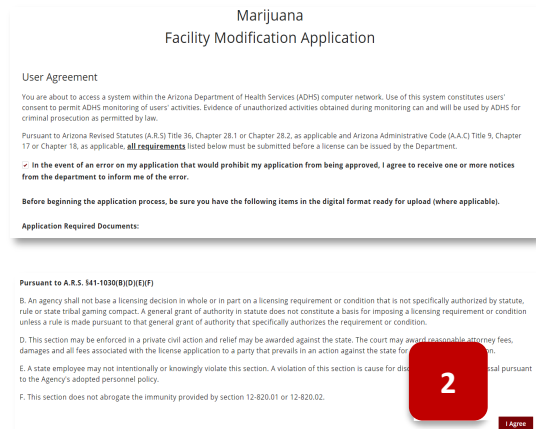
3. Select the site that will be modified from **the Location Type** menu (only sites that have been previously approved will display here)
4. Enter description of the modification in the **Description of Modification** section
5. Select the checkbox **Ready for Inspection** checkbox if site is ready to be inspected
6. If checkbox is not checked (site is NOT ready for inspection) the **Inspection Ready Date** field is required
7. Select **Save & Continue** to proceed

8. On the upload page, upload all required documents for the modification application
9. Select **Save & Continue** to proceed

10. Review all files and details on the Review page
11. Select **Submit** to submit the application

Information Update Application

Access: PO/BM only

Overview: This application is used to update facility information such as phone number, email, facility name, etc. For a complete list of information update types – refer to the list noted in the first section of the Application section.

1. To update facility information via a Facility Information Update application, navigate to the **Applications** tab within the Facility Licensing Portal
2. Click on **Facility Information Update Application** tile

3. The Facility Information Update Application will appear – review information
4. Select appropriate update type for this application
   NOTE: For this example, Name of Dispensary will be the update type selected
5. Click **Save & Continue**

6. View User Agreement – verify decision to receive notice from the department
7. Click **I Agree**

8. View Upload Supporting Documentation Page
9. Upload files by clicking Upload Files or dropping the files into the box
10. To remove a file, click **Remove New Documents** button

11. View Dispensary Name Update field – enter new Dispensary Name
12. Click **Save & Continue**

13. Review updated information
14. Click **Submit** to submit application

15. If approved, certificate will be issued with new facility name
     NOTE: not all Update Applications will issue a new certificate

Information Update Application – For Profit Entity

Access: Establishment or Dual POBMs

Overview: The Information Update Application includes a section for Duals and Establishments to update their business as a For-Profit entity

1. From the main facility homepage, select the **Applications** tab
2. Select the **Information Update Application** tile
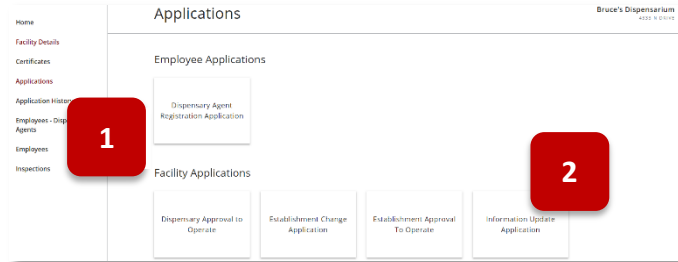
3. Current facility details are displayed at the top
4. Select the drop-down menu
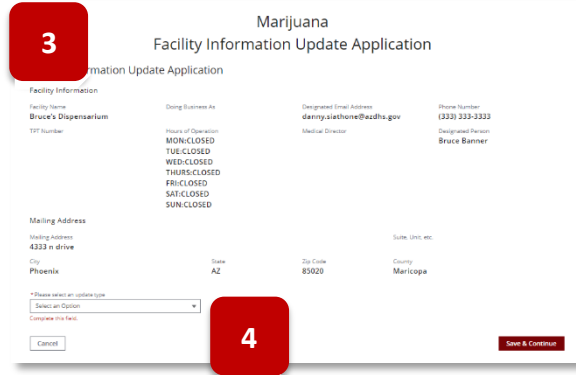
5. Select **For-Profit Update** and **Save & Continue** button select to proceed
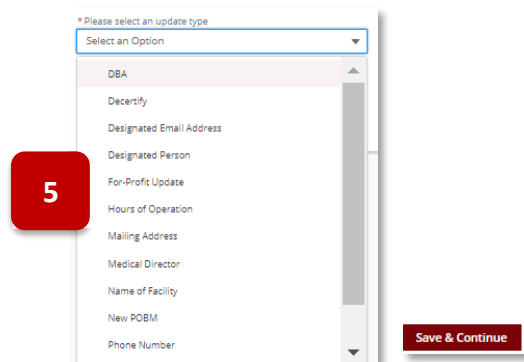
6. Confirm agreement of the User Agreement page and select **I Agree** button
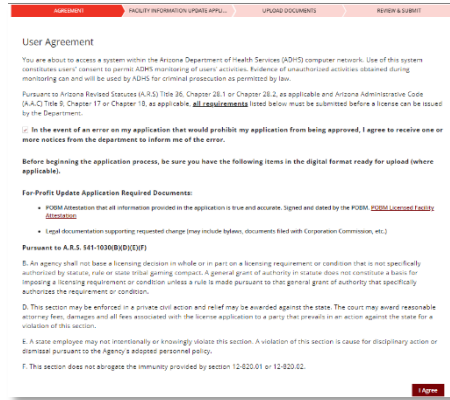
7. Select the **checkbox** to confirm the for-profit status of the business entity
8. Select the **Save & Continue** button to confirm and proceed
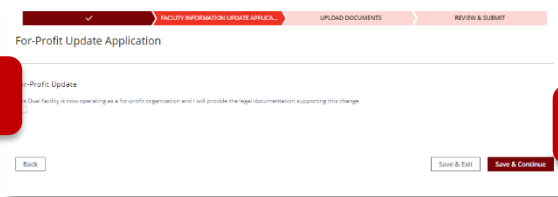
9. Upload all required documents and select **Save & Continue** to proceed
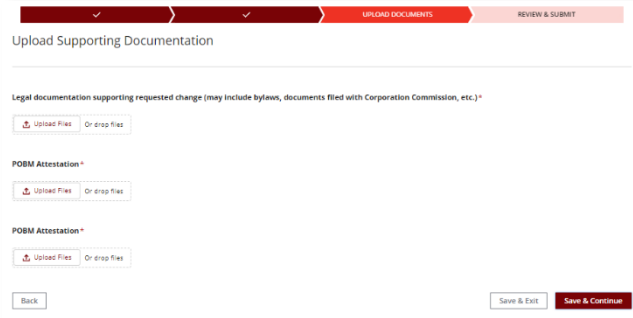
10. Review and confirm the application details and select **Submit** to complete the application
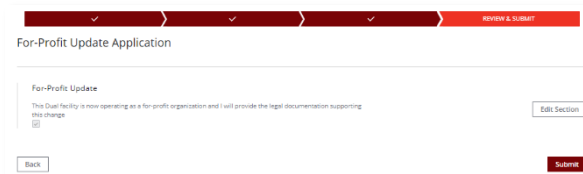
Information Update Application – Change of Ownership

Access: POBMs

Overview: The Information Update Application includes a section for POBMs to notify the Bureau of a change of ownership

1. Once the Change of Ownership application is selected – the Facility Information Update form page will display
2. Confirm all information is accurate for the displayed facility details
3. To add new POBM(s) – select the **Add Another** button
   NOTE: multiple POBMs can be added in one application
4. To remove a POBM – select the **drop-down carrot** next the POBM's name
5. Select **Delete** from the menu

6. If adding a new POBM – the New POBM pop-up will display
7. The new POBM(s) are required to have a linked FA card to the facility or an active DA card for the facility
8. Select the **drop-down menu** and select from the available list

9. POBM upload form will display – Attestation required
10. Select **Save**
11. Repeat steps for adding additional POBMs

12. Select **Save & Continue** to proceed
13. Upload page will display – Upload legal documentation supporting the requested change

14. Review page will display all updates
15. Select **Submit** to complete the application

Facility Renewal Application

Access: PO/BM only

Overview: Application is used to renew a facility certificate for an additional two years. Dual facilities will have a combined renewal application to renew both the Dispensary and Establishment certificates.

> The renewal application CANNOT be used to update facility details (i.e., addresses, site information) – Updates to a facility must be submitted through the Change or Update applications PRIOR to submitting the renewal application.

1. Navigate to the **Applications** tab
2. Click **Renew Facility Application** tile

NOTE: Tile will only appear 90 days before expiration, Renewal Dispensary Application tile shown in this example; Dispensary Renewal is used in this example. When renewing prior to the expiration date, an Inactive Renewal License is created with the new expiration date and will be effective upon the expiration of the current license. AZ Care Check expiration dates will reflect as is, or if the licensee has renewed their license, the extended date for the renewal (Inactive Renewal) is displayed. The License number will not change during the renewal process.
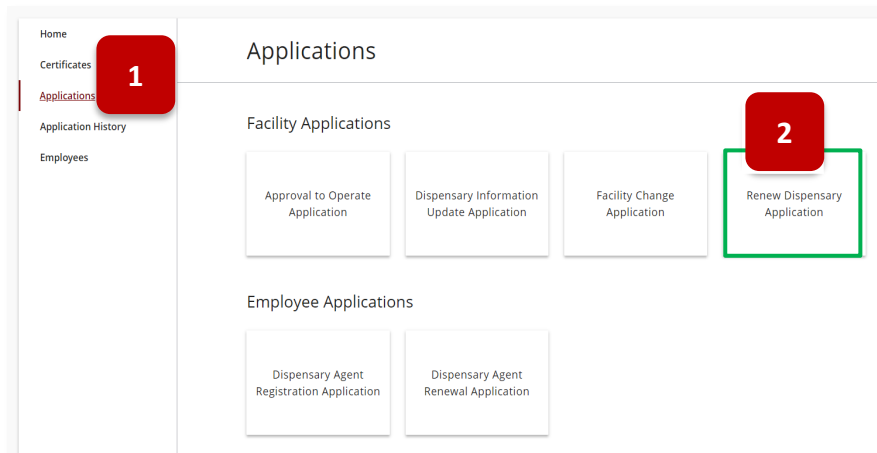
3. View **User Agreement** – verify consent to receive notice from the department
4. Click **I Agree**

Medical Marijuana
Dispensary Renewal Application

3

~~U~~ser Agreement

~~P~~ursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17, all requirements listed below ~~m~~ust be submitted before a license can be issued by the Department.

☑ **In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.**

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable).

Application Required Documents:

- Attestation that all information provided in the application is true and accurate. Signed and dated by the POBM (this attachment will be required if not a eSigned in 4.c)

- A report of an audit by an independent certified public accountant of the annual financial statement

- A copy of annual financial statement for the previous two years, or for the portion of the previous two years the dispensary was operational, prepared according to generally accepted accounting principles.

- Application Fee: $1,000.00

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary actio~~n~~ dismissal pursuant to the Agency's adopted personnel policy.

4

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

[I Agree]

---

5. Review prepopulated information

Medical Marijuana
Dispensary Renewal Application

DISPENSARY INFORMATION	UPLOAD DOCUMENTS	REVIEW & SUBMIT

Dispensary Renewal Application Information

Dispensary Information

Legal name of the dispensary	Name of the entity applying	The registry number identification number for the dispensary
Good Times	Good Times	00000003DCLE29429320

The dispensary's TPT number

5

Current physical address of the dispensary

Dispensary Street	Dispensary City	Dispensary State	Dispensary Zip Code
400 W Southern Ave	Phoenix	AZ	85041

Designated Person
Bill Richards

Review Hours of Operation

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Medical Director

Username

Medical Director Legal First Name	Medical Director Legal Middle Name	Medical Director Legal Last Name
Mark		Hightower

Medical Director License Type	Medical Director License Number
MD	432156

---

6. Select appropriate responses from dropdown selections
7. Upload **file** for Dispensary POBM Attestation
8. Verify authorization
9. Click **Save & Continue**

10. Upload required files
11. Click **Save & Continue**

12. Review application information
13. Click **Edit Section** if needed
14. Click **Submit & Go to Payment –** to proceed to payment process

Medical Marijuana
Dispensary Renewal Application

REVIEW & SUBMIT

Dispensary Renewal Application Information Review

Dispensary Information

Legal name of the dispensary
Good Times

Name of the entity applying
Good Times

The registry number identification number for the dispensary
00000003DCLE29429320

Edit Section

The dispensary's TPT number

12

13

Current physical address of the dispensary

Dispensary Street
400 W Southern Ave

Dispensary City
Phoenix

Dispensary State
AZ

Dispensary Zip Code
85041

Designated Person
Bill Richards

Review Hours of Operation

	Start Time	End Time
Monday		

14

Back

Submit & Go to Payment

Dual Renewal Application

Access: Dual PO/BM only

Overview: Dual Facilities are able to access a Renewal Dual Application. This renewal combines the renewal applications for both the Establishment and Dispensary Certificates. Application will be available 90 days prior to the earliest certificate expiration date. When renewing prior to the expiration date, an Inactive Renewal License is created with the new expiration date and will be effective upon the expiration of the current license. AZ Care Check expiration dates will reflect as is, or if the licensee has renewed their license, the extended date for the renewal (Inactive Renewal) is displayed. The License number will not change during the renewal process.

1. From the facility main page, select the **Applications** tab

2. Select **Renewal Dual Application** tile
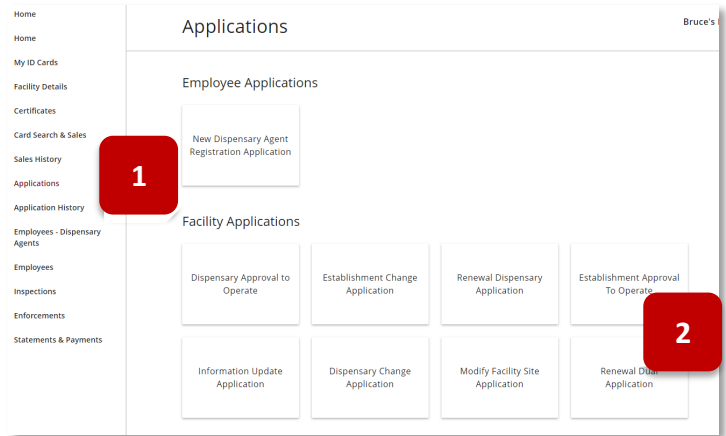
3. Review the User Agreement page – select **Agree** to proceed
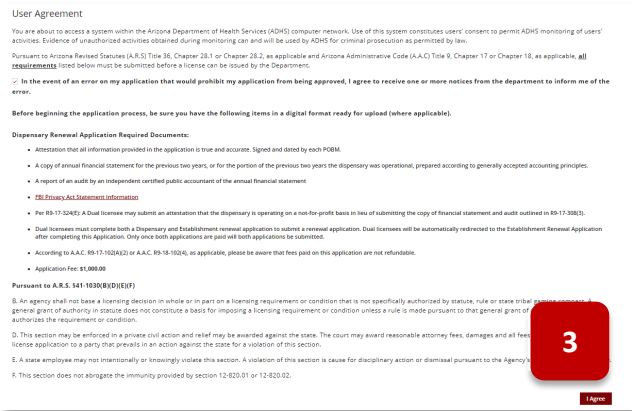
4. First page of the application is the Dispensary Information

5. Current **Dispensary** details are displayed

6. Review **Hours or Operation** details

7. Review **Medical Director** details

8. Select **Yes** or **No** for each PO/BM on all PO/BM questions

9. Upload signed attestation

10. Current active agent cards for the dispensary will be displayed

11. Select whether the dispensary is operating as a not-for-profit organization

12. Link to the not-for-profit attestation is available

13. Select **Save & Continue** to proceed

14. Upload required documents for the dispensary

15. Once all files are uploaded, select **Save & Continue** to proceed

16. Confirm all information presented on the Review page for the Dispensary details – select **Save & Continue** to proceed

17. Review Establishment Renewal User Agreement page

18. Select **Agree** to proceed

19. Next page of the application is the Establishment **20**
    Information details

20. Current **Establishment** details are displayed

21. Review **Hours of Operation** details **21**

22. Upload Establishment PO/BM Attestation(s)

23. Select **Save & Continue** to proceed **22** **23**

24. Confirm all information on the Review page is
    correct

25. Select **Submit & Go To Payment** to proceed **25**

26. The application will redirect to the **Statements and Payments** page

27. Dual Renewal will require two separate payments: One for Medical Marijuana Licensing and another for
    Adult-Use Licensing

    NOTE: Only one invoice type can be selected at a time per payment submission

28. Select the **radio button** for the desired invoice type payment

    NOTE: Once a selection is made, the other invoice types will not be selectable - select the clear selection

button to cancel the selection

29. Once a selection is made, the **Submit Payment** button will be available – Select **Submit Payment** to proceed

30. The Payment Amount Confirmation pop-up will display

31. Select the **Next** button to proceed through the payment portal

32. Once payment is success, return to the **Statements & Payment** to submit payment for the remaining license Invoice Type – proceed as noted in previous steps

33. Once both renewals (Medical Marijuana and Adult Use) are paid, the renewal application will be considered officially submitted

Bulk Change Application

Access: Dispensary PO/BM only

Overview: Bulk change is used to update Dispensary Agent cards when a dispensary changes name or address

1. Navigate to the **Applications** tab
2. Click **Bulk Change** tile

   NOTE: Bulk Change will be available for 2 calendar days once an eligible Change or Update Application has been submitted
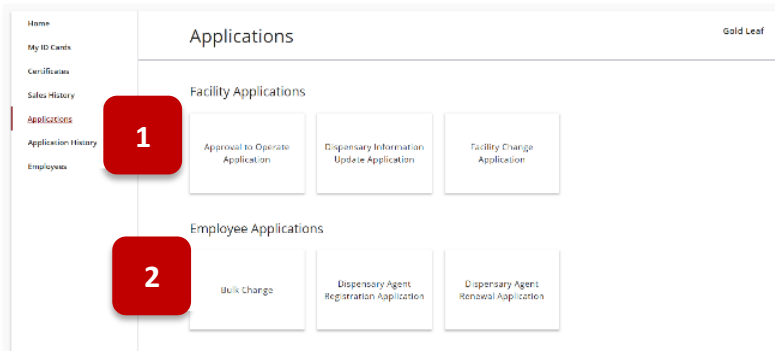
3. Popup notification will appear, click **Continue**
4. View Bulk Card application – review requested changes – click **Confirm**
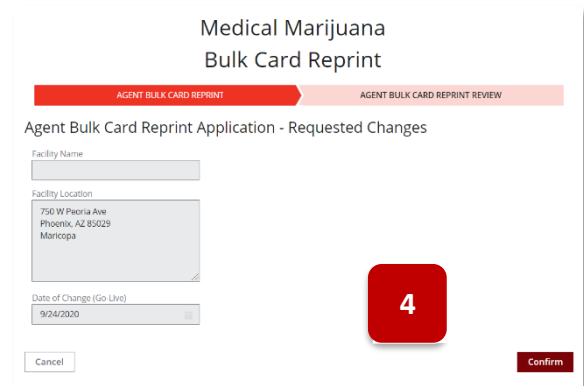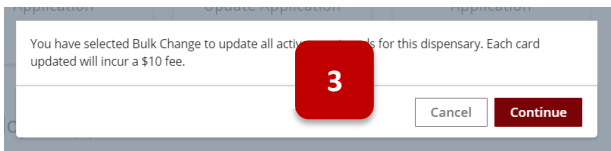
5. Review cards selected for reprint
6. Click **Submit & Go to Payment**
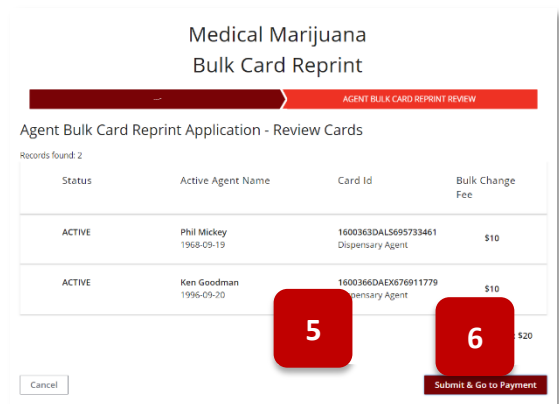
7. Upon successful payment, application will be sent to ADHS and automatically approved
8. Once approved, a notification tile will appear on the **Home** tab
9. To initiate a bulk card change, click **Employees** tab
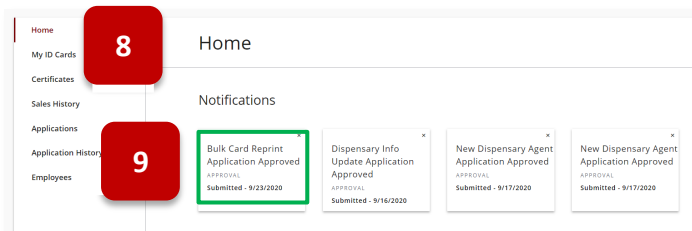
10. From the employees tab, click **Download Cards** button
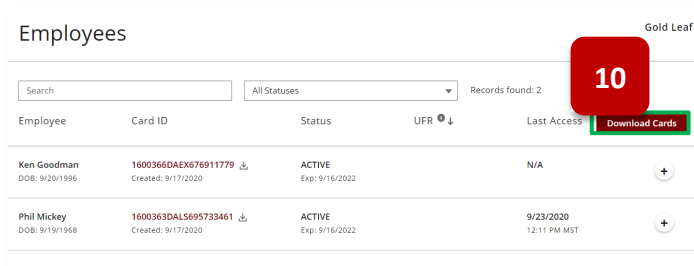
11. The download cards popup will appear
12. Select the **dropdown**
13. Click **Download New Cards** selection
14. Click **Download**
15. All cards that were newly generated from the bulk change will now be downloaded in a zip file and available for use

Application: Submit a DA Registration Application

Access: Dispensary PO/BM only

Overview: DA Registration Applications are used to apply for a Dispensary Agent card for Dispensaries

1. Click **Dispensary Agent Registration Application** tile

Dispensary Agent
Registration Application
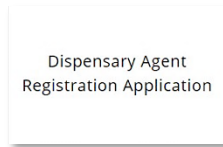
2. Enter DA portal username/email address to search – validate email to verify the ADHS Licensing Portal account exists

   NOTE: This DA email address is the portal username/email address the DA used to create their ADHS Licensing Portal User Account.

   a. If the account has not been created, the "**The requested resource does not exist**" error message will appear

ADHS Facility Licensing Portal

Medical Marijuana
Dispensary Agent Registration Application

Portal username/email address for DA/LA applicant

2

Validate Email

2a The requested resource does not exist
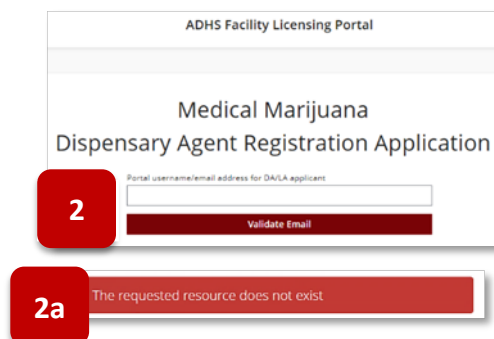
3. For an efficient application process, review the application instructions and checklist to identify and then prepare the documents required for the DA application. Payment is processed at the end of the application and fee for a Dispensary Agent application is $500
4. Once reviewed, click **Agree and Proceed** to view the acknowledgement of Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17

Fingerprints must be sent by mail
to the ADHS department.

5. Once reviewed, click I Agree to accept the terms stated in the application and begin the data entry process

By submitting this application, I am acknowledging that I am aware of the following:

A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, dispensing, use, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona [Department of] Health Services, is not facilitating or participating in any way with my acquisition, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, [or] dispensing medical marijuana.

I Disagree   I Agree

6. Complete the application by first entering the DA **Identification Information** and **their Contact Information**
7. Click **Save & Continue** to proceed with the application process
8. To exit the application process, click **Save & Exit** to save the information (which creates an application with a **Not Submitted** status) and return later to complete the application. The **Not Submitted** application link will be in the PO/BM **Application History** tab

9. Upload the *required* supporting documents, indicated by *****
   a. When dragging a file over, be sure to "drop" the file within the "dashed-outlined" box
10. Click **Done** after each upload

11. After uploading a current digital photo in an application on the upload page, the cropping pop-up will appear
    a. Use the slider to zoom in/out of the photo

b. Use cursor to move the photo within the box
   NOTE: Be sure to adhere to the photo guides noted on the pop-up
c. Select **Save Photo** to save the cropped image to the application or select **Skip Cropping** to save the uncropped version of the photo

12. Click **Save & Continue** to proceed with the application process
13. Review application data - Click **Edit Section** to change any information in the section. Then, click **Save and Continue** until returning to the Review and Submit page
14. Click **Submit & Go to Payment** to proceed to payment process
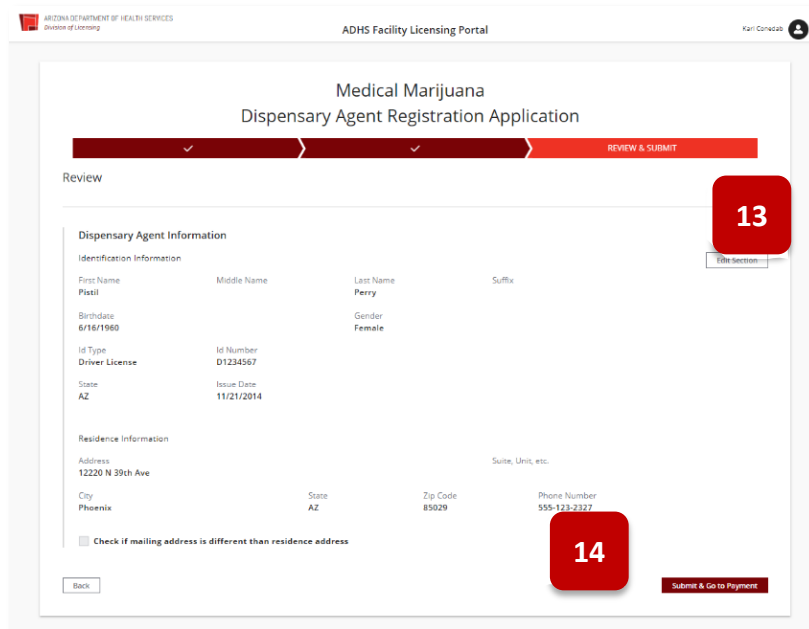
15. Return to Facility Licensing Portal and navigate to **Application History** Tab

16. Default for application type is Facility-Related Applications
17. To view DA applications, select drop-down option Employee-Related Applications
18. Once the application has been submitted and payment was successful, the status of the Application will change to **Submitted** (sent to ADHS)
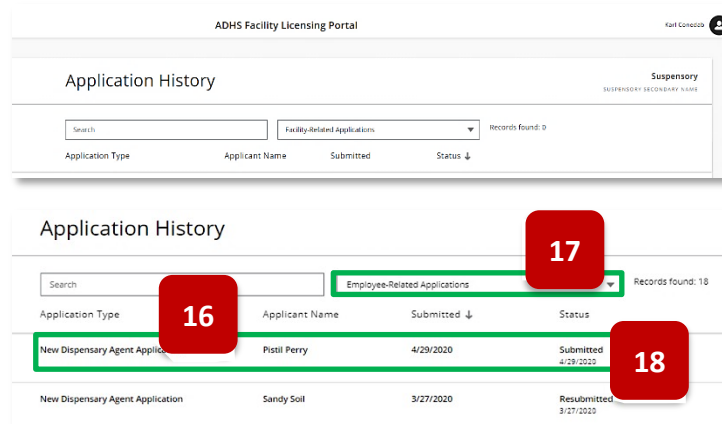
19. Search for application status: **Submitted & Press Enter**
20. Click **column headings** to sort column data Ascending or Descending
21. View number of Records found based on search criteria
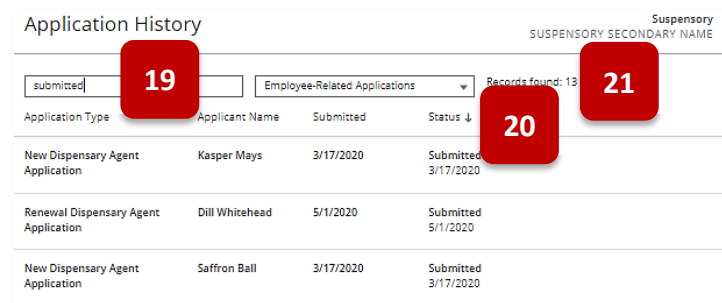
22. In Process status indicates ADHS is reviewing the application
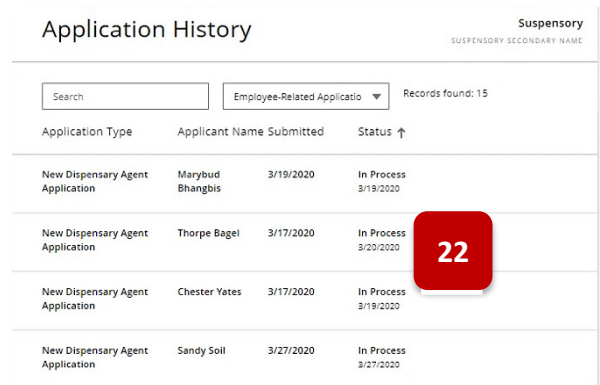
23. Once ADHS approves the DA application, a notification is sent to the dispensary email

NOTE: Email from marijuana@azdhs.gov Email Subject: Your new employee application has been approved!

24. View DA Application status in Facility Licensing portal **Application History** tab: Approved

25. Once the DA application is approved, the DA card can be viewed in from the Employees tab

NOTE: See Employees tab section for more information on the general functions to be performed on a DA card

Application: Responding to a RFI or NOD

Access: PO/BM and FA only

Overview: RFI (Request for Information) and NOD (Notice of Deficiency) are application issues identified by ADHS during the review process – these items are either missing information or errors in the application that will need to be corrected and resubmitted by the applicant

1. Go to email to view status or issue notification details
2. To address the issue – Click **My Application** link to View and correct application – Email Subject for Issues (NOD or RFI): ADHS Application Requires Resubmission

   NOTE: Check SPAM / Junk folder for email notifications from ADHS
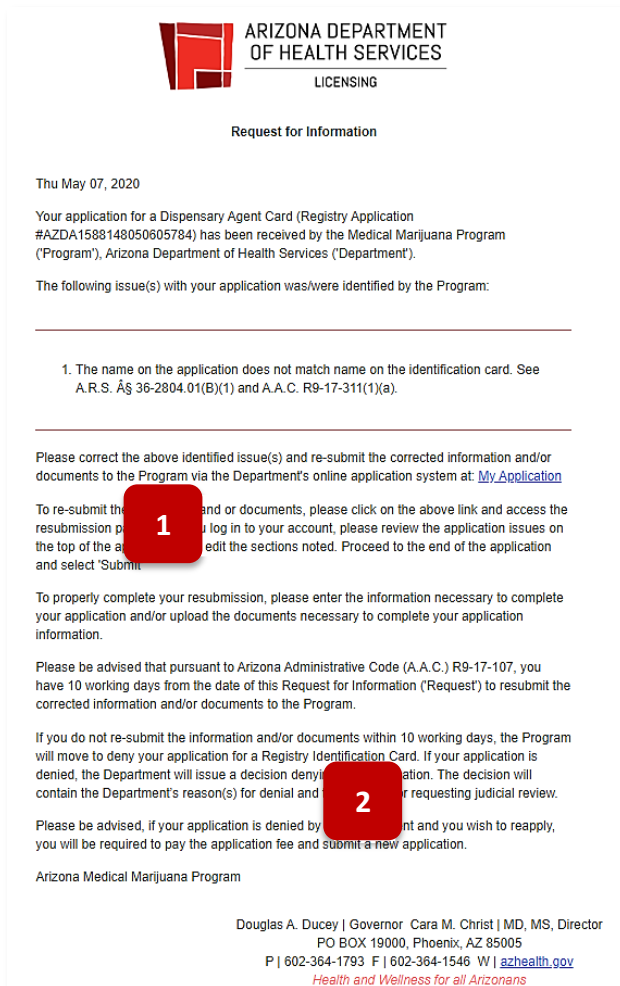
NOTE: This example is an RFI with the issue reason: **Name on application does not match name on ID card**.
- To correct this issue, a new ID card file needs to be uploaded and the application resubmitted.
- To prevent this type of RFI, verify the name on the ID Card matches the name of the Dispensary Agent prior to uploading the file to the application.

3. View Application Issue description
4. Application data will display, correct as necessary, and click **Save & Continue** to continue processing application (DA application shown)

5. Review application data
6. The message reminder to Upload Supporting Documentation ***** indicates required files – the application displays the original files with system-assigned file names, original files cannot be deleted, additional files may be added to correct issues if necessary
7. Click Upload Files to attach the additional and correct DA ID (or drop files to "Drag and drop" the new file)
8. Click Done to accept the file
9. View the correct file was uploaded and now attached to the DA application
10. Click **Save & Continue**

Upload Supporting Documentation

Electronic copy of photo identification *

Files previously uploaded cannot be removed, but new files can be added:

- Dispensary_Agent_Identification-1

[⬆ Upload Files] [Or drop files]

Current Digital Photo *

Files previously uploaded cannot be removed, but new files can be added:

- Cardholder_Image-1

6

[⬆ Upload Files] [Or drop files]

7 **5**

Electronic copy of completed and signed Dispensary Agent/Member Attestation *

Files previously uploaded cannot be removed, but new files can be added:

- Dispensary_Agent_Attestation-1

[⬆ Upload Files] [Or drop files]

Upload Files

DRV_Lic_P-Perry.png
264 KB ✓

1 of 1 file uploaded   **8**   [Done]

- **Electronic copy of photo identification** *

  Files uploaded:
  - DRV_Lic_P-Perry.png ✕   **9**

  [⬆ Upload Files] [Or drop files]   [Remove All]

[Save & Exit] [Save & Continue] **10**

---
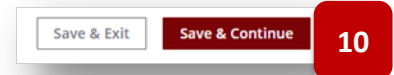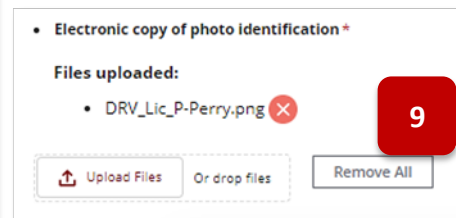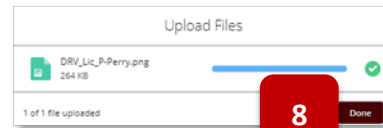
11. Review application data

12. To edit information in application, click **Edit Section** OR click **Back** to return to previous page

13. Click **Submit** to send corrected application back to ADHS for processing

NOTE: In order to resubmit the application, the user must proceed through the entire application to the final page in order to complete re-submission

14. If the Save & Exit button is selected, a pop-up will display
    Select NO to continue the application
    Select YES to save and exit without resubmitting

APPLICATION HISTORY

Application History Functions

Access: PO/BM only

Overview: The Application History tab displays all facility applications, Facility-Related and Employee-Related. Select the desired view from the drop-down at the top of the list. Facility-Related is the default view which will display a blank screen until the facility application functionality is added to the Facility Licensing portal.

See number 2 below, select **Employee-Related Applications** from drop-down.

1. From the **Application History** Tab
2. Select either **Facility-Related** or **Employee-Related Applications** from drop-down
3. View **Application Type, Applicant Name, Submitted** date, **Status** and **Action Required Exp. Date NOTE:** Option to click **Action Required** to open application for corrections

Application Statuses

Access: PO/BM only

Status	Description
Not Submitted	If the application has been started by the user and has not been submitted with a successful payment processed
Submitted	Application was successfully paid for and submitted to ADHS
Action Required	• Status after ADHS has completed the "Admin Review" and has identified an **Application Issue** for "Notice of Deficiency (NOD)" to be sent to the applicant • Status after ADHS has completed a "Substantive Review" and has identified an **Application Issue** for "Request of Information (RFI)" to be sent to the applicant
In Process	ADHS has started to review the application
Resubmitted	Applicant responded to an "Action Required" for a NOD or RFI, corrected application and "resubmitted' application back to ADHS
Approved	Set by the ADHS when the application passes the Admin Review and Substantive Review and the applicant successfully responds to all NOD/RFI created for the application
Void	Facility DA card status to VOID from revocation process when certificate is nullified
Cancelled	Applicant has informed the bureau to not proceed with application
Withdrawn	• Notice of Deficiency (NOD) becomes a WITHDRAWN application once the timeframe to respond has passed without a resubmittal from the applicant • This status is automatically set by the system if no response was received from the applicant to address an opened NOD on the application; Application is closed and not approved. No new cards or license/certificate are issued, old card or license/certificate is expired. And applicant is not able to appeal this decision
Denied	• This status is manually set the employee after the Denial letter is mailed out to the applicant, the Denial appeal process completed, and the final decision is to Deny the application. • If the application is for a DA/LA employee (new or renewal), the existing card is marked as expired. • If the application is for a brand-new facility, a license/certificate is not issued. • If the application is for an existing facility (including renewals), the existing license/certificate is marked as expired. • Request For Information (RFI) becomes a DENIED application once the timeframe to respond has passed without a resubmittal from the applicant
Pending Denial	• Applications pending denials, renewals that have lapsed RFIs • Renewals that have requested an ISC/Hearing
Application status can be viewed from multiple locations in the Facility Licensing Portal – see following page for examples	

Application and Card Status Notifications

Access: Account holders

Overview: Application status can be viewed from multiple locations in the Facility Licensing Portal. Application History Tab is the recommended path to view history

1. From the **Medical Marijuana Facility Licensing** program, select **Application Status**
2. View Application History for all related applications
3. Current status of the application will display
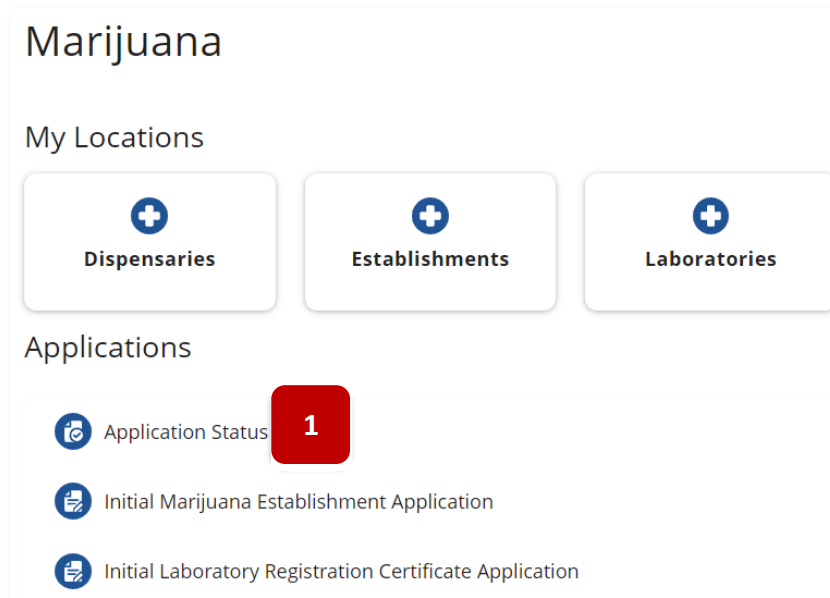
Application History can be found on the right tab menu once in the specific facility account
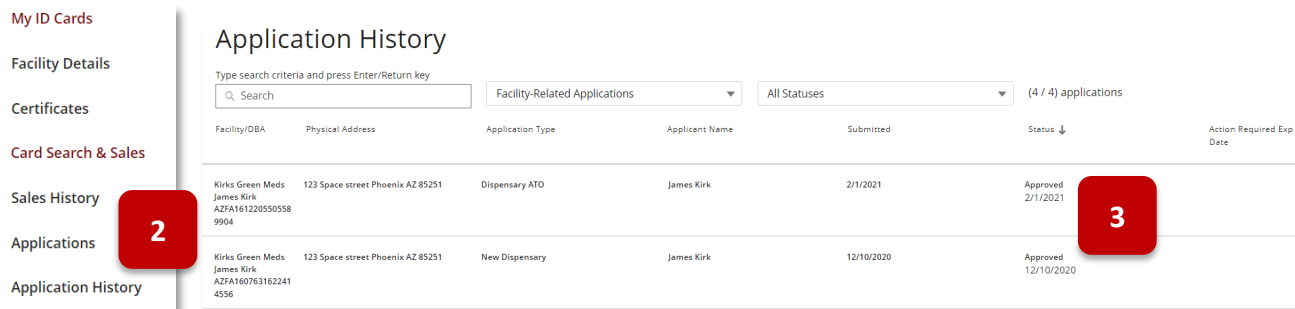
EMPLOYEES - DISPENSARY AGENTS

Employees - Dispensary Agent: General Functions

Access: PO/BM only

Overview: Dispensary PO/BMs can manage their DA access from this tab

1. Click ⊕ to expand employee information
2. Search: data in all columns
3. All Statuses
4. Employee card information
   a. Employee
      i. Name
      ii. DOB
   b. Card ID
      i. ID Number
      ii. Type
   c. Status
      i. Status - see chart at right
      ii. Card Expiration date
   d. UFR: Up for Renewal – A 🔴 will appear for cards up for renewal within 90 days
   e. Last Access: Date of last Facility Licensing Portal access
   f. Agent ID Card Access toggle: Grants DA access to view their dispensary electronic registry card
   g. Card Search & Sales Access toggle: Grants DA access to the Card Search & Sales function to verify patients and caregivers and log sales transactions
5. **Download Agent Card** Click to view and print DA card
6. **Renew Agent Card** Click to begin the Renewal Application process (function only available within 90 days of card expiring)
7. **Report Stolen Card** Click to begin Report Stolen Card application process
8. **Terminate Employee** Click to begin Terminate Employee process and deactivate DA card
9. **Edit Agent Card** Update agent details including names and address
10. For an expired DA card, only the **Download Agent Card** function will be available
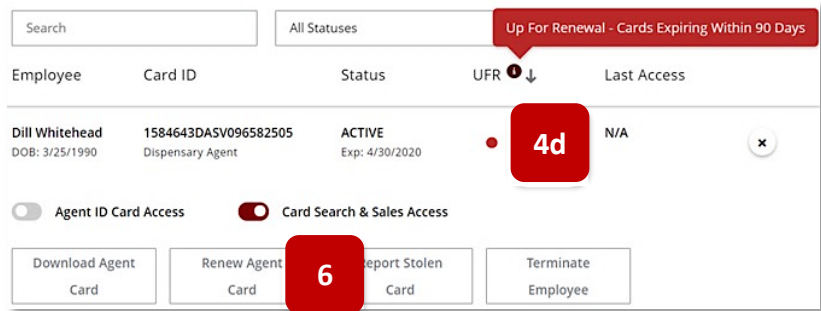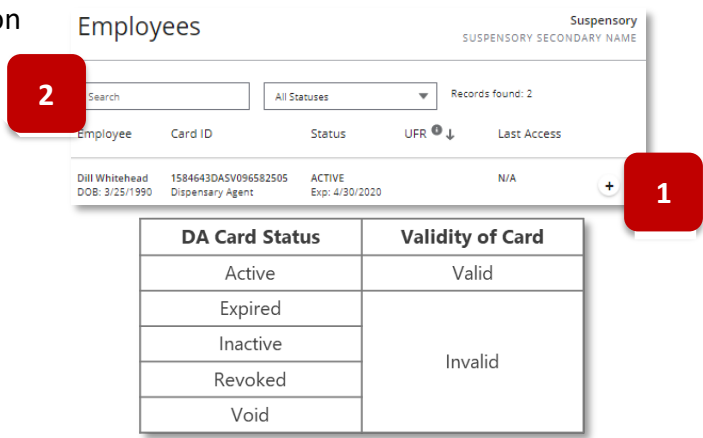
Employees

Search | All Statuses | **3** | Records shown: (1 / 1) | **Download Cards**

Employee	Card ID	Status ↓	UFR ⓘ	Last Access

Moira Rose
DOB: 10/28/1994

1730820DAOQ389202316 ⬇
Created: 11/5/2024

5 TIVE
p: 11/4/2026

N/A

✕

4 ◯ Agent ID Card Access   ◯ Card Search & Sales Access

Report Stolen Card   Terminate Employee   Edit Agent Card

7   **8**   **9**

Dill Whitehead
DOB: 3/25/1990

1584643DASV096582505
Dispensary Agent

EXPIRED
Exp: 4/30/2020

◯ Agent ID Card Access   ⬤ Card Search & Sales Access

Download Agent
Card

Download Dispensary Agent Card

Access: Dispensary PO/BM only
Overview: This section outlines how Dispensary PO/BMs can download DA cards

Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:
- **Action Required & Notifications**
- Renew Agent Card
- Report Lost / Stolen
- Terminate Employee
- Edit Agent Card

Notifications
- Appear on **HOME** tab in Facility Licensing Portal
- Click **X** in upper right corner to remove the notification tile
- If **Action Required** notification, click tile to open application for correction
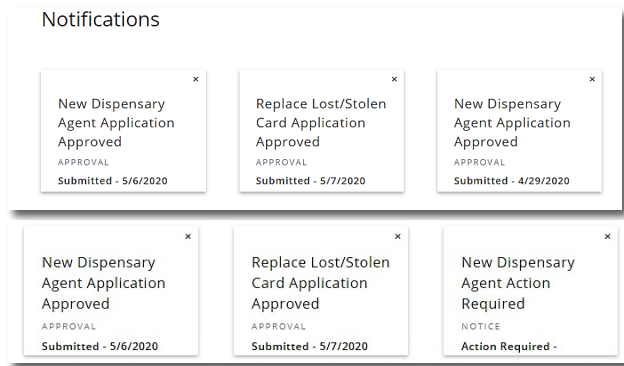
1. To download the DA card, click **Download Agent Card**
2. View the **Agent card**
3. Click **Download PDF**
4. Click **file download notification** to view PDF version of agent card
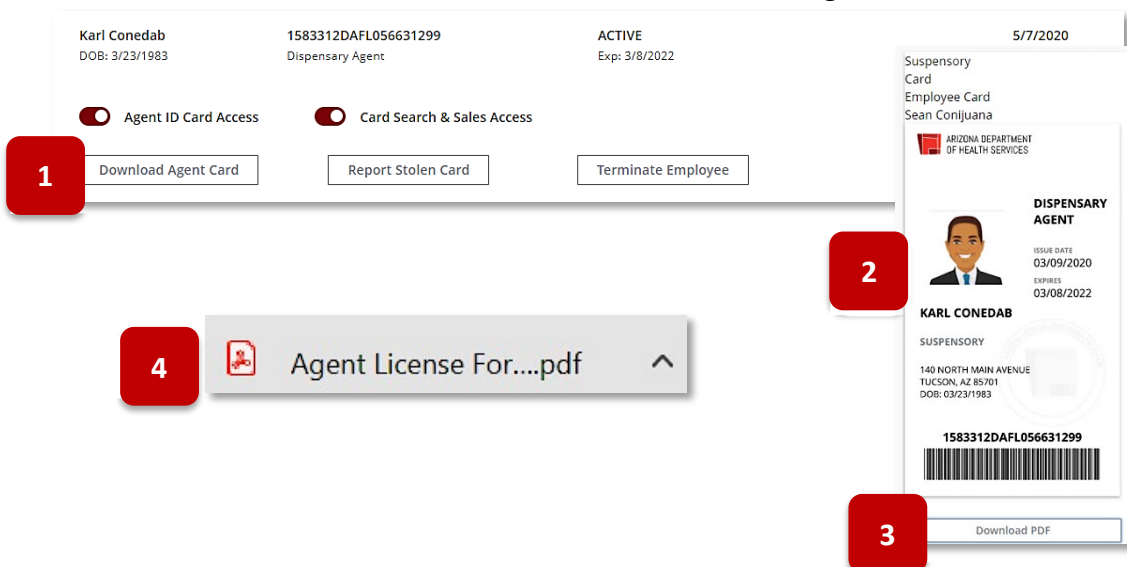
Renew Dispensary Agent Card

Access: Dispensary PO/BM only

Overview: The renewal application for DA cards is used to renew the agent card for an additional two years

NOTE: If agent name and/or contact information has changed, you must submit a Change Application at least 30-days prior to submitting a Renewal Application to ensure renewal is processed in a timely manner. When renewing prior to the expiration date, an Inactive Renewal License is created with the new expiration date and will be effective upon the expiration of the current license. AZ Care Check expiration dates will reflect as is, or if the licensee has renewed their license, the extended date for the renewal (Inactive Renewal) is displayed. The License number will not change during the renewal process.

Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:
- Action Required & Notifications
- **Renew Agent Card**
- Report Lost / Stolen
- Terminate Employee
- Edit Agent Card

Renew Agent Card
(Function available within 90 days of card expiration date)
1. See notification/warning in the Employees Tab
2. To access Renewal Application
   a. Click ⬤ or
   b. Click **Renew Agent Card** button

3. Review User Agreement and instructions

Medical Marijuana
Dispensary Agent Renewal Application

User Agreement

You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this system constitutes users' consent to permit ADHS monitoring of users' activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.

Download Application Instructions

Before beginning the application process, be sure you have the following items in the digital format ready for upload (where applicable):

- Electronic copy of photo identification
- Current Digital Photo
- Electronic copy of completed and signed Dispensary Agent/Member Attestation
- Fingerprint Instructions
  NOTE: Follow fingerprint instructions here. Fingerprint documents will not be accepted through this online application
- Fingerprint Verification Form - mailed in

☑ **In the event of an error on my application that would prohibit my application from being approved, I agree to receive one or more notice from the department to inform me of the error.**

4. Click **Agree and Proceed**

By submitting this application I am acknowledging that I am aware that:

The sale, manufacture, distribution, use, possession, etc., of marijuana is illegal under federal law. A registry identification card or registration certificate issued by the Arizona Department of Health Services ("ADHS") pursuant to the Arizona Medical Marijuana Act ("Act"), Arizona Revised Statutes ("A.R.S.") Title 36, Chapter 28.1 and Arizona Administrative Code ("A.A.C.") Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law.

I understand that while I may lawfully work in a licensed "medical" marijuana facility under state law, it is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

(see A.R.S. 36-2806(D)):

A dispensary or laboratory agent is prohibited from acquiring, possessing, cultivating, manufacturing, delivering, transferring, transporting, supplying or dispensing "medical" marijuana except as allowable under state law. It is lawful only if done in strict compliance with the requirements of the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17 may result in the revocation of the registry identification card or registration certificate issued by the ADHS, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws. I understand that it is my responsibility to fully understand and comply with the Act, A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17.

Pursuant to A.R.S. 41-1030(B)(D)(E)(F)

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted ... icy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Agree and Proceed

5. Review Statute references
6. Click I **Agree** to proceed

By submitting this application, I am acknowledging that I am aware of the following **5**

A registry identification card or registration certificate issued by the Arizona Department of Health Services pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17 does not protect me from legal action by federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, dispensing, use, possession, etc. of marijuana.

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the registry identification card or registration certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment and fines for violation of state drug laws.

The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Arizona Medical Marijuana Act (AMMA) Disclaimer:

I am aware that there are numerous legal challenges to the Arizona Medical Marijuana Act (AMMA). If the AMMA were ever to be overturned, there are no refunds for this application fee.

6

I Disagree   I Agree

7. Application will be prepopulated with information from the prior DA application. Review and update the information where necessary. Process application following the same guidance and rules as the original application for the agent.

   NOTE: Address of DA cannot be the address of the dispensary

8. Click **Save & Continue** to proceed with application submittal

9. Upload required documents

   NOTE: Photo must be recent within last 60 days

10. After uploading a current digital photo in an application on the upload page, the cropping pop-up will appear
    a. Use the slider to zoom in/out of the photo
    b. Use cursor to move the photo within the box
       NOTE: Be sure to adhere to the photo guides noted on the pop-up
    c. Select **Save Photo** to save the cropped image to the application or select **Skip Cropping** to save the uncropped version of the photo

Photo must:

- Have been taken within the last 60 days
- Be clear (e.g. not blurred, too light, etc.)
- Have natural color
- Have a plain white or off-write background
- Be the same person on the identification submitted
- Display a front view of the whole face
- Not cut off the hair/hairline or the bottom of the chin
- Not include a hat or headgear that obscures the hair or hairline

Example:

10a

Skip Cropping

10c

Save Photo

11. Review application information
12. Click **Submit & Go to Payment** to proceed with application submittal – complete payment process

Medical Marijuana
Dispensary Agent Renewal Application

List has more than 1 row for assignment to SObject

| ✓ | ✓ | ✓ | REVIEW & SUBMIT |

Review

Dispensary Agent Information

Identification Information   Edit Section

First Name   Middle Name   Last Name
Dill   Whitehead   **11**

Birthdate   Gender
3/25/1990   Male

Id Type   Id Number
Driver License   D7777777777

State   Issue Date
AZ   3/4/2020

Residence Information

Address   Suite, Unit, etc.
2 S 35th Ave

City   State   Zip Code   Phone Number
Phoenix   AZ   85009   (888) 123-4567

☐ Check if mailing address is different than residence address   **12**

Back   Submit & Go to Payment

13. View application status in the **Application History** Tab
14. Select **Employee-Related Applications**
15. View Employees Tab and employee record to note the "UFR - Up for Renewal" indicator no longer displays

Application History

14

Search	Employee-Related Applicat...	Records found: 19

Application Type	Applicant Name	Submitted ↓	Status
Renewal Dispensary Agent Application	Dill Whitehead	5/1/2020	Submitted 5/1/2020

Employees

15

Search	All Statuses	Records found: 2

Employee	Card ID	Status	UFR ↓	Last Access
Dill Whitehead DOB: 3/25/1990	1584643DASV096582 505 Dispensary Agent	ACTIVE Exp: 4/30/2020	N/A	✕

⚪ Agent ID Card Access   🔴 Card Search & Sales Access

Download Agent Card	Report Stolen Card	Terminate Employee

Report Lost/Stolen Card

Access: Dispensary or Dual PO/BM
Overview: This application is used by cardholders to request a replacement card and ID number

Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:
- Action Required & Notifications
- Renew Agent Card
- **Report Stolen Card**
- Terminate Employee
- Edit Agent Card

1. For Dispensaries, click on **Report Stolen Card** button from employee functions
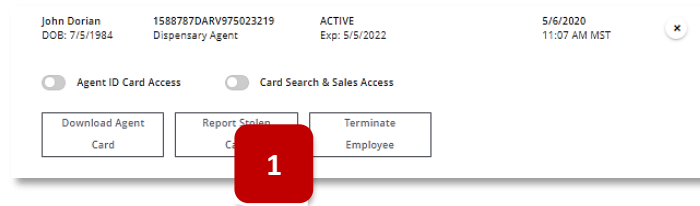
2. Read and click **OK** to acknowledge the warning

3. Read and acknowledge user agreement, click **Agree and Proceed**

4. Click the radio button to select the appropriate card to process as lost/stolen

   NOTE: If additional assistance is needed, send a request to ADHS: marijuana@azdhs.gov

5. Review information for card selected
6. Click **Submit & Go to Payment** to proceed with application submittal

7. Once ADHS has approved the application, view new card status ACTIVE
8. Old card status VOID
   NOTE: Employee card status: ACTIVE, prior to submitting the **Report Stolen Card** application

John Dorian
DOB: 7/5/1984

1588837DAKC249154774
Dispensary Agent

ACTIVE
Exp: 5/5/2022

7

1588787DARV975023219
Dispensary Agent

VOID
Exp:

8

⬤ Agent ID Card Access   ⬤ Card Search & Sales Access

| Download Agent Card | Report Stolen Card | Terminate Employee |

Application History

Suspensory
SUSPENSORY SECONDARY NAME

Search

Employee-Related Applications ▼

Records found: 21

Application Type	Applicant Name	Submitted ↓	Status
Replace Lost/Stolen Card Application	John Dorian	5/7/2020	Approved 5/7/2020

Terminate Dispensary Agent Employee

Access: Dispensary PO/BM only
Overview: This section outlines how Dispensary PO/BMs terminate DA employees and their associated cards

Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

- Action Required & Notifications
- Renew Agent Card
- Report Stolen Card
- **Terminate Employee**
- Edit Agent Card

1. Click on **Terminate Employee** button from employee functions (feature is only available to Dispensary Agent cards)
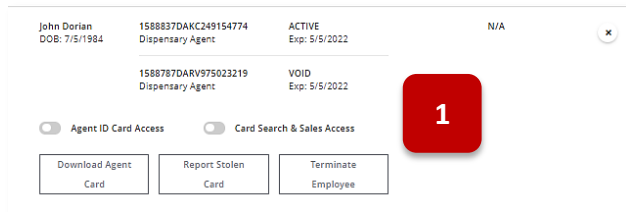
2. Read and check boxes to acknowledge the two warnings

3. Click **Terminate** to process the employee termination and void their DA card
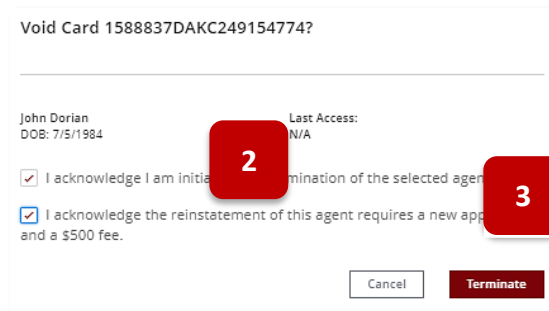
4. View new card status for terminated employee: **VOID**
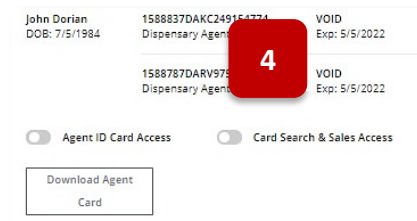
5. View email notification of employee termination from the Facility Licensing portal
   NOTE: Email Subject: ADHS Facility Licensing Portal - Successful Termination of John Dorian

EMPLOYEES - FACILITY AGENTS

Employees: General Tab Functions

Access: PO/BM only

Overview: The **Employees FA** tab allows the PO/BM of a facility access to manage and update Facility Agents linked to a facility

1. **Search Bar -** Search the list of Facility Agents linked to the facility
2. **Card Status Filter** – Select card status to filter the employee list (default to All Card Statuses)
3. **Link Status Filter** – Select link status to filter the employee list (default to All Link Statuses)
4. **Link Facility Agent Button** – Upon selecting, the link request form will display
5. **Status** – Card status
6. **Link Status** – Status of the link request (Pending or Approved)
7. **Link Active** – Check indicates the link is active and approved by both the Facility and FA
8. **Card Search and Sales Access** – toggle to allow access to FA Card Search & Sales
9. **Cancel Link Request Button** – Click to cancel a link request, only available if link status is pending
10. **Unlink Facility Agent Button** – Upon selecting, the unlink form will display
11. **Expand Button** – Click to expand the FA features menu, features will be based on link status

Employees: Linking & Unlinking Facility Agents

Access: PO/BM only

Overview: The Employees tab features the linking and unlinking of Facility Agents to the facility. This process requires both the FA and the Facility to confirm the link requests submitted by either party. This section outlines this process from the facility perspective.

<div style="background-color: red; color: white;">

LINKING A FACILITY AGENT FROM THE FACILITY PORTAL

</div>

1. From the Employee tab, select the **Link Facility Agent** button

Employees

Rose Apothecary and Weed Emporium

| Search | All Card Statuses ▾ | All Link Statuses ▾ | Records found: 3 |

Link Facility Agent

Employee	Card ID	Status	Card Expires	Last Access	Link Status ↓	Link Active	
Joe Test DOB: 1/1/1986	1606243FAWH835924451 ⬇ Created: 11/24/2020	ACTIVE Exp: 11/23/2022	2022-11-23	N/A	Unlinked		+
test dual one DOB: 11/23/1989	1608233FAQD947948781 ⬇ Created: 12/17/2020	ACTIVE Exp: 12/16/2022	2022-12-16	N/A	Pending		+
Mickey13 Meyer12 DOB: 11/2/2002	1606155FAUF974126624 ⬇ Created: 11/23/2020	ACTIVE Exp: 11/17/2022	2022-11-17	N/A	Approved	✓	+

2. The Link Facility Agent page will display a search bar, enter the Facility Agent's name or card ID number and press enter to initiate search

3. If one or more matches are found - results will display as a list, select the radio button located to the left of the Facility Agent to be linked and select **Continue** to proceed

Employees

Link Facility Agent

Please enter the Name or Facility Agent Card ID, or scan the card to search for a Facility Agent and press enter. This feature only searches for Facility Agents not currently linked to your facility.

Name or Card Id **2**

🔍 sylvester   ⊗

Records found: 2

Type search criteria and press enter

Name	**3**	Card Id
● Sylvester Cat		1606244FARH192790281
○ Sylvester Thecat		1606244FAGJ167637606

Cancel   **Continue**

4. Review the Agent details, check the acknowledgment and select **Submit** to complete the request

   • **Cancel** or **X** to return to the tab

NOTE: The request will need to be accepted by the Facility Agent for the link to be 'Approved' and 'Active'

Card Id   ✕

Link Facility Agent

Facility Agent Card 1606244FARH192790281

Sylvester Cat   Issue Date   Expiration Date
DOB: 1989-01-01   2020-11-24   2022-11-23

☑ I acknowledge the facility agent is employed by or associated with my facility and I would like to submit a request to link the selected agent. This link is not complete until the agent approves the request.

Cancel   **Submit**

<div style="background-color:red;color:white;padding:10px;font-weight:bold;">ACCEPT A FACILITY AGENT LINK REQUEST FROM THE FACILITY PORTAL</div>

1. Once a Facility Agent submits a link request to a facility, POBMs will be able to approve the link request

2. Select the **Employees** tab - Facility Agents requesting to be linked to the facility will display in this tab

3. Link requests awaiting approval will have a status of **Pending**

4. Select the (+) icon to expand the link details

5. Select **Approve Link** to approve the request or **Decline Link** to decline the link request

6. **Approve (Decline) Facility Agent Link** pop-up will display

7. Select the acknowledgement checkbox

8. Select **Submit** to confirm

UNLINKING A FACILITY AGENT FROM THE FACILITY PORTAL

1. To begin the process to unlink a Facility Agent from the facility, on the **Employees FA** tab - select the ⊕ to expand the menu

2. **Select Unlink Facility Agent** button located below the Facility Agent's name

3. Confirm the agent details and check the acknowledgement and select **Submit** a. **Cancel** or "**X**" buttons to return to Employee FA tab	
• After the unlink form is submitted, the facility agent link status will show as "Unlinked" and will no longer be associated to the facility • The facility agent will be required to confirm the unlink • Link Requests with either: "Declined", "Unlinked", "Canceled" status will show on the tab for 60 days	

INSPECTIONS

Inspections Page Overview

Access: PO/BM only

Overview: The Inspections tab appears in the Facility Licensing Portal. The Inspections page will show detailed information regarding facility inspections.

1. To access the Inspections page, log in to the **Facility Licensing Portal**
2. Click on appropriate **facility tile** to access the details
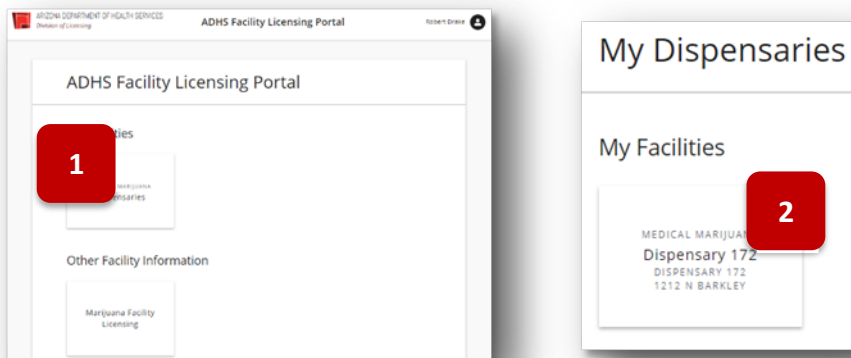
3. Click **Inspection** tab
4. Inspections page will appear - previous inspections will be displayed
5. Click on the **Inspection Number** to view more information regarding that specific inspection
   NOTE: Inspections will appear on this page

6. The **Inspection Detail** page will appear
7. Information can be found on this page regarding inspection details and deficiencies that occurred because of the inspection

   NOTE: See **Statement of Deficiency section** for information on how to respond; if there are no deficiencies, no items will be shown

Inspections Scheduling

Access: PO/BM only

Overview: Inspections will occur as a result of submitting a variety of different applications and Program requirements. If an inspection is unannounced, the facility will not receive notice. If the inspection is announced, the facility will receive a notification and can confirm or reject the scheduled inspection.

1. If an announced inspection is scheduled for your facility, you will receive an email notice asking to **Confirm Inspection Date**
2. Click the **link** to navigate to the inspection confirmation page
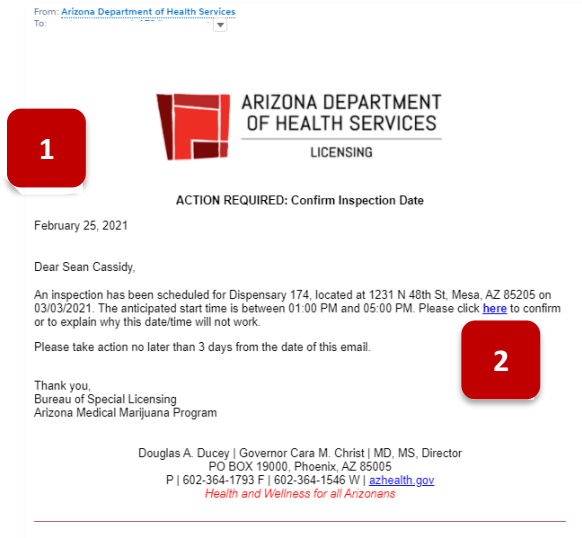
3. The **Confirm Inspection** page will appear in a new tab
4. Click the **dropdown** to **Accept/Reject** the Inspection
5. If Reject is selected, type a **Rejection Explanation** (required)
6. Click **Submit**, you will receive a message stating your selection has been confirmed
7. You will receive an email once the inspection is confirmed from ADHS
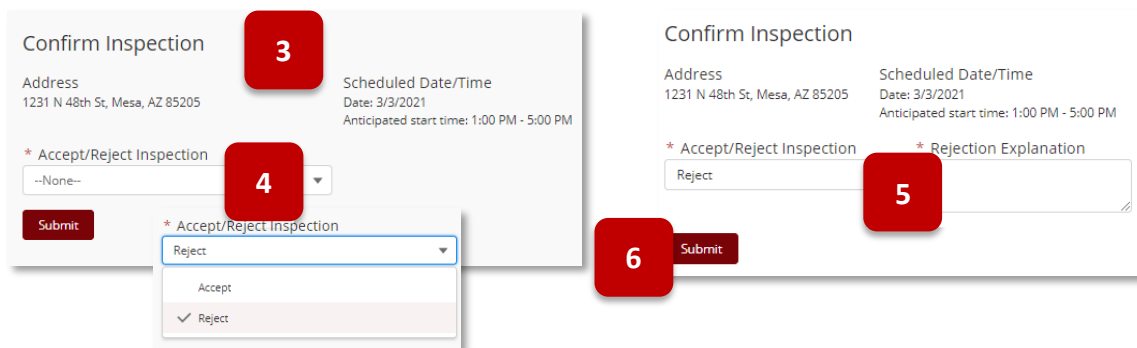
Inspection Records

Access: PO/BM only

Overview: All PO/BMs related to a facility will be able to view, edit, and access Inspection records related to that specific facility. The Inspection records will show a three-year history. All PO/BMs will also receive notifications related to any inspections at facilities they are associated with.

1. To view inspection records, navigate to the **Facility Licensing Portal**
2. Click the **Inspections** tab
3. View all Inspections related to the selected facility
   NOTE: Inspection records will appear on the Inspections page if they are set to the status of Statement of Deficiency (SOD), Plan of Correction (POC), Informal Dispute Resolution (IDR), Complete, or Enforcement
4. Click on an **Inspection Number** to open a specific inspection

Statement of Deficiency (SOD) and Plan of Correction (POC)

Access: PO/BM only

Overview: After an inspection has been conducted, items within the facility may be found to be deficient according to the Department's rules and statutes. If this occurs, a Statement of Deficiency (SOD) will be issued to the facility.

1. An email notification will be sent to the designated facility email address stating that the **SOD is available in the Portal**
2. Click the **Facility Licensing Portal** link in the email to login and view more information related to the SOD

3. Once logged into the Facility Licensing Portal, the **SOD notification tile** will appear on the Home page

   NOTE: The SOD tile will show the due date for the Plan of Correction (POC)

4. Click the **SOD tile** to be directed to the Inspections page
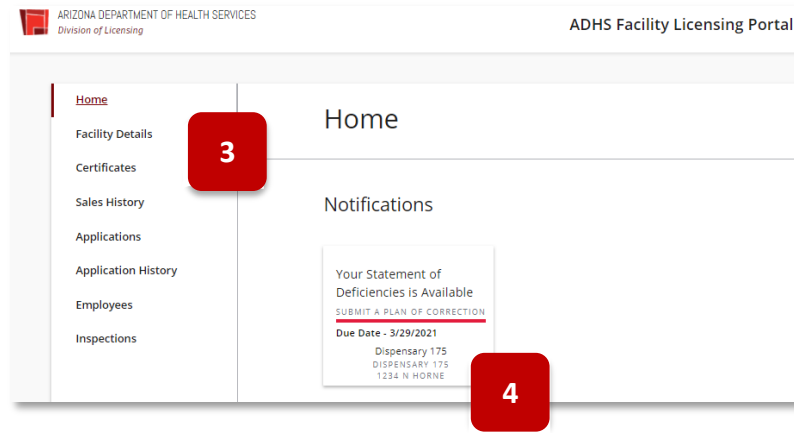
5. The Inspections page will appear with the Inspection Number listed as a line item
6. In the Inspection # column, click the **Inspection Number** link to open the Inspection Detail page

   NOTE: The status of the inspection will be listed as SOD and the Action Required column will show the appropriate action needed
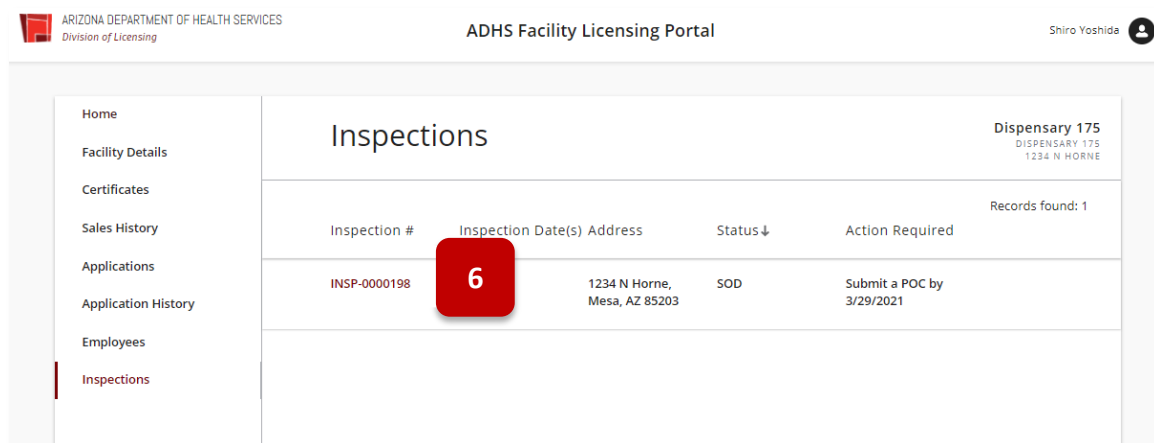
7. The **Inspection Detail** page will appear and will list out the Statement of Deficiency items related to the application
8. View the specific statute that was not compliant in the first column
9. View the comments and attached photos (if applicable) in the second column
10. View the **Plan of Correction** section
11. Click on the **notebook icon** to open the Plan of Correction Action page for each item

Inspection Detail

Dispensary 175

Inspection # INSP-0000198	Inspection Date(s) 3/1/2021	Status SOD	Address 1234 N Horne, Mesa, AZ 85203

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 1, 2021

Request IDR

Plan of Correction
(Due by Mar 29, 2021)

Actions   Attachment(s)

A.A.C. R9-17-317(A)(1)
A. A dispensary shall ensure that medical marijuana or a marijuana product provided by the dispensary to a qualifying patient or a designated caregiver is labeled with: 1. The dispensary's registry identification number;

Label is not clear
1 file(s)

[7]

[10]

0 file(s)

A.R.S. 36-2806(C)
C. A registered nonprofit medical marijuana dispensary shall have a single secure entrance and shall implement appropriate security measures to deter and prevent the theft of marijuana and unauthorized entrance into areas containing marijuana.

Two entrances w
0 file(s)

[11]

0 file(s)

[8]

Back   Submit

---

12. The **Plan of Correction Action** form will appear
13. Fill in the sections with the appropriate information regarding the action plan

    NOTE: Items marked with * are required

14. Once complete, click **Save**

Inspection Detail ✕

Plan of Correction Action

A.A.C. R9-17-317(A)(1)

* Name, title and/or Position of the Person Responsible

[12]

Temporary Solution

[13]

Date temporary correction was complete

* Permanent Solution

* Date permanent correction will be complete (Cannot be in the past)

* Monitoring

[14]

Cancel   Save

---

15. Once the Plan of Correction Action plan has been added, the notebook icon will change from red to gray, showing that the action is complete
16. Click the **paperclip icon** 🔗 to add any supporting files
17. The **POC Attachments** upload pop-up will appear
18. Click **Upload Files** to upload any supporting files
19. Click **OK** to save and attach files
20. Repeat the same process to complete any additional Plan of Correction actions that are needed
21. Once all actions have been completed for each line item, click **Submit** to send the POC to ADHS for processing

22. A message will appear stating that the **POC has successfully been submitted**

23. ADHS will review the POC, if it is accepted, an email notification will be sent to the designated facility email address stating: **Plan of Correction Accepted** – this email signifies the inspection is complete and no further action is required

NOTE: If the POC was rejected, continue to next section

For Inspections with Technical Assistance Items

1. If an inspection includes Technical Assistance items or is ONLY Technical Assistance items (no deficiencies) – Users will still need to select Submit on the Inspection Details page to acknowledge the noted Technical Assitance items from the inspection

Plan of Correction – Rejected

Access: PO/BM only

Overview: If a POC is submitted and is rejected, additional action is required.

1. If the POC was rejected, an email will be sent stating **Action Required: Resubmit Plan of Correction**
2. Click on the **Facility Licensing Portal** link to login to the portal

3. Once in the facility licensing portal, the Resubmit Your Plan of Correction tile will appear on the Home page
4. Click the **Resubmit Your Plan** of Correction tile

5. Click on the **Inspection Number** to open the Inspection Detail page

6. Deficiencies that have been rejected will show **POC Rejected** in red coloring
7. Click the **notebook icon** to open the Plan of Correction Action pop out and view the rejection reason
8. On the **Plan of Correction Action form** view the rejected reason on the top in red coloring

   NOTE: The text from the initial POC will be pre-populated

9. Enter additional information for a new POC Action item and fill in the new permanent solution date, once complete click **Save**

   NOTE: The notebook icon will turn gray once the POC has successfully been updated

10. Repeat the process for any additional Rejected POC items
11. Once all necessary items have been modified, click Submit
12. A message will appear stating that the POC has successfully been submitted

   NOTE: Once the POC has been accepted, you will receive email notice from ADHS

Inspection Detail

Dispensary 172

Inspection # INSP-0000192	Inspection Date(s) 3/2/2021	Status SOD	Address 1212 N Barkley, Mesa, AZ 85203

Statement of Deficiency The following deficiencies were found during the inspection held on Mar 2, 2021	Plan of Correction (Due by Mar 16, 2021)	
	Actions	Attachment(s)
POC Rejected **A.R.S. 36-2806(G)** G. A nonprofit medical ma... ...ll not allow any person to co... ...the property of the nonprofit ... dispensary.	Marijuana was being consumed. ⬉ 0 file(s)	📎 0 file(s)

6

7

Back   **Submit**

11

ADHS Facility Licensing Portal ✕

Plan of Correction Action

A.R.S. 36-2806(G)
Additional security action needs to be taken.

8

* Name, title and/or Position of the Person Responsible

PO/BM

Temporary Solution

Date temporary correction was complete

📅

* Permanent Solution

We will not allow for customers to consume marijuana on premise.

* Date permanent correction will be complete (Cannot be in the past)

📅

* Monitoring

We will have security guards continuously monitoring this to ensure marijuana is not being
consumed on the property.

9

Cancel   Save

Thank you. Your POC has been submitted.

Back to Portal

Informal Dispute Resolution (IDR)

Access: PO/BM Only

Overview: An Informal Dispute Resolution (IDR) can be requested after a Statement of Deficiency (SOD) has been sent to the PO/BM following an inspection. To dispute a deficiency listed on the SOD, a PO/BM can request an IDR. An IDR cannot be submitted when the inspection occurs from an application.

1. To submit an IDR, click the **Inspections tab** in the Facility Licensing Portal
2. Click on the **Inspection Number** to open the inspection
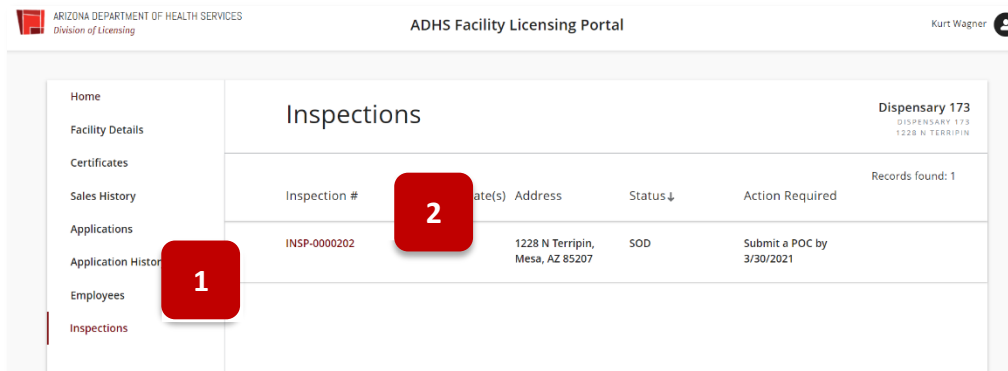
3. Click **Request IDR**
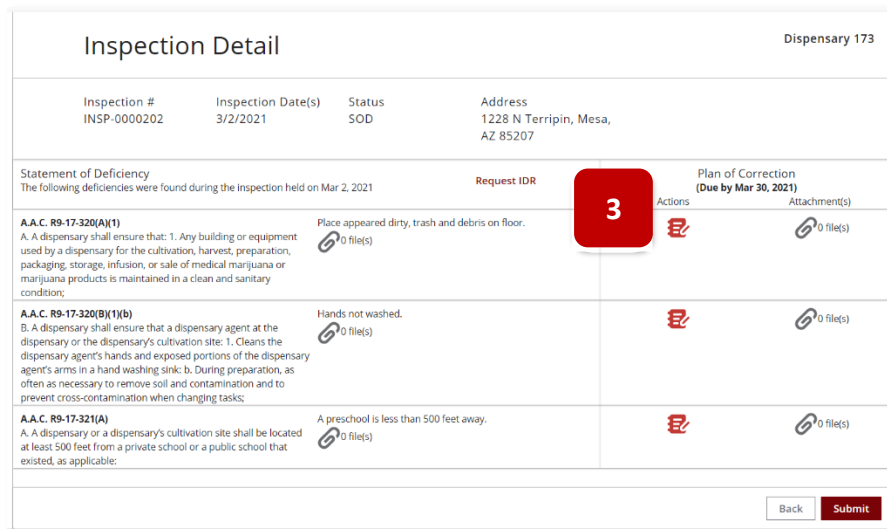
4. The guidelines pertaining to an IDR appear on the screen
5. The Cancel IDR link replaces the Request IDR link
   NOTE: To cancel the IDR request, click Cancel IDR
6. The POC table is hidden and the IDR table replaces the POC information
7. Click the notebook icon for any deficiency you would like to dispute
   NOTE: You may dispute one item, or all items listed; an IDR can only be requested once and cannot be requested if a POC has already been submitted

8. Type **reason for IDR** in the IDR Reason pop-up
   NOTE: Prior to submitting the IDR, you must enter a reason for each item being disputed
9. Click **OK**

10. The **notebook icon** will turn gray once a reason for IDR has been entered
11. Click the **paperclip icon** to add any necessary files
12. Repeat the steps if additional deficiencies are being disputed
13. Once all relevant disputed reasons and files have been added, click **Submit**

Inspection Detail

Dispensary 173

Inspection #	Inspection Date(s)	Status	Address
INSP-0000202	3/2/2021	SOD	1228 N Terripin, Mesa, AZ 85207

Statement of Deficiency
The following deficiencies were found during the inspection held on Mar 2, 2021
An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting

Cancel IDR

Informal Dispute Resolution
(Due by Mar 16, 2021)
Reason   Attachment(s)

Deficiency	Finding	Reason	Attachment(s)
A.A.C. R9-17-320(A)(1) A. A dispensary shall ensure that: 1. Any building or equipment used by a dispensary for the cultivation, harvest, preparation, packaging, storage, infusion, or sale of medical marijuana or marijuana products is maintained in a clean and sanitary condition;	Place appeared dirty, trash and debris on floor. 🔗 0 file(s)	**10**	🔗 0 file(s) **11**
A.A.C. R9-17-320(B)(1)(b) B. A dispensary shall ensure that a dispensary agent at the dispensary or the dispensary's cultivation site: 1. Cleans the dispensary agent's hands and exposed portions of the dispensary agent's arms in a hand washing sink: b. During preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;	Hands not washed. 🔗 0 file(s)	📝 **12**	🔗 0 file(s)
A.A.C. R9-17-321(A) A. A dispensary or a dispensary's cultivation site shall be located at least 500 feet from a private school or a public school that existed, as applicable:	A preschool is less than 500 feet away. 🔗 0 file(s)	📝	🔗 0 file(s) **13**

Back   Submit

14. A message will appear stating that the **IDR has successfully been submitted**
     NOTE: Once the IDR has been accepted or rejected, you will receive email notice from ADHS

ADHS Facility Licensing Portal

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Thank you. Your IDR has been submitted.

Back to Portal

ENFORCEMENTS

Enforcements Page Overview

Enforcements are managed from the Enforcements tab within the Facility Licensing Portal. Prior to viewing an enforcement, login to the Facility Licensing Portal and navigate to the associated facility. PO/BMs can view enforcements related to both Dispensary and Facility Agents and their facility licenses in their associated Facility Portal.

1. The **Enforcements** page will appear with a list of all related enforcements
2. To view more information regarding a specific enforcement, click the **Enforcement # link** to open the **Enforcement Detail** page
   NOTE: Enforcements will appear for a DA of FA when they have a related card and the status of the card is listed as Active or Inactive Renewal
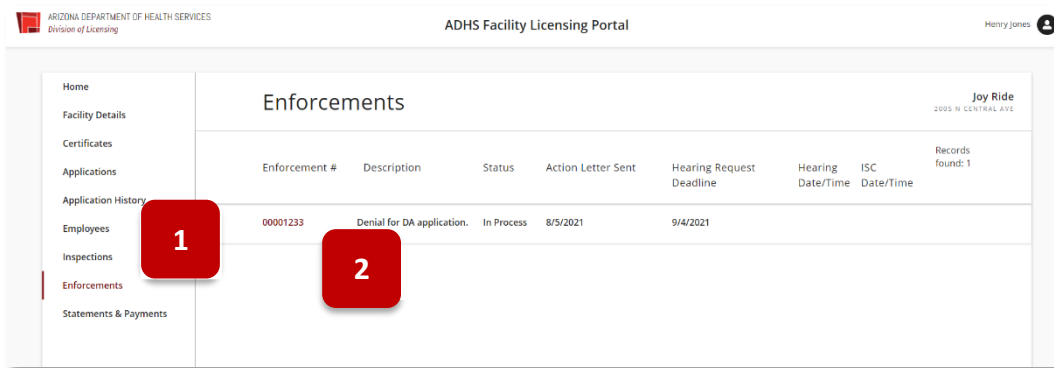
3. The **Enforcement Detail** page appears with information related to the enforcement – view the details and the related Actions
4. Click on the **Action link** to view the Action Detail page
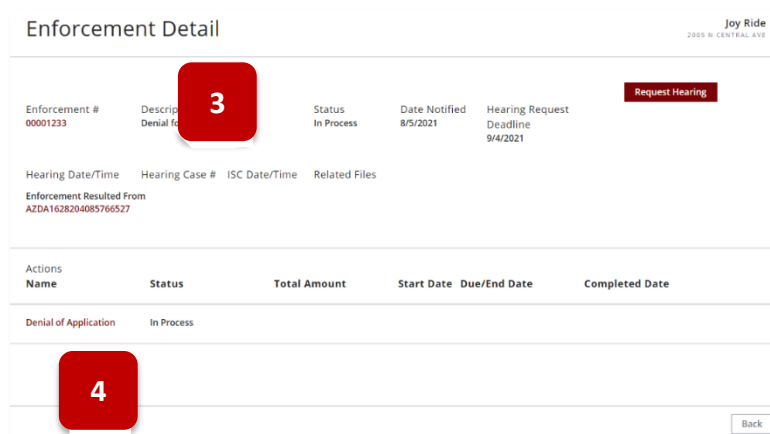
5. View the **Action Detail page** – Related Files will appear if applicable
6. Click **Back** to return to previous pages
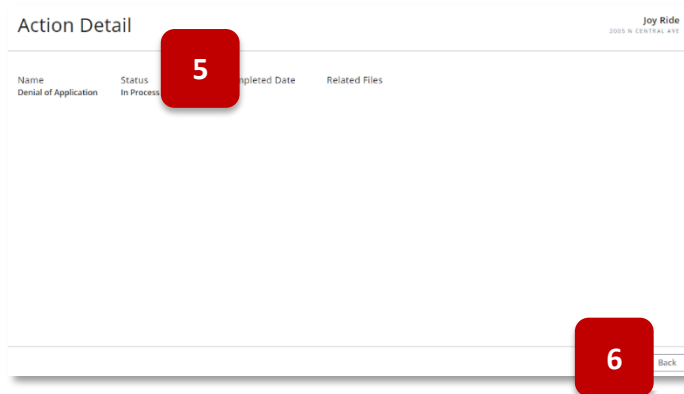
Request a Hearing

7. To dispute an enforcement, a hearing may be requested from the Enforcement Detail page
8. Click **Request Hearing**
   NOTE: Hearing must be requested by the date specified in the Hearing Request Deadline section
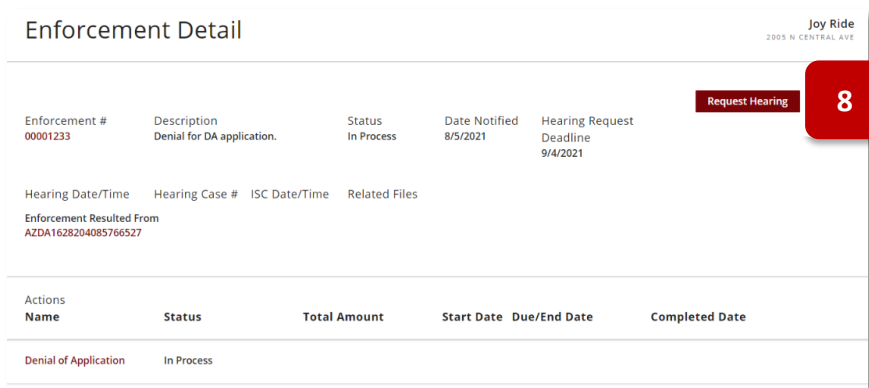
9. The pop-out box will appear to **confirm the hearing request**
10. Select the **checkbox to also request an Informal Settlement Conference** – if desired
11. Click **Submit** to proceed
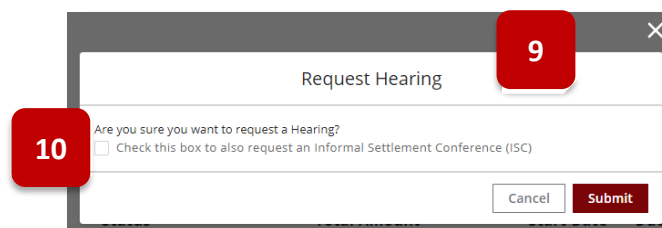
12. The **confirmation** will appear
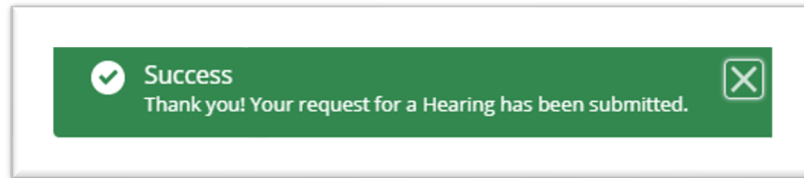
13. If an ISC was not originally requested, it can be requested up to 20 days before the Hearing date
14. Once ADHS reviews the request and scheduled a Hearing Date/Time, the **Hearing Date/Time section** will be filled in
15. All additional enforcement information following the hearing can be viewed on the Enforcement page

Responding to an Enforcement

1. Once logged into the facility account, select **Enforcements** in the left menu
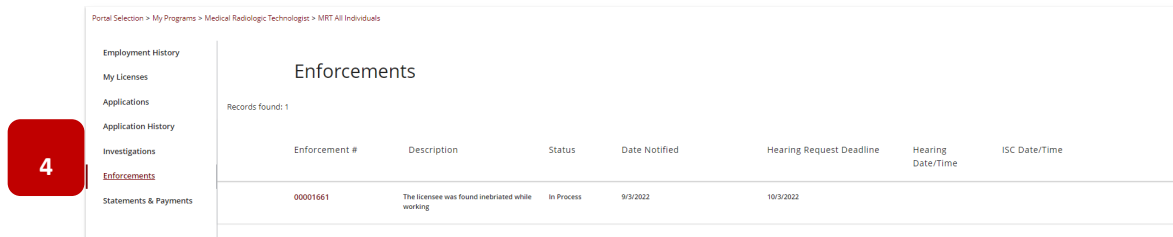
2. The **Enforcements** page displays

3. Click the **red text Enforcement number**
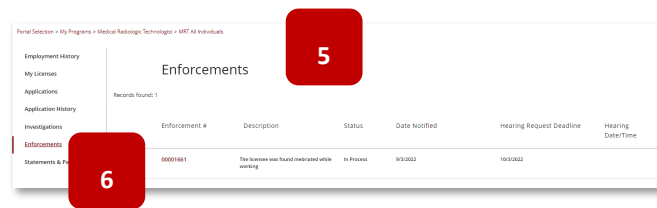
4. The **Enforcements Detail** page will display

5. Review all the information related to the Enforcement on the page, including but not limited to any **Related Files**

   NOTE: Red text indicates a link to click to view more information

6. View the **Actions** associated with the Enforcement in the bottom section

7. Click on the **Description** link in the Actions section to view the required action
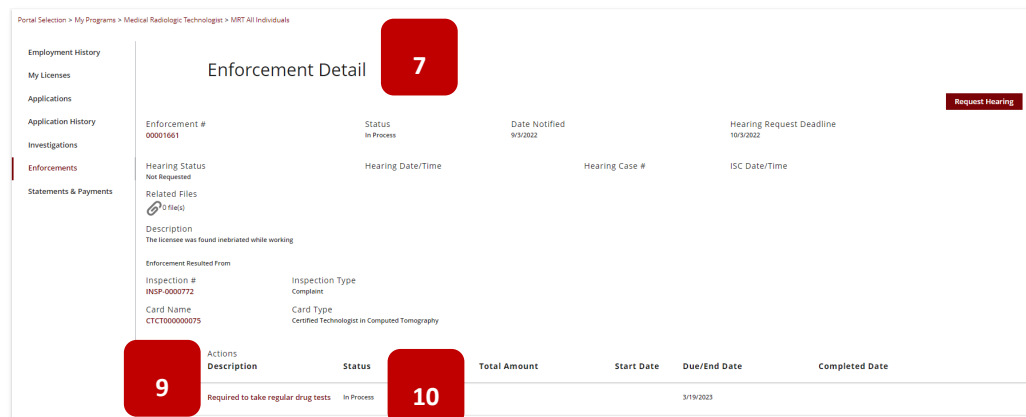
8. The **Action Detail** page will display for the action selected

9. Depending on the type of Enforcement Action, the Action detail page may display required Civil Penalty payments or Action Items required of the Individual

10. To submit the correction response for an **Action Item**, upload any relevant files in the options displayed which may or may not included items in Attachments and/or Comments

- Click on the paperclip or notebook icon if available

11. Click **Submit** to send the Action Item(s) to ADHS for review
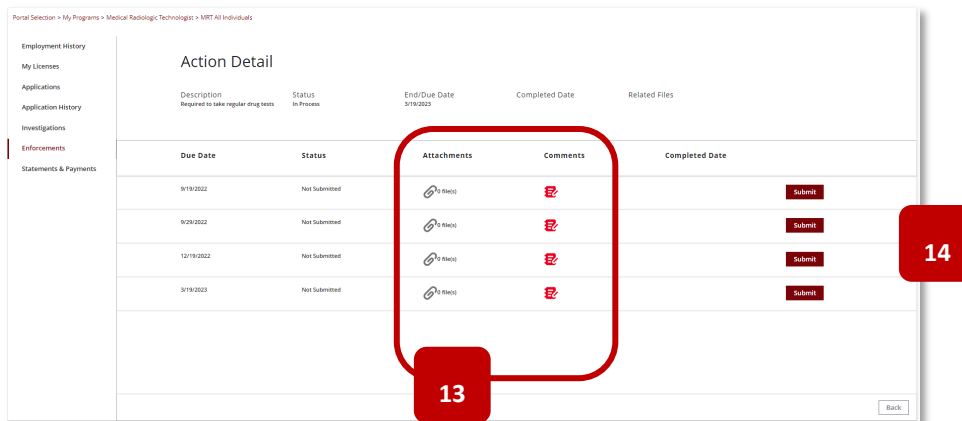
12. Return to the **Enforcement Detail** page and select any additional **Actions**

13. Once all Action have been submitted the **Enforcement Details** page will show the Actions as **Submitted**
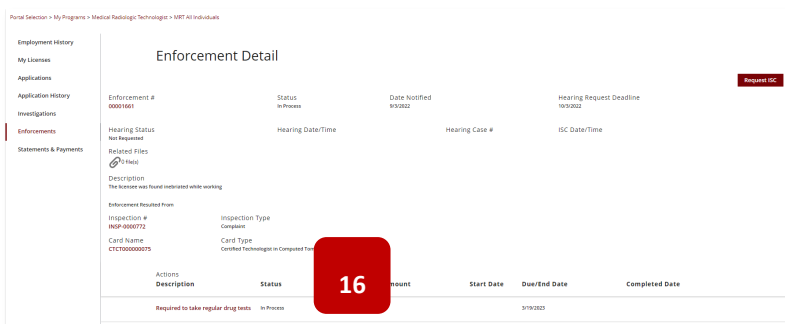
Statements & Payments

Certain enforcements may result in a monetary fine. The related invoice can be found in the Statements & Payments tab of the Facility Licensing Portal.

1. To view Statements & Payments, navigate to the **Statements & Payments tab**
2. View information associated with the invoice and quickly pay an invoice by selecting a **radio button for the appropriate amount**
3. Click **Submit Payment** to send payment to ADHS
4. Click on the **Invoice #** to view additional details related to the invoice

5. The **Invoice Detail page** will appear with additional information related to the invoice
6. View the **Payment Schedules** in the lower portion
7. Pay an invoice by selecting the **radio button for the appropriate amount**

8. Once a radio button is selected, the **Submit Payment** button will turn from grey to red and a payment can be submitted
9. If **Other** is selected, the amount can be typed into the field
10. Click **Submit Payment** to be directed to the checkout screen

11. After the Submit Payment box is selected, the **Payment Amounts Selected pop-out** will appear, click **Next** to continue processing the payment
12. Enter **payment information** at the Checkout

13. Once the payment has been submitted, the paid amount will appear on the invoice as **Paid**
14. The **Balance** will reflect the outstanding balance that has not been paid on the invoice
15. The installment that has been Paid will move to the bottom and other payments will show by order of Due Date

Invoice Detail

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Invoice #	Status	Total	Balance	Due	
INV-000005	Partial	$2,000.00	$1,500.00	12/01/2021	

Selected Payment: $500.00

Select Payment Amount
- ● $500.00 (Amount Due on 10/01/2021)
- ○ $1,500.00 (Balance)
- ○ Other

Description	Related to Enforcement	Payment Plan
	00001234	

Submit Payment

Payment Schedules:

Due Date	Status	Amount Due	Amount Remaining
10/01/2021	📅 Due in 56 Days Not Paid	$500.00	$500.00
11/01/2021	📅 Due in 87 Days Not Paid	$500.00	$500.00
12/01/2021	📅 Due in 117 Days Not Paid	$500.00	$500.00
09/01/2021	✓ Paid Paid	$500.00	$0.00
	Payment Date 08/06/2021	**Payment Amount** $500.00	

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Back

FACILITY AGENT PORTAL FEATURES

Individual Portal - Facility Agent: FA Overview

Access: Facility Agent

This section details the process from applying for and managing a Facility Agent (FA) card within the ADHS website. The first section will outline the FA application and proceed to the facility agent portal functions.

Approved and active FA cards are required by anyone working at a Dual or Establishment facility. An FA Card must be linked to a licensed marijuana establishment for any legal protections as an establishment employee to apply.

Visit Individual Licensing Portal: [Click Here](#)

Application: Submit a Facility Agent Application & Renewals

Access: Account holders

Overview: This application is used to apply for a Facility Agent card, which if approved, allows the user to work at an adult-use marijuana establishment or dispensary. Getting a card does not guarantee employment. Employment decisions are made by the marijuana establishment and do not involve ADHS

For additional application-related forms and documents, visit: https://azdhs.gov/licensing/marijuana/adult-use-marijuana/index.php#facility-agents

NOTE: If agent name and/or contact information has changed, you must submit a Change Application at least 30-days prior to submitting a Renewal Application to ensure renewal is processed in a timely manner

1. Upon logging into the Individual Licensing Portal,

   A. Select the **Add a new license** section
   B. Select the **Marijuana** tile under
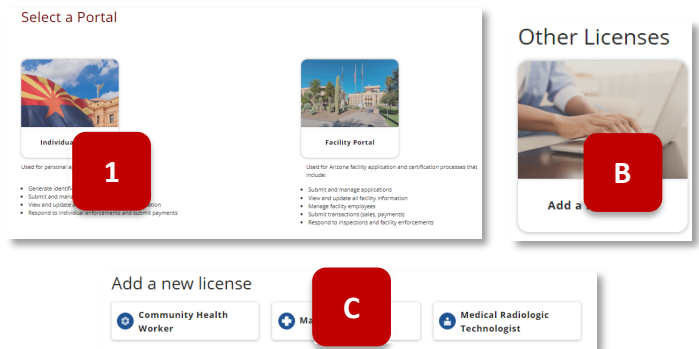
2. The Marijuana page will display available applications, select the **New Facility Agent Application** tile to open the application

<div style="background:#C00000;color:white">
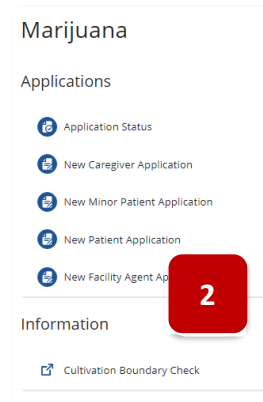
For Renewals:

</div>

Renewal Applications will be available 90 days prior to the expiration date of the current license -Renewal notices will be sent via portal notifications and emails

The renewal application (when available) will be displayed on the Applications tab of the Facility Agent portal
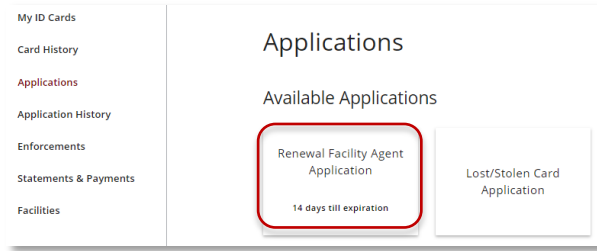
3. Agreement Page will be displayed – select **Agree and Proceed** button to proceed

4. Acknowledgement pop will display

   I Disagree –return to Agreement Page

   I Agree – proceed to application
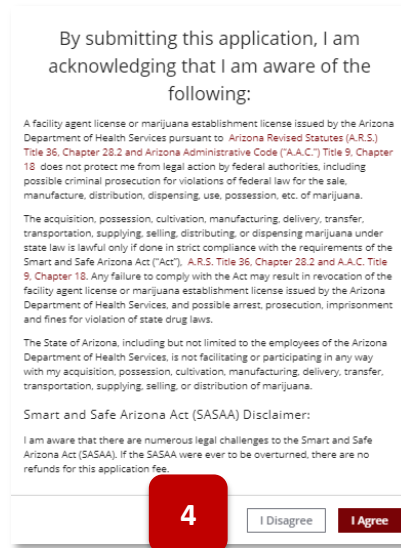
5. Enter all required Identification information

6. Fingerprint Information can be submitted in two types

    a. Level 1 Fingerprint Clearance ID -- an ID card issued by the Arizona Department of Public Safety. It is the size of a credit card and does not include inked fingerprints - more details

    b. Fingerprint Verification Forma & Card: this is the paper form and card that will need to be sent as hardcopy to ADHS

7. Select "**I consent to do business electronically**" checkbox to electronically sign

    NOTE: if not checked, a copy of the signed attestation must be uploaded

8. Click **Save & Continue** to proceed with the application process

    a. To exit the application process, click Save & Exit to save progress (which creates an application with a Not Submitted status) and return later to complete the application. The Not Submitted application link will be in the Application tab

9. Upload the required supporting documents, indicated by *****

   When dragging a file over, be sure to "drop" the file within the "dashed-outlined" box

10. Click **Done** after each upload

11. Click **Save & Continue** to proceed with the application process

12. After uploading a current digital photo in an application on the upload page, the cropping pop-up will appear
    a. Use the slider to zoom in/out of the photo
    b. Use cursor to move the photo within the box
       NOTE: Be sure to adhere to the photo guides noted on the pop-up
    c. Select **Save Photo** to save the cropped image to the application or select **Skip Cropping** to save the uncropped version of the photo

Photo must:

- Have been taken within the last 60 days
- Be clear (e.g. not blurred, too light, etc.)
- Have natural color
- Have a plain white or off-write background
- Be the same person on the identification submitted
- Display a front view of the whole face
- Not cut off the hair/hairline or the bottom of the chin
- Not include a hat or headgear that obscures the hair or hairline

Example:

13. Review application data click **Edit Section** to change any information in the section. Then, click **Save and Continue** until returning to the Review and Submit page

14. Click **Submit & Go to Payment** to proceed to payment process

15. To see application status: From the main Marijuana page, select the **Check Application Status Form** tile - Once the application has been submitted and payment was successful, the status of the Application will show as **Submitted** (sent to ADHS)

Application: Approval of New FA Application

Access: PO/BM and FA only

Overview: Upon approval of the Facility Agent Application, users will be granted access to additional Facility Agent functionality from the Individual Licensing Portal

1. From the Individual Licensing Portal On the main Program Page, a new tile **Facility Agent** is now available

2. Select the tile to open the Facility Agent portal
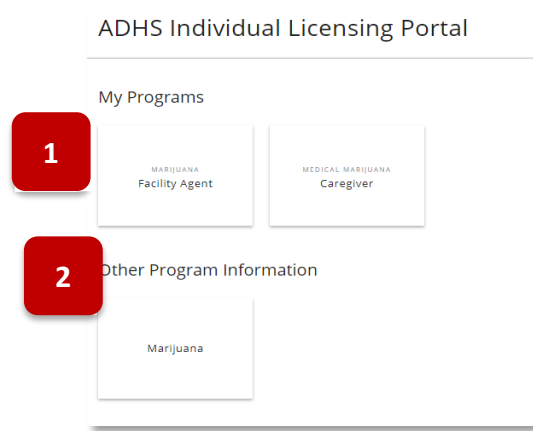
3. Access to the Facility Agent portal is now available – refer to **Individual Portal - Facility Agent: Portal Overview** section for details*
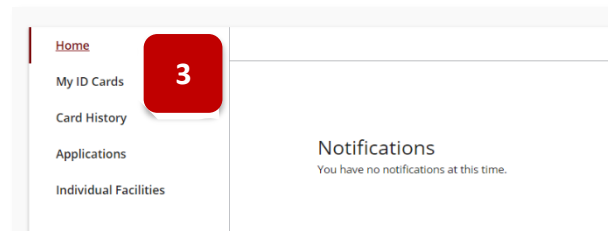
Individual Portal - Facility Agent: Portal Overview

Access: Facility Agent

Overview: The Facility Agent has access to the Facility Agent portal and various functions related to the digital card, applications, and managing links to facilities

Facility Agent Individual Portal

Portal Menu Options

Individual Portal → Facility Agent → Individual

- Home
- My ID Cards
- Card History
- Applications
- Facilities
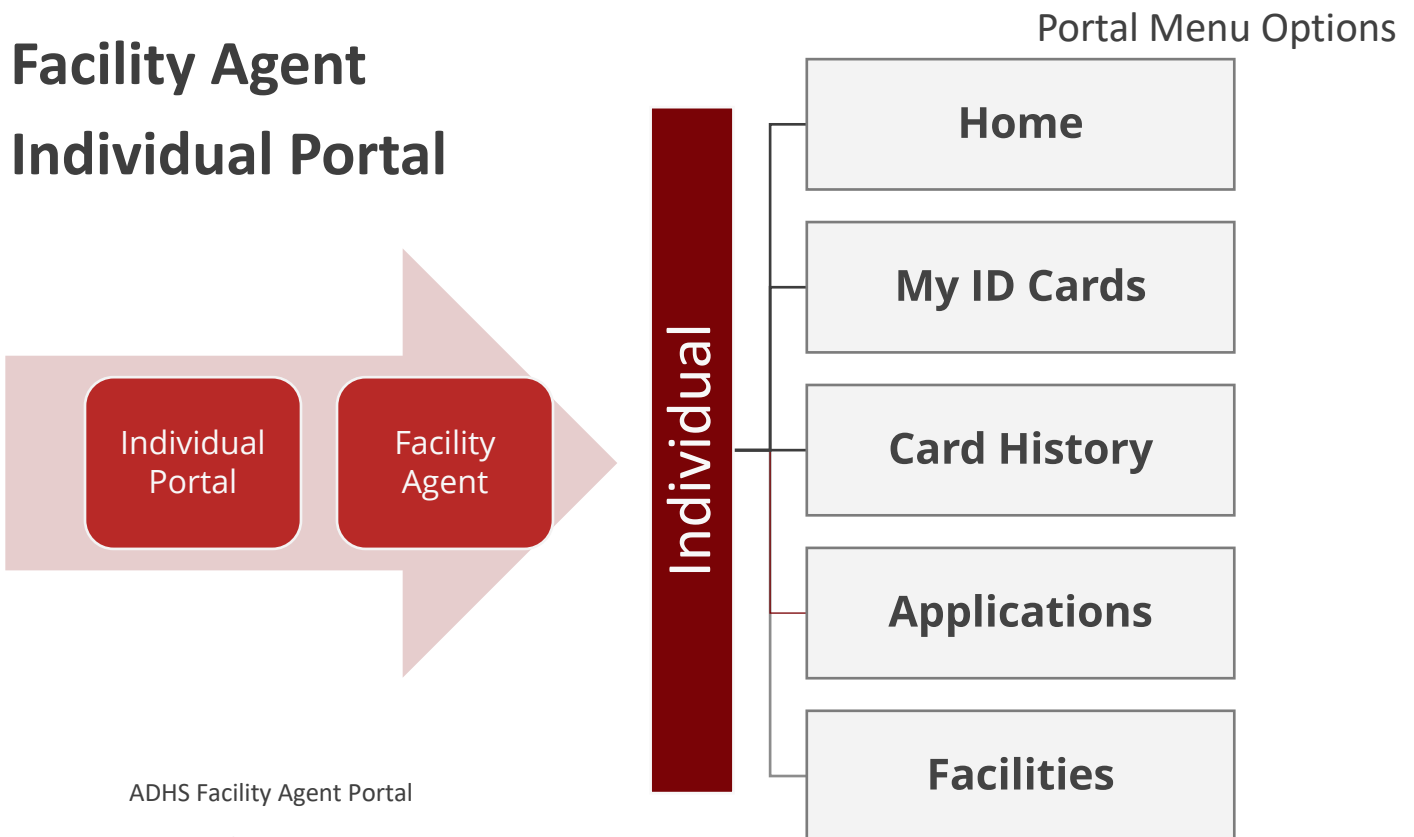
ADHS Facility Agent Portal

A person has ONE account

Portal username = UNIQUE email address

- **Home:** Notifications and Message ADHS

- **My ID Cards:** View your Facility Agent Card

- **Card History:** View and search card history

- **Applications:** View and Submit card change applications, report lost/stolen cards, check application status, and view approved application history

- **Facilities:** View list of linked facilities, manage linked facilities
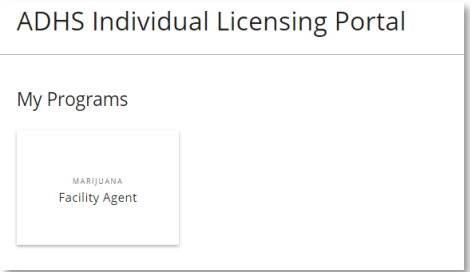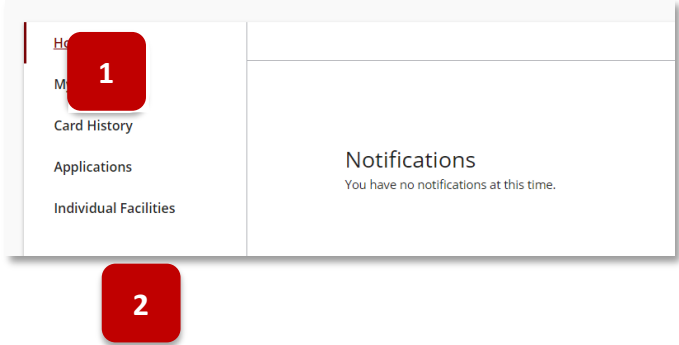
Individual Portal - Facility Agent: Accessing Portal

Access: Facility Agent

Overview: Accessing the FA portal upon receiving an approved FA license via the Individual Licensing Portal

Only a Facility Agent with an approved Facility Agent Card may gain access to the Facility Agent portal, every Facility Agent user must have a:

- Unique email address
- Portal Account
- Valid Facility Agent card

1. Upon login to Facilities Licensing portal, select Facility **Agent** tile	ADHS Individual Licensing Portal My Programs MARIJUANA Facility Agent

2. View **Facility Agent Portal Menu bar**:
 	
  a. Home
 	
  b. My ID Cards
 	
  c. Card History
 	
  d. Applications
 	
  e. Facilities
	1 Ho... M... Card History Applications Individual Facilities
	
	Notifications
	You have no notifications at this time.
	
	2

Individual Portal - Facility Agent: My ID Cards

Access: Facility Agent
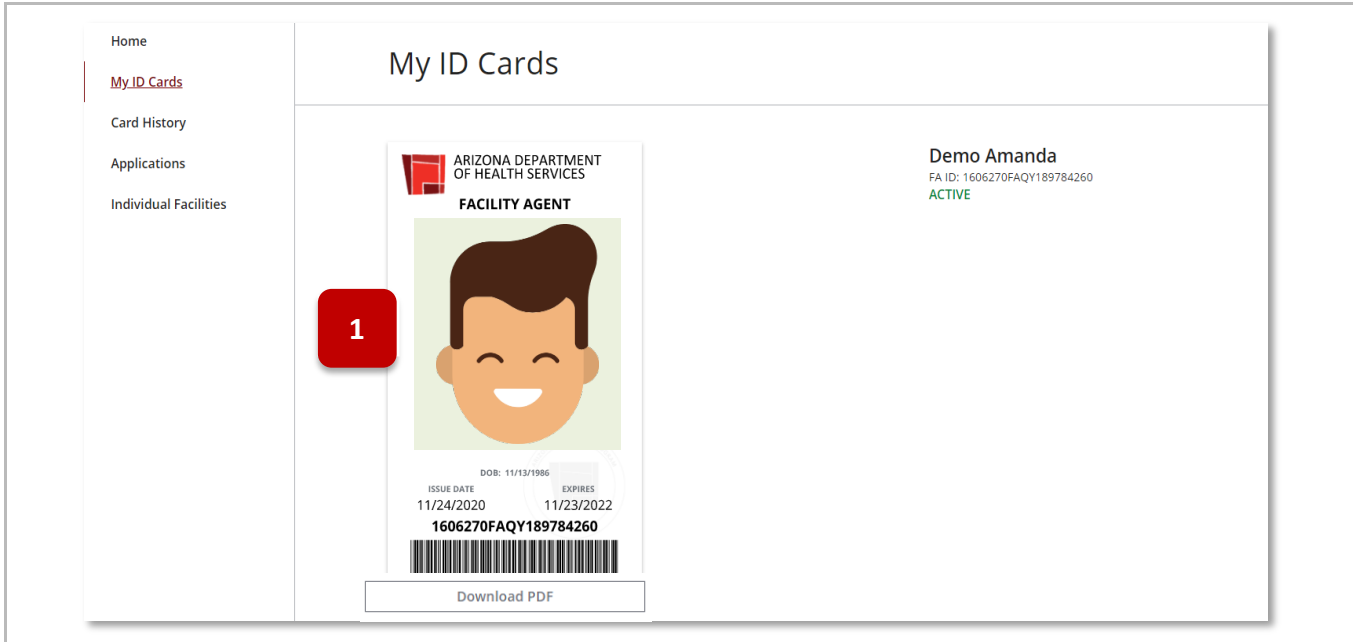
1. **Facility Agent Card:** View

2. Click the **Download PDF** button

   a. Click PDF file link for a printable version
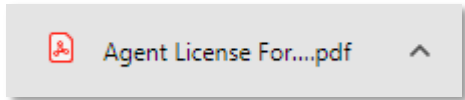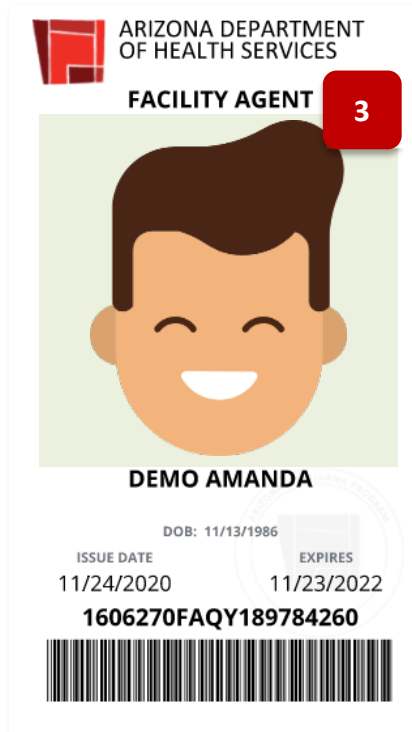
3. **"Facility Agent"** is the only role displayed on facility agent cards
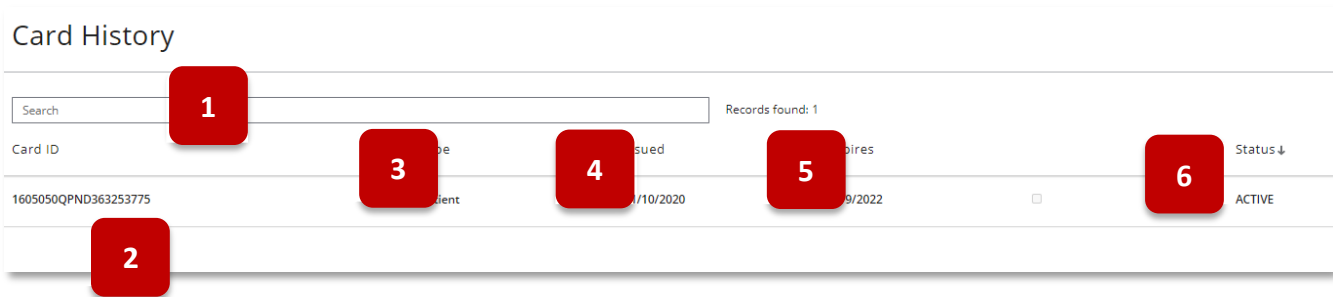
Individual Portal - Facility Agent: Card History

Access: Facility Agent

1. **Search bar:** Enter search criteria to filter card list

2. **Card ID:** Display the Card ID

3. **Type:** Card type detail

4. **Issued:** Date card was issued

5. **Expires:** Date card was expired

6. **Status:** Current status of card (Active, Expired, etc.)

Individual Portal – Facility Agent: Card Change Application

Access: Facility Agent

Overview: Card change applications are used to update details associated with the agent's card

1. From the facility agent portal main page, select the Application tab – then select the **Agent Card Change Application** tile
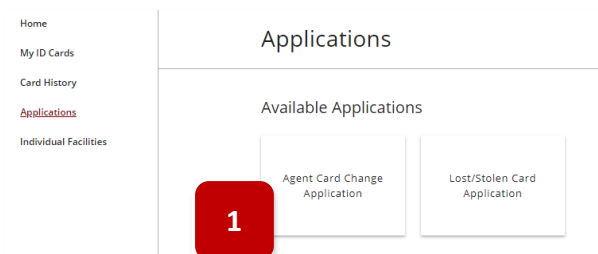
2. Read and acknowledge user agreement, click **Agree and Proceed**
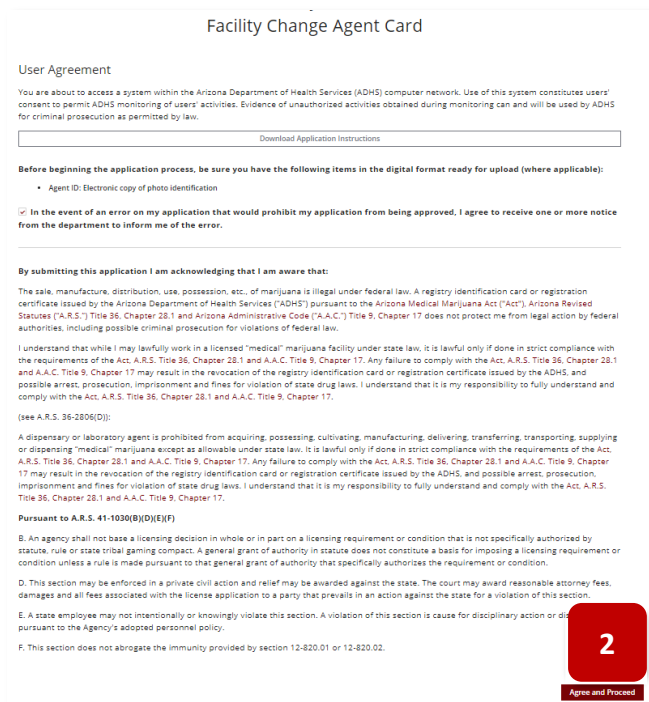
3. Read and click **I Agree** to acknowledge you accept the disclaimer message
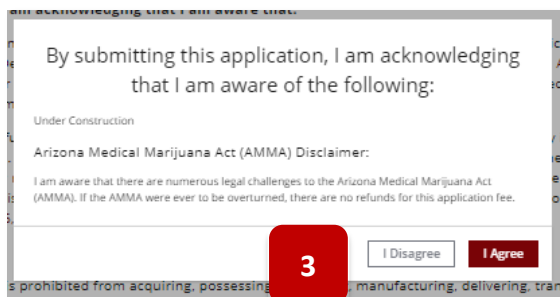
4. Click the radio button to select the appropriate card to process

5. Select **Save & Continue**

Facility Change Agent Card

CARD SELECTION | AGENT INFORMATION | UPLOAD DOCUMENTS | REVIEW & SUBMIT

Select a Card

Please select the card for replacement below. Only valid cards will appear below. If you need assistance please contact M2ProgramSupport@azdhs.gov.

	Card Id	Cardholder	Issue Date	Status
●	1607015FARJ864042960	David Ewe	12/3/2020	ACTIVE

Save & Continue

4

5

6. Edit card details as needed, click desired fields to edit information

7. Click **Save & Continue** to proceed

Facility Change Agent Card

✓ | AGENT INFORMATION | UPLOAD DOCUMENTS | REVIEW & SUBMIT

Agent Information

6

New/Updated Applicant Inform

Current Card Id *
1607015FARJ864042960

Card Type *
Facility Agent

Full Legal First Name *
David

Full Legal Middle Name

Full Legal Last Name *
Rose

New/Updated Residential Address Information

Agent Street Address *
4333 N Drive Way

Suite, Unit, etc

Agent City *
Phoenix

Agent State *
AZ

Agent Zip Code *
85010

Agent County *
Maricopa

Agent Date of Birth *
Nov 29, 1922

☐ **Check if mailing address is different than residence address**

Back | Save & Exit | Sa **7**

8. Upload copy of photo ID representing the change being made – select **Save & Continue** to proceed

Facility Change Agent Card

✓ | ✓ | UPLOAD DOCUMENTS | REVIEW & SUBMIT

Upload Supporting Documentation

Agent ID: Electronic copy of photo identification *

⬆ Upload Files | Or drop files

Back | Save & Exit | Save & Continue

8

9. Review details on the Agent form – Select **Edit Section** or **Back** button to return to the form to make further edits

10. Select the **Submit & Go to Payment** to proceed with payment process

Individual Portal - Facility Agent: Lost / Stolen Card Application

Access: Facility Agent
Overview: Agents submit this application to replace a lost or stolen card

1. From the Facility Agent portal main page, select the **Application tab** – then select the **Lost/Stolen Card Application** tile

2. Read and click **OK** on the acknowledge you accept the notification

   - **Cancel** to return to the Applications tab

3. Read and acknowledge user agreement, click Agree and Proceed

4. Click the radio button to select the appropriate card to process as lost/stolen

5. Review Agent details and click **Submit & Go to Payment**

- Procced with payment process

Individual Portal - Facility Agent: Individual Facility Tab

Access: Facility Agent

Overview: Agents will have access to the Facilities tab used for managing link request and facilities the agent is associated

1. Default view will show column details for facilities with a link request - as shown below
2. Additional link functions will display based on the link status - details will be outlined later in this section

Individual Portal - Facility Agent: Initiate Link to Facility

Access: Facility Agent

Overview: Agents can initiate a link request to a facility from the FA portal

Facility agents with an approved facility agent card may initiate a link request to a dual or establishment facility. The facility will be required to approve the link before it is active

1. Upon entering the facility agent portal select the **Facilities** tab - page will display facilities with link statuses

2. To begin a link request, select the **Link Facility** button on the top-right of the screen
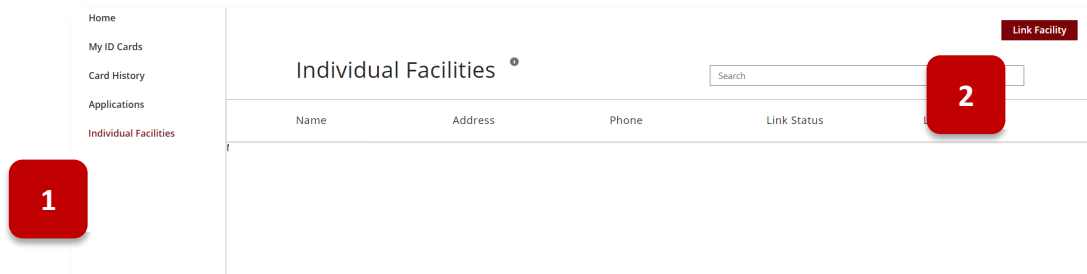
3. Page will display **Link Facility Search** form – enter facility details in search bar (facility name or address)

4. Select the radio button next to the desired facility (only one can be selected)

5. Select the **Continue** button to submit request - **Cancel** to exit out
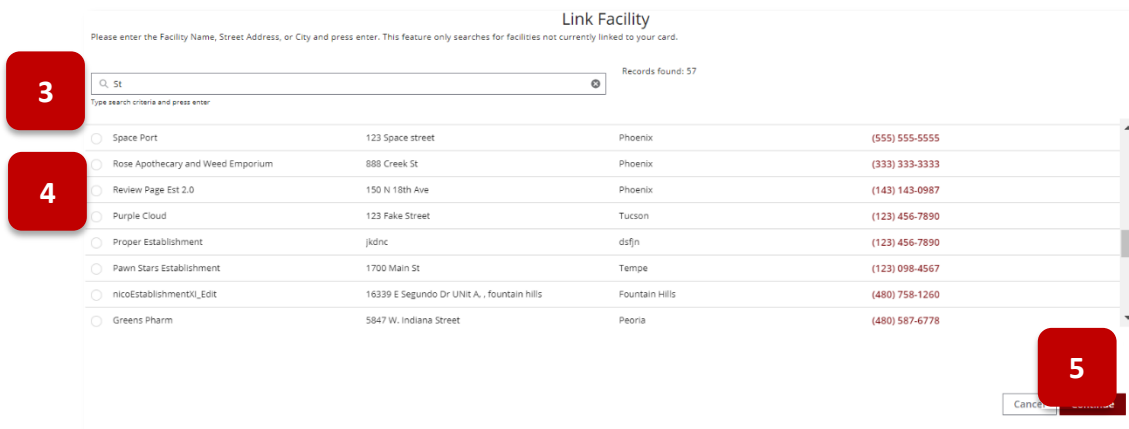
6. Pop-up will display facility details and acknowledgement details

   • Select **Submit** to confirm link request

   • Click **Cancel** to return to the individual tab screen

Street Address, or City and press enter. This feature only searches for facilities not currently linked to your ac

Link Facility

Facility Name: Demo Amanda Establishment

Street Address:	**City:**	**County:**	**Phone**
123 Street	Scottsdale	Gila	(555) 555-5555

☑ I acknowledge I would like to submit a request to link the selected marijuana fa
am either employed by or associated with it. This link is not complete until the faci
approves the request.

Cancel   Submit

7. After a link request has been submitted, the Facilities page will display the facility details for the request with link status as "pending"

   Important: the facility PO/BM will receive a notification of the request. The request will be pending until the facility approves the request – once approved by the facility, the link will show as Approved and Active. If the request is declined, the link will not be approved or active.

8. Cancel the request by selecting the **Cancel Link Request** button below the facility name – only available if the associated facility has not acted on the link request

Individual Facilities ⓘ

Search

Name	Address	Phone	Link Status	Link Active
Charizard facility	150 E crooked st phoenix, AZ	(123) 456-9870	Pending	

Cancel Link Request
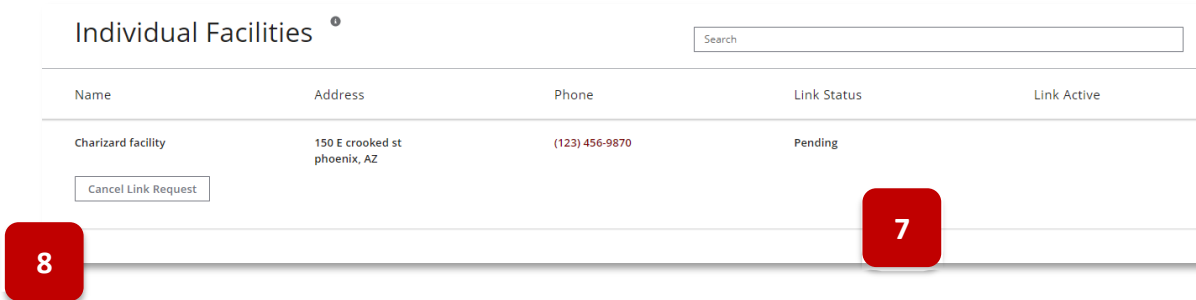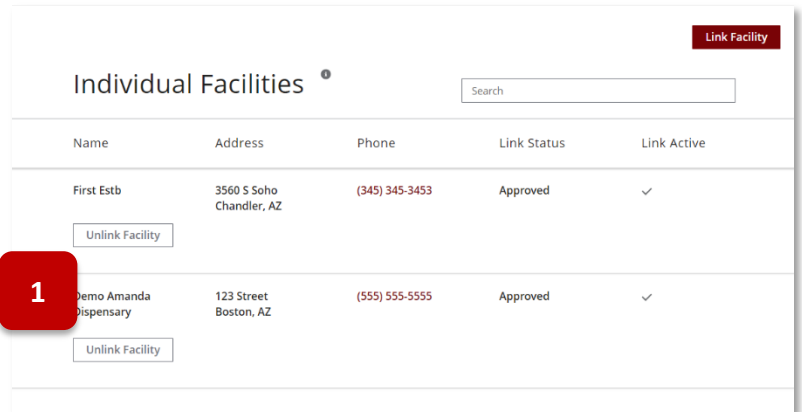
Individual Portal - Facility Agent: Unlink from a Facility
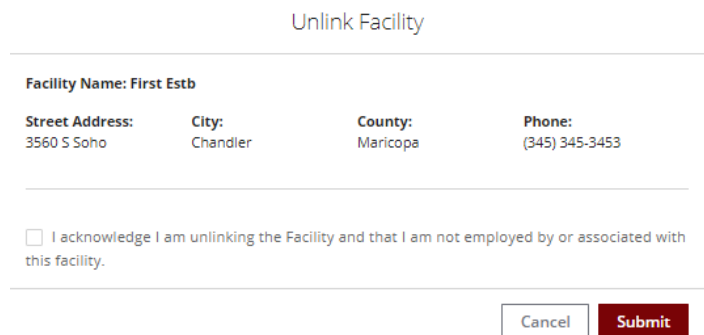
Access: Facility Agent
Overview: Facility Agents can unlink from facilities via the Facilities tab

1. From the **Facilities** tab, the list displays all currently linked facilities - including pending links - select the **Unlink Facility** button below the desired facility name to unlink

2. Confirm the facility details pop-up and acknowledgement - Click **Submit** to continue - Click **Cancel** to return to the Individual tab screen

IMPORTANT: After an unlink request has been submitted, the Facilities page will no longer display the facility as an active link

Individual Portal - Facility Agent: Approve/Decline a Link Request

Access: Facility Agent
Overview: Facility Agents can approve or decline link requests submitted by a facility

1. After a link request has been submitted by a facility, the Facilities page will display the facility details for the request

   NOTE: An email will be sent to the Facility Agent email address when a facility requests to link

2. Approve the request by selecting the **Approve Link** button
3. Decline the request by selecting the **Decline Link** button
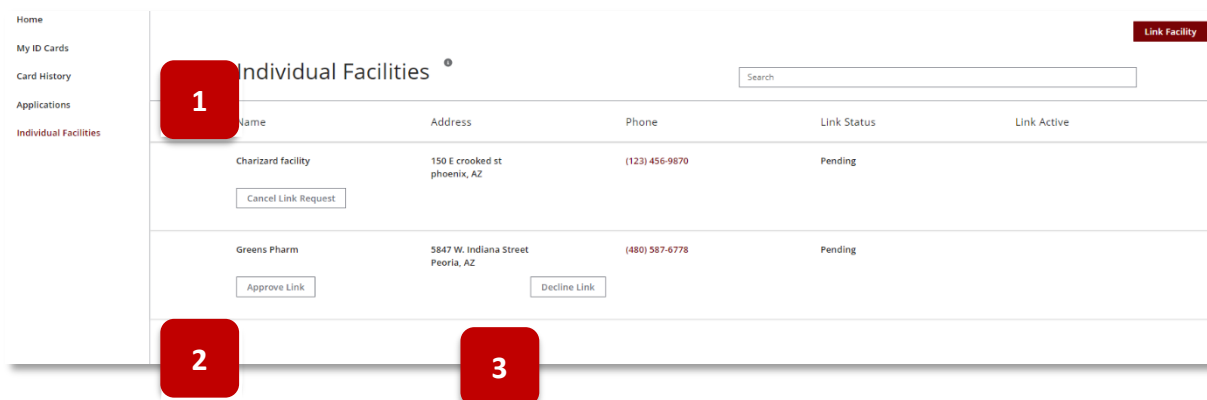
4. If **Approve Link** button was selected, the Approve Facility confirmation will display – select the checkbox and **Submit** to confirm

   NOTE: Approved Links will associate the FA with the marijuana facilty, which is important for the employee protections to be activated

5. If **Decline Link** button was selected, the Decline Facility confirmation will display – select the checkbox and **Submit** to confirm

   NOTE: Declined Links will not associate FA to facility

Individual Portal - Facility Agent: Confirm Facility Unlink

Access: Facility Agent

Overview: Facility Agents are required by the program to confirm an unlink by a facility within the facility agent portal

1. After an unlink was initiated by the facility, FA is able to go to the Facilities tab
2. Select the **Confirm Facility Unlink**
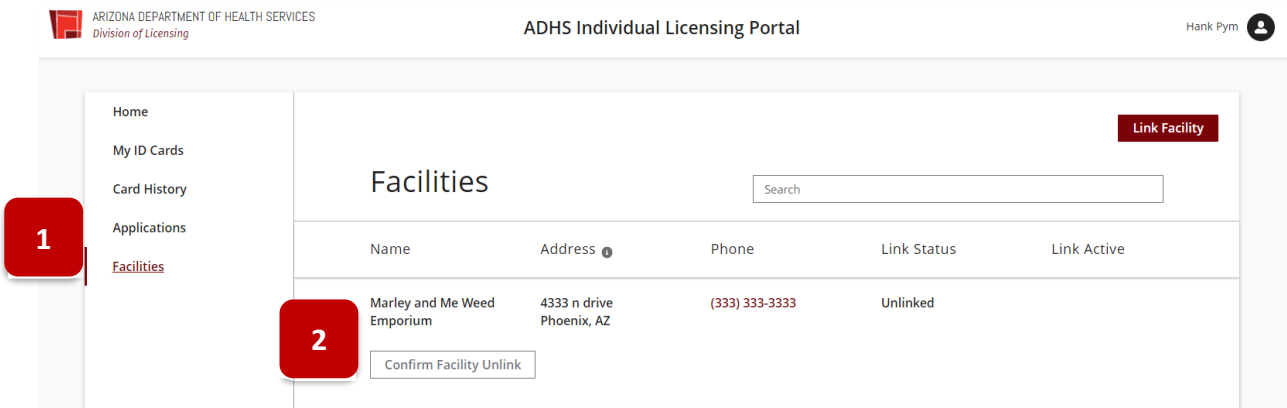
3. Confirm the pop-up and select the acknowledgement checkbox
4. Select **Submit** to complete the process or **Cancel** to exit
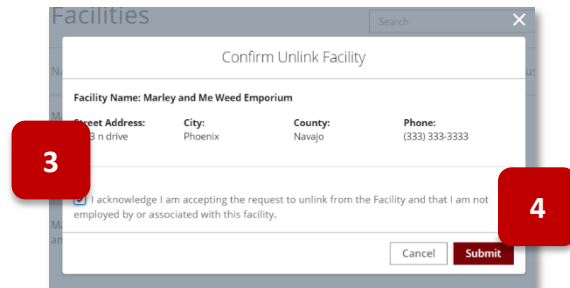
MISCELLANEOUS FUNCTIONS AND FEATURES

Submit Online Payment

Access: PO/BM and FA only

Overview: Online payment is processed through ADHS for all features requiring a fee

1. Once on checkout screen, enter payment information
2. Click **Continue** to proceed

3. Review billing and order information
4. View payment amount
5. Click **Authorize** to submit payment and application
6. View Receipt – print receipt to keep for records
7. Click **Continue** to return to portal

Portal Login: Locked Account

1. When attempting to login to the portal, the account will be locked after 5 invalid login attempts - message displayed: *"Your login attempt has failed. Make sure the username and password are correct. Your account will be locked after 5 incorrect password attempts and you will need to contact ADHS to unlock your account."*
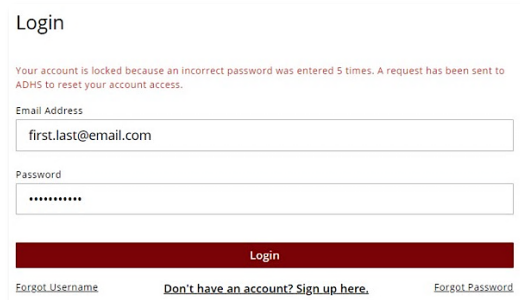
2. If an account becomes locked, ADHS will automatically be notified and will process the request to unlock the account – message displayed: *"Your account is locked because an incorrect password was entered 5 times. A request has been sent to ADHS to reset your account access."*
   NOTE: Please allow 1 business day for processing

3. Email will be sent to account holder to notify them ADHS will have to unlock their account -email subject: *"You've been locked out of the ADHS Licensing Portal"*

4. ADHS will unlock the account and send an email with a link to the Facility Portal login or to Change your password – email subject: *"ADHS Facility Licensing Portal Unblock User"*

5. If account attempts to reset their password while their account is unlocked, an email will be sent to account user with explanation and instructions
   a. An account password cannot be reset while it is LOCKED
   b. Account holder must email ADHS to request an account unlock and password reset: marijuana@azdhs.gov

Accessing Your Facility Licensing Portal

Access: PO/BM, linked FA and DA

Only a PO/BM of an approved facility may submit an application on behalf of the facility. To gain access to the facility portal (Facility Licensing Portal-FLP), every user must have a:

- Unique email address
- Portal Account
- An association with a facility
- Valid Marijuana Registry Identification Card

Accessing the Facility Licensing Portal Link
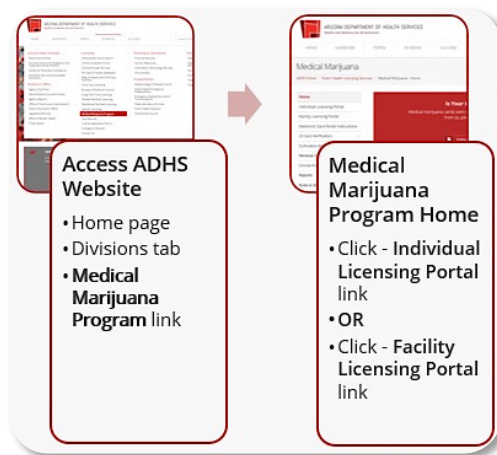
1. Upon login to Facilities Licensing portal under **My Facilities**, select **Dispensaries, Establishments, Duals or Laboratories** list

    NOTE: If a PO/BM is associated to multiple facility types, each facility type will appear as separate tiles
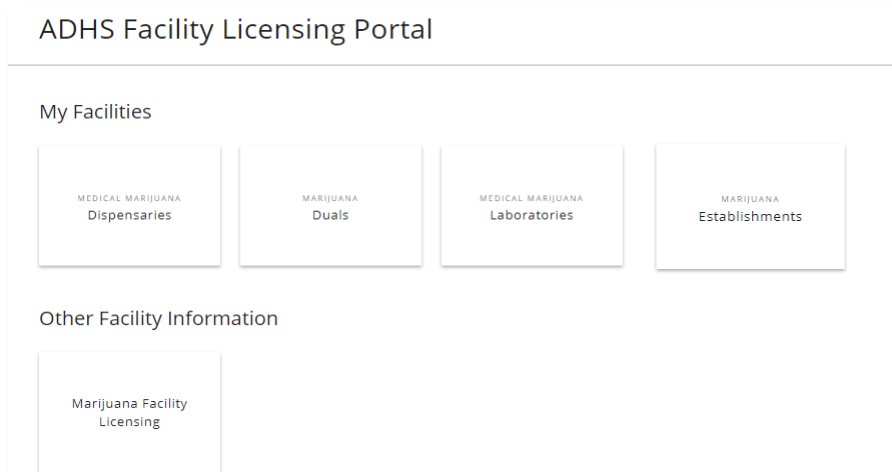
2. Select specific site tile to view the PO/BM functions

NOTE: If a PO/BM is authorized to access multiple facilities, each facility will appear in a separate tile
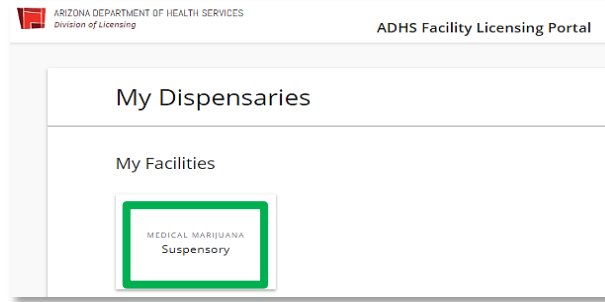
3. View **Facility Licensing Portal Menu bar**, based on access:
   a. If Dispensary PO/BM has access, **Card Search & Sales** will be the default page
   b. Otherwise, **Home** is the default page
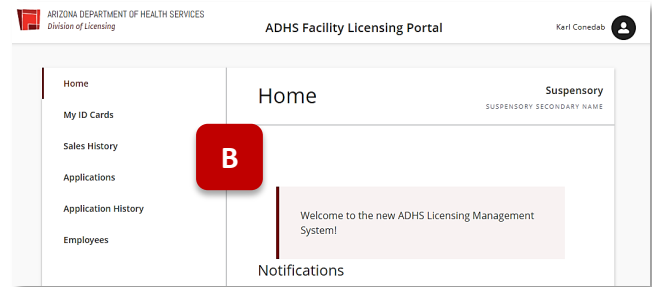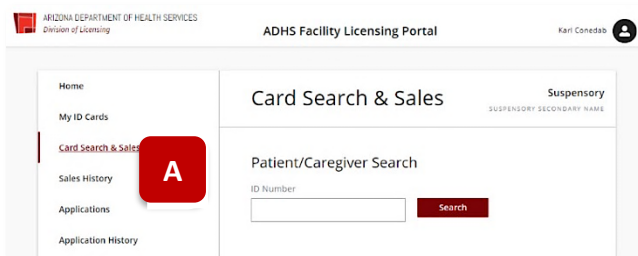
AZ Care Check

AZ Care Check (AZCC) is a searchable database containing information about deficiencies found against facilities/providers by ADHS. Establishments and Dual-Establishments will have Inspection and Enforcement information viewable on AZCC. Inspections that are tied to an application will not be viewable on AZCC and inspections will only be viewable on AZCC after the facility has received the statements of deficiencies. Enforcement cases will be viewable once the Enforcement case status has been changed to Finalized or Complete. All images and text will be redacted, no personally identifiable information will be viewable.

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1. On your internet browser go to AZCareCheck.com

   Under the **Facilities** header or on the left side of the screen select **Marijuana**
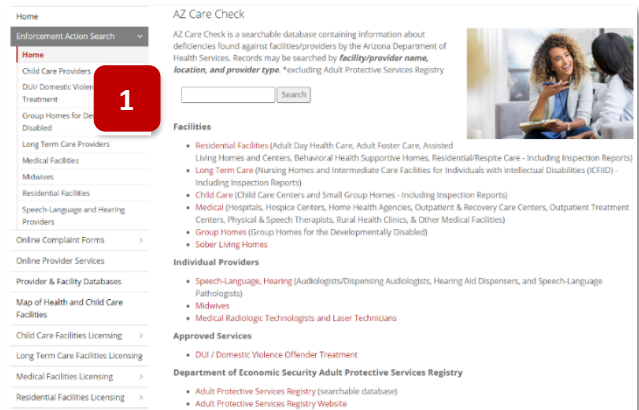
2. On the Marijuana Portal, find an Establishment by one of the following:
   10. Using the search bar to search by Provider Name, Licensee Name, Address, etc.
   11. Using the map to find the Marijuana Establishment
3. Once you have found the appropriate facility
   12. Click **Get Details** on the list view

   OR click the geo-location icon ( ) on the map and then select **Get Details**
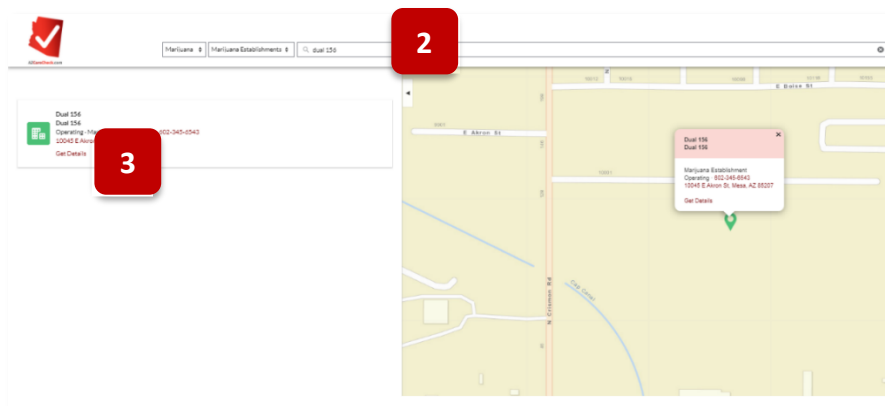
4. From the Facility Details page, select the tab for **Inspections**
5. Select the appropriate **Inspection #** from the list view to view the Inspection's details
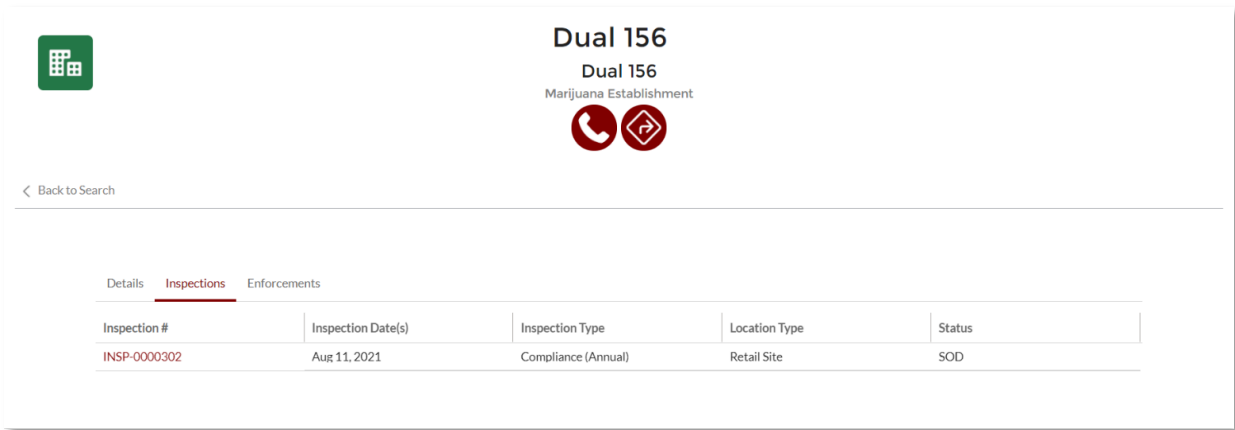
6. Under the Statement of Deficiencies header, you will be able to view the redacted evidence text
7. To view any files associated with the deficiency, click the paperclip icon in the Files column

NOTE: These files will include any redacted image(s)
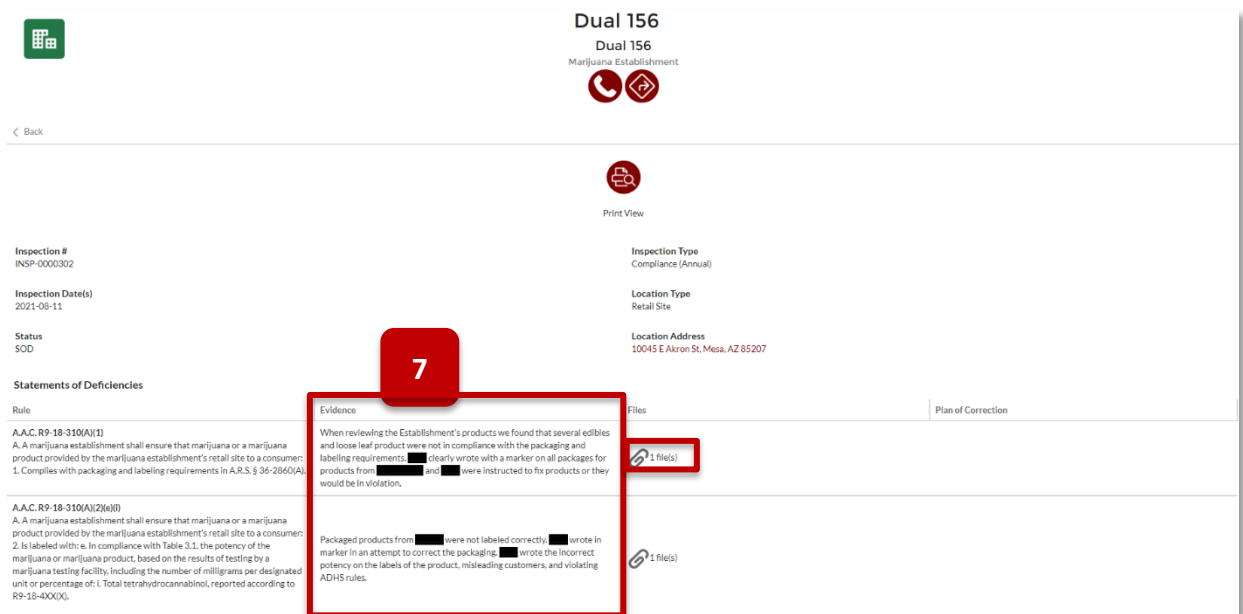
8. Once POC information has been uploaded and the inspection is either **Complete** or **Waiting for Documents,** POC documents and information will be available on AZCC. To access, click **View** on the associated inspection record in the **Plan of Correction** column
9. To view any files associated with the POC click the paperclip icon in the **Files** section
   NOTE: These files will include any redacted documents
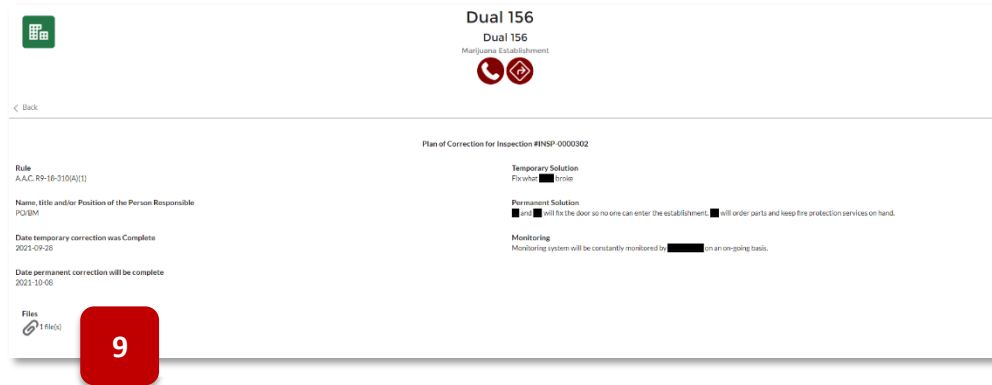
10. To view enforcement information, select the tab for **Enforcements**
11. Select the **Enforcement #** to view the Enforcement details
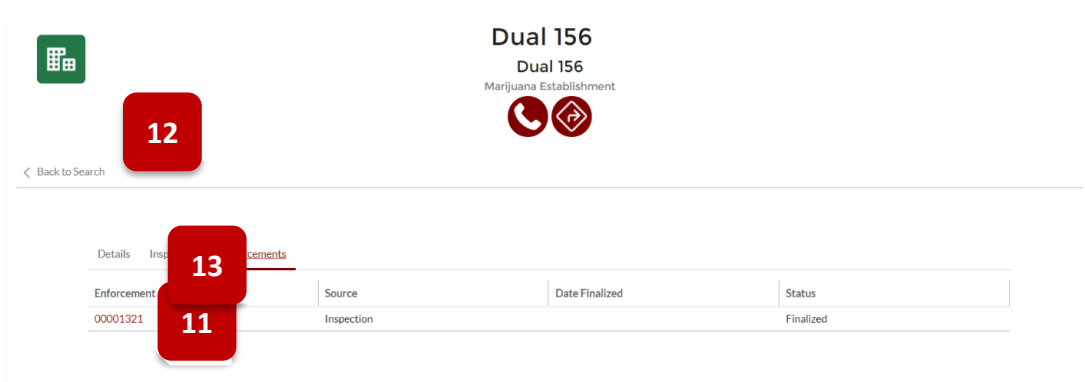
12. Under the **Attachments** header - all documents will display that were made available to the public. To view, select the appropriate file name

    NOTE: The file name on AZCC will show as it was saved in the internal portal

13. To view Case Action details, select the Case Action name under the **Actions** header
14. Repeat steps as necessary to search and view Marijuana Establishment information
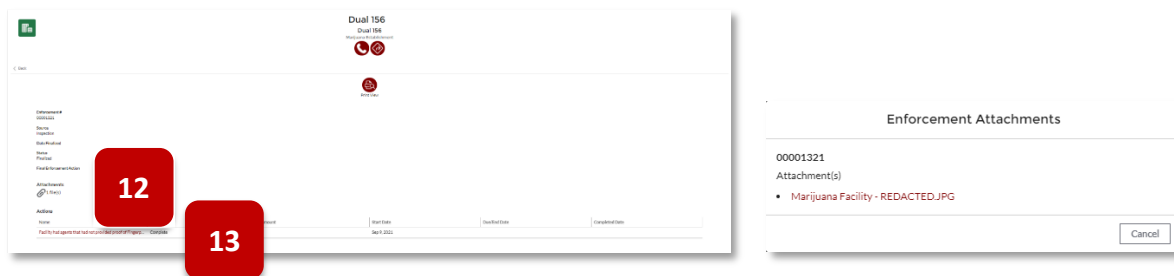
APPENDIX

Glossary

- ADHS Facility Licensing Portal: An online portal to manage Arizona's Medical Marijuana program.

- ADHS Licensing Portal User: Anyone who has created an account in the online ADHS Licensing Management system with a unique email address. Any principal officer, board member, employee or volunteer of a dispensary can log into the ADHS Licensing Management system. Anyone can register to become a user by providing a verifiable email address. All users have access to their profile and can change their username and password. Access to a portal account does not automatically provide access to the Facility Licensing functions. A dispensary PO/BM must apply for and ADHS approve a dispensary agent application.

- Card: A Medical Marijuana Registry Identification Card is issued to all approved patients, caregivers, laboratory agents (laboratory owners, employees, volunteers), and dispensary agents (board members, principal officers, employees, volunteers).
  - Possession of a medical marijuana registry identification card is a legal requirement to handle, transport, cultivate, sell, test, or consume medical marijuana.
  - Each card will share similar format but may differ based upon the privileges it conveys.
  - As of December 1, 2019, cardholders were issued an electronic Medical Marijuana Registry Identification Card. All applications after December 1, 2019 (including a Lost/Stolen application, Change application, or Renewal application), are issued as an electronic card and remaining physical cards are valid until they expire or are replaced. A printed format of the electronic card is acceptable. See *Figure 1 –Cards*

- Card Search & Sales product definitions:
  - Medical Marijuana: The dried flower of the marijuana plant
  - Edibles: Any items sold for consumption that contain medical marijuana. The amount of medical marijuana in the edible must be labeled and entered in the system during a transaction
  - Non-edibles: Any non-edible items, such as concentrates, sold that contain medical marijuana. The amount of medical marijuana in the non-edible must be labeled and entered in the system during a transaction

Medical Marijuana Registry Identification Card Sample for a DA

ARIZONA DEPARTMENT OF HEALTH SERVICES

DISPENSARY AGENT

ISSUE DATE
03/09/2020

EXPIRES
03/08/2022

KARL CONEDAB

SUSPENSORY

140 NORTH MAIN AVENUE
TUCSON, AZ 85701
DOB: 03/23/1983

1583312DAFL056631299
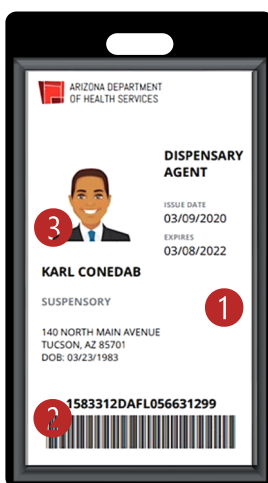
1. Security Stamp
2. Scannable Barcode to input cardholder ID number into Card Search & Sales Verification System
3. For a period, some photos may appear distorted; however, they are still valid

New Electronic card
(both electronic and printed versions are acceptable)

- Dispensary: Means the same as "[n]onprofit medical marijuana dispensary" in A.R.S. § 36-2801, "... a not-for-profit entity that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, supplies, sells or dispenses marijuana or related supplies and educational materials to cardholders. A nonprofit medical marijuana dispensary may receive payment for all expenses incurred in its operation."

- Designated Caregiver: A person who (as defined in: A.R.S § 36-2801(5)(a-e)):
    - Is at least twenty-one years of age
    - Has agreed to assist with a patient's medical use of marijuana
    - Has not been convicted of an excluded felony offense
    - Assists not more than five qualifying patients with the medical use of marijuana
    - May receive reimbursement for actual costs incurred in assisting a registered qualifying patient's medical use of marijuana if the registered designated caregiver is connected to the registered qualifying patient through the department's registration process. The designated caregiver may not be paid any fee or compensation for service as a caregiver. Payment for costs under this subdivision does not constitute an offense under title 13, chapter 34 or under title 36, chapter 27, article 4
        - Submit a Medical Marijuana qualifying patient new, renewal, change, and void application
        - Able to assist the patient's medical use of marijuana
        - View and print their Medical Marijuana electronic registry identification card(s)Check application statuses

- Dispensary Agent (DA): Means the same as "[n]onprofit medical marijuana dispensary agent" in A.R.S. § 36-1901. A dispensary agent is a principal officer, board member, employee or volunteer of a nonprofit medical marijuana dispensary who is at least 21 years of age and has not been convicted of an excluded felony offense.
    - A Dispensary Agent (DA), may:
        - View Portal Messages from ADHS
        - Send messages to ADHS
        - View DA-specific Notifications
        - View and print their DA Card *
        - Verify qualifying patient and caregiver cardholders *
        - Register new sales transactions *
          * *Access granted by Dispensary PO/BM*

- Dual: A marijuana facility that is able to provide medical marijuana patients and their caregivers with marijuana for medical use along with adult-users

- Establishment: A marijuana facility type that is allowed to sell marijuana to adults and is considered a retail site

- Individual Licensing Portal: Online system managing facility agents, patients and caregivers participating in either the AMMA or SASAA programs

- Marijuana Facility Agent License (Card): Is the card received by the marijuana facility agent that when linked with a marijuana establishment provides employee protections to the holder and employer as prescribed by law.

- Facility Licensing Portal: A PO/BM must submit a dispensary agent application in order to grant access to the Facility Licensing Portal and the functionality for a specific dispensary. A person who is an agent for two or more dispensaries, has one Portal User Account. The user will be able to access each dispensary through their one account. Access to each dispensary is initiated by the PO/BM and approved by ADHS within the ADHS Licensing Management system

- Link Status: Status of the link between a Dual or Establishment and a Facility Agent. The following are status types:

- o **Approved:** Link has been approved by both the facility and facility agent. Agent is able to work at the facility's sites
- o **Canceled:** Either the facility agent or the facility (Dual or Establishment) has initiated a link request and the initiator has canceled the request before the other party has acted on the link request
- o **Declined:** Either the facility agent or the facility (Dual or Establishment) has initiated a link request and the request is declined by the other party
- o **Pending:** Either the facility agent or the facility (Dual or Establishment) has initiated a link request and the request is awaiting confirmation from the other party
- o **Unlinked:** Link has been removed and is no longer active. Agent is no longer associated to the facility and is no longer able to work at any of the facility's sites

- Marijuana Facility Agent: Means the same as in A.R.S. § 36-2850, "... a principal officer, board member or employee of a marijuana establishment or marijuana testing facility who is at least twenty-one years of age and has not been convicted of an excluded felony offense."

- Medical Marijuana Registry Identification Card: A document issued by the department that identifies a person as a registered qualifying patient, a registered designated caregiver, a registered nonprofit medical marijuana dispensary agent or a registered independent third-party laboratory agent. Card statuses are:
  - **ACTIVE card:** Card not yet expired and is valid for all intended purposes depending on its type
  - **EXPIRED card:** Card that is expired and invalid for all intended purposes
  - **INACTIVE card:** Card that is invalid for all intended purposes
  - **REVOKED card:** Card that is revoked by ADHS that is invalid for all intended purposes
  - **VOID card:** Card that is invalid for all intended purposes

- Minor Patient: A qualifying patient who is under 18 years of age and required to have a caregiver to obtain and assist with the patient's medical use of marijuana

- NOD (Notice of Deficiency): An ADHS document, listing one or more reasons for which a Dispensary Agent Card Application was found deficient during the administrative phase of the review process, and requires the PO/BM to resolve them
  - For example: The DA fingerprint card was not received by ADHS. The ADHS Licensing Management System notifies a PO/BM to address the issue(s)

- Qualifying patient: A person who has been diagnosed by a physician as having a debilitating medical condition (as defined in: A.R.S. § 36-2801(15))
  - Submit a Medical Marijuana qualifying patient new, renewal, card change, and void application
  - View and print their Medical Marijuana electronic registry identification card(s)
  - Can check allotment remaining on their qualifying patient's Medical Marijuana card(s)

- RFI (Request for Information): An ADHS document, listing one or more reasons the submitted Dispensary Agent Card Application was identified as requiring additional information, and requires the PO/BM to resolve them.
  - For example: Birthdate on the driver's license does not match the birthdate entered on the DA application. The ADHS Licensing Management System allows a PO/BM to address the issue(s) and resubmit the application for approval

Application Required Documents

Each facility-related application requires various types of documents to be submitted. The following will outline the required documents by application. For additional details and the most current list of documents, please refer to each application's Agreement Page.

Application Type:	Required Documents:
Information Update: DBA, Email, Designated Person, Hours of Operation, Mailing Address, Medical Director, Phone, TPT Number	• At least two POBMs (unless only one POBM exists for the Facility) Attestation that all information provided in the application is true and accurate and that the POBMs are aware of and requesting the change, signed and dated by at least two POBMs, unless there is only one
Information Update: Change of Ownership	• For EACH POBM: POBM Licensed Facility Attestation signed and dated by each POBM • Legal documentation supporting requested change (may include bylaws, documents filed with Corporation Commission, etc.)
Add/Remove POBM	• FOR EACH POBM: Attestation that all information provided in the application is true and accurate and that the POBMs are aware of and requesting the change, signed and dated by at least two POBMs, unless there is only one • Legal documentation supporting requested change (may include bylaws, documents filed with Corporation Commission, etc.)
Approval to Operate	• FOR EACH POBM: Attestation that all information provided in the application is true and accurate. • A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed building as a dispensary site (and on-site cultivation, if applicable), such as a certificate of occupancy, a special use permit, or a conditional permit. • A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions. • A site plan drawn to scale of the proposed dispensary location showing streets, property lines, buildings, parking areas, outdoor areas (if applicable), fences, security features, fire hydrants (if applicable), and access to water mains. • A floor plan drawn to scale of the building where the proposed dispensary is located

Facility Change Application: Add Cultivation On/Offsite, Location Change, Dispensary/Cultivation Site Modify Facility Site,	- FOR EACH POBM: Attestation that all information provided in the application is true and accurate. - A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed building as a dispensary site (and on-site cultivation, if applicable), such as a certificate of occupancy, a special use permit, or a conditional use permit. - A sworn statement certifying that the building where the proposed dispensary site (and on-site cultivation, if applicable) will be located is in compliance with the local zoning restrictions. - A site plan drawn to scale of the proposed dispensary location - A floor plan drawn to scale of the building where the proposed dispensary is located.
Decertify Cultivation Site Dispense/Sell Edibles	FOR EACH POBM: Attestation that all information provided in the application is true and accurate.
Dispensary Agent Registration	- Electronic copy of photo identification - Current Digital Photo - Electronic copy of completed and signed Dispensary Agent/Member Attestation - Fingerprint Verification Form – Mailed in

| Initial Dispensary Registration Certificate | • Articles of Incorporation: If the entity applying is one of the business organizations in R9-17-301(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents
• Copy of policies and procedures that comply with the requirements in this Chapter
• Each Principal Officer and Board Member Attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801
• Fingerprint Card (submitted out of the portal)
• A sworn statement signed and dated by the individual or individuals in R9-17-301(A) certifying that the dispensary is in compliance with any local zoning restrictions
• Documentation from the local jurisdiction where the dispensary's proposed physical address is located
• There are no local zoning restrictions for the dispensary's location, or
• The dispensary's location is in compliance with any local zoning restrictions
• Documentation of:
   ○ Ownership of the physical address of the proposed dispensary, or
   ○ Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address
• The dispensary's by-laws
• Documentation of Ownership or Owner Permission
• Documentation of Ownership of the physical address of the proposed dispensary OR Permission from the owner of the physical address of the proposed dispensary for the entity applying for a dispensary registration certificate to operate a dispensary at the physical address
• Site Plan
• Floor Plan
• A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis |

Dual Application	• FOR EACH POBM: Attestation that all information provided in the application is true and accurate.

New Establishment Application	• All owners must have an account created prior to starting the application
	
	• All owners must have an active Facility Agent Card. Each POBM can apply for a Facility Agent Card from the ADHS [Individual Licensing Portal](#)
	
	• Each POBM:
	
	   ○ An attestation that all information provided in the application is true and accurate. Signed and dated by the POBM. [POBM Initial Establishment Attestation](#)
	   ○ For a business organization that is not a publicly traded corporation, the name, residence address, and date of birth of each principal officer or board member;
	   ○ For a business organization that is a publicly traded corporation, the name, residence address, and date of birth of each principal officer or board member who is entitled to 10% or more of the profits of the proposed marijuana establishment;
	   ○ Documentation of the principal officer's or board member's marijuana facility agent license
	• Documentation that the applicant is in good standing with the Arizona Corporation Commission
	
	• A statement, in a Department-provided format, signed and dated within 60 calendar days before the date of the application by a representative of the local jurisdiction:
	
	   ○ Certifying that that the proposed physical address of the marijuana establishment is in compliance with any local zoning restrictions, and
	   ○ Including the legal name of the marijuana establishment or identifying at least one principal officer or board member of the marijuana establishment
	   ○ [Zoning Compliance Form](#)
	• Documentation, in a Department-provided format, of:
	
	   ○ Ownership of the physical address of the proposed marijuana establishment, signed and dated within 60 calendar days before the days of application; or
	   ○ Permission from the owner of the physical address of the proposed marijuana establishment for the applicant for a marijuana establishment license to operate a marijuana

	establishment at the physical address, signed, notarized, and dated within 60 calendar days before the days of application ○ Property Ownership Form • Documentation from an in-state financial institution or an out-of-state financial institution, as defined in A.R.S. § 6-101: ○ A written statement, in a Department-provided format, signed within 30 calendar days before the date of the application by a representative of the in-state financial institution or out-of-state financial institution, as applicable, confirming that the applicant or a principal officer or board member of the applicant has at least $500,000 in liquid assets, as defined in A.R.S. § 6-851, in the name of the applicant or a principal officer or board member of the applicant; and ○ Documentation, including the name of the applicant or a principal officer or board member of the applicant, supporting that the $500,000 has been under the control of the applicant or principal office or board member of the applicant for at least 30 calendar days before the date of the application; and ○ Financial Institution Statement

ADHS Portal Account Registration

For access to the ADHS Licensing Portal, a person only needs to create one account. *Within* the ADHS Licensing Portal, a person can have access to many licensing functions. Access to licensing functions is requested by licensing facility owners and granted through approved applications by ADHS. The email entered in the account creation process will be the portal username. This email must be a UNIQUE email address, one that is not shared with or in use by another person.
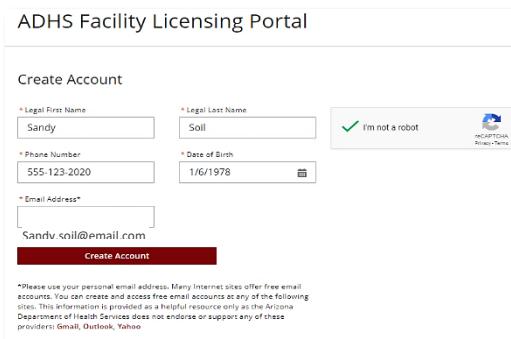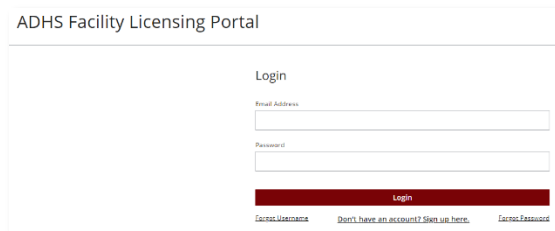
1. Navigate to a Licensing Portal Login screen
2. Click **Don't have an account? Sign Up here:** to create ADHS Licensing System Portal account
3. **Enter required information:** Legal First Name, Legal Last Name, Phone Number, Date of Birth, Email Address
   NOTE: Must be a UNIQUE email address, one not shared with another person
   NOTE: For DA account, if a person has a patient or caregiver account, use the same email address/portal account. The dispensary will not have access to the patient information
4. Click **reCaptcha box "I'm not a robot"**
5. Click **Create Account**
   NOTE: Ensure legal name and date of birth are accurate. Once account is created, name and date of birth can only be changed through a change application submittal
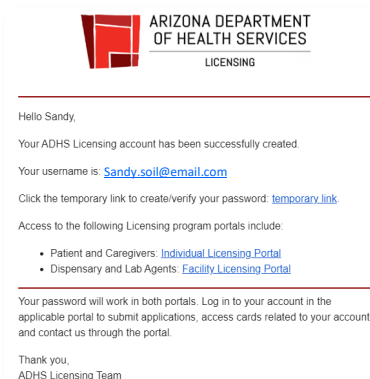
6. View message to check email
7. View email from ADHS and click **temporary link** to create the account password which will direct you to the Individual Licensing Portal. Close out and provide portal account email address to PO/BM to complete application
   NOTE: An account does not provide access to ADHS Licensing System functionality. ADHS program must approve access

Accessing ADHS Licensing System

ADHS Licensing Management System: Creating an account Login functions

Overview: How to setup your user account

All Facility Licensing Portal users access the portal in the following manner:

1. Login Link: Navigate to the ADHS Medical Marijuana Home page : www.azdhs.gov/licensing/medical-marijuana
2. Click **Facility Licensing Portal or Individual Licensing Portal** link

3. Login Options: Enter credentials to **login** to portal
4. **OR** click (as appropriate)
   a. **Forgot Username:** Enter credentials (Email Address and Date of Birth) to recover Username
   b. **Forgot Password:** Enter credentials (Username) to reset Password
   c. Follow instructions in email to reset password
   d. **Don't have an account? Sign Up here**: to create an ADHS Licensing System Portal user account
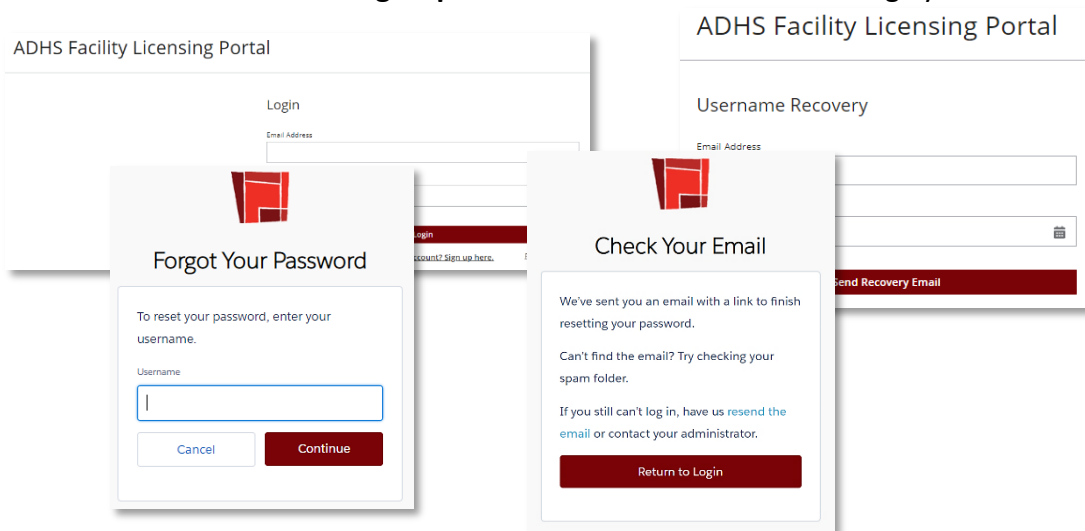
FLP Access and Update Portal Information

Login to the ADHS Facility Licensing Portal with the portal account information previously created. The profile section of the account has the account holder's personal information. The phone number, email address, and password can be edited from the portal. Remaining profile data (first name, last name, and date of birth) must be changed through a change application.

1. Access login page (link from AZDHS website)
2. Enter **Email Address** and **Password**
3. Click **Login**
4. To View Portal Account Profile, click **<Name>** located in top right corner
5. Click **pencil** ✏ icon to edit fields in Profile section
   NOTE: Profile is accessible from all tabs in portal
   NOTE: To return to portal Navigation, click **My Facilities Portal**
   NOTE: **Logout** available from profile
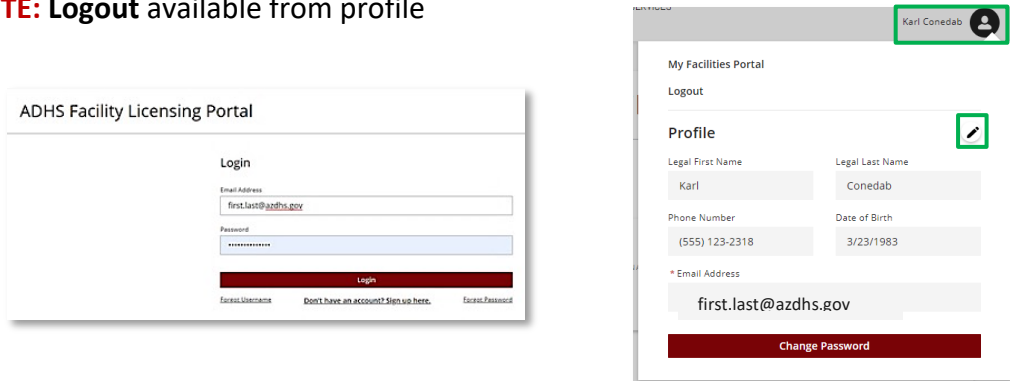
6. Editable fields appear with red outline (Phone number and Email address)
   NOTE: Email address is the Portal Account username and, once verified, will change the login for all portal account access
7. Click **check mark** ✅ to save any changes made to the account
8. Click **Change Password** to change/reset the portal account password
9. View **Check Your Email** message and follow instructions to finish resetting password
10. Within the body of the email, click **temporary link** and follow instructions to complete the password change/reset process
    NOTE: Important to protect the email address (username) and password in order to maintain security of dispensary and persona l information
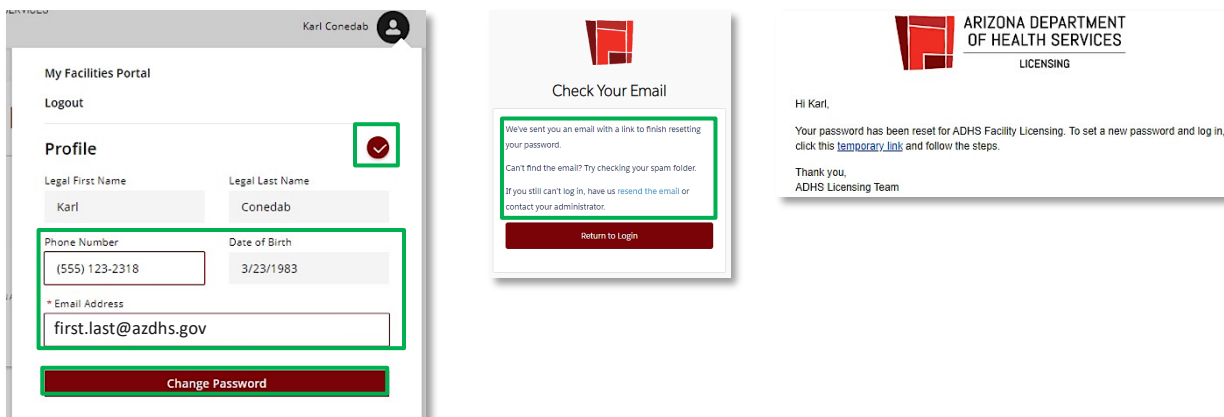
Additional Information: ADHS Medical Marijuana Program Contacts

ADHS Medical Marijuana Dispensary Program Information	
For issues and questions relating to dispensaries and dispensary agents	
Email	marijuana@azdhs.gov
Phone	(602) 364-0857
Website	www.azdhs.gov/licensing/medical-marijuana
Medical Marijuana Forms and Resources:	https://azdhs.gov/licensing/medical-marijuana/index.php#forms-list
Adult-Use Marijuana Forms and Resources:	https://azdhs.gov/licensing/marijuana/adult-use-marijuana/index.php#forms
Dispensary FAQs	https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary
Dispensary Agent FAQs	https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary-agents
Outside of ADHS business hours: For dispensary agents experiencing technical difficulties with the Card Search & Sales verification system - Phone (855) 280-8109	

Supported Browsers	
Firefox	Latest Version
Google Chrome	Latest Version
Safari	Latest Version
Edge	Latest Version

Supported Mobile Operating Systems	
ADHS Licensing System Portal is not dependent on mobile phone type Portal is accessed through one of the browsers listed above	Android 4.0 or above iOS 8.0 or above

Additional Information: Warning Sign Template

Per A.A.C. R9-17-310, a dispensary shall post the following information in a place that can be viewed by individuals entering the dispensary.

For more information and the latest version of this document:
https://azdhs.gov/documents/licensing/medical-marijuana/dispensaries/warning-sign-template.pdf

"WARNING: There may be potential dangers to fetuses caused by smoking or ingesting marijuana while pregnant or to infants while breastfeeding," and

"WARNING: Use of marijuana during pregnancy may result in a risk being reported to the Department of Child Safety during pregnancy or at birth of the child by persons who are required to report."

Additional Information: Patient Notice of Rights to 3rd Party Lab Results

Per Arizona Revised Statute (A.R.S.) § 36-2803, beginning November 1, 2020, a dispensary shall display in a conspicuous location, a sign that notifies patients of their right to receive the certified independent third-party laboratory test results for marijuana and marijuana products for medical use.

For more information and the latest version of this document:

https://www.azdhs.gov/documents/licensing/medical-marijuana/dispensaries/lab-results-upon-request.pdf

Upon request, patients have the right to receive the certified independent third-party laboratory test results for marijuana and marijuana products for medical use.

– A.R.S. § 36-2803

Additional Information: Barcode Scanner Tip Sheet

For more information and the latest version of this form::

https://azdhs.gov/documents/licensing/medical-marijuana/dispensaries/barcode-scanner-tip-sheet.pdf

ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

Dispensary Barcode Scanner Tip Sheet

Medical Marijuana Licensing Management System

There are multiple factors that could result in barcodes not scanning with ease – reflective surfaces, scanners with lights, the condition of the mobile device screens, etc... Depending on the combination of some of these scenarios, you may experience challenges.

If you experience difficulty scanning the new electronic medical marijuana registry identification cards, please refer to the tips below.

If the patient / caregiver HAS a physical card:

➢ Use the physical card instead

If the patient / caregiver DOES NOT HAVE a physical card:

➢ Turn up the phone's brightness level. Dimly lit phones will be more difficult to scan
➢ Zoom in on the barcode to scan
  ○ Note: in most instances this should work; however, it may not work if scanning through glass or when using barcode scanners with lights)
➢ Type in the barcode number of the electronic card
➢ Remove sources of reflection (i.e. covering up the scanner light if it has one, scanning the phone in a dark/covered space, not having reflective surfaces around it)
➢ Encourage patients and caregivers to clean the surface of their phone – if a phone is scratched or smudged/dirty, it will be more difficult to read

Dispensary Barcode Scanner Tip Sheet – last updated November 27, 2019

Additional Information: Agent Checklist

Dispensary and Laboratory Agent Checklist

This form describes the requirements for the online registration process for new Dispensary Agents.

1	Application Information
☐	**Dispensary or Laboratory Agent's**
	☐ First Name, Middle Initial (if applicable), Last Name and Suffix (if Applicable)
	☐ Date of Birth
	☐ Gender
	☐ Social Security Number (for the fingerprint card)
☐	Identifying number on the applicable card or document (see Section 2 below for list of identification requirements and options), plus the kind of ID used, issuing state (if applicable), and issued date
☐	Dispensary Agent's residential address and county
☐	Dispensary Agent's phone number
☐	Dispensary Agent's email address. This should be the email address the applicant used to create their ADHS Licensing Portal account. The email address should be specific to the applicant and not be in use by any other person or entity
☐	Dispensary Agent's mailing address - check box if same as residential address
2	**Documents required to upload into online application**
☐	Recommended file format
	— File types recommended: PDF, JPG, PNG, or GIF
	— Cannot exceed 2 MB
☐	Current photograph of the Dispensary Agent:
	☐ Taken no more than 60 days for the submission of the application
	☐ Image Requirements:
	— 2 inches x 2 inches with minimum 600x600 pixels and maximum 1200x1200 pixels
	— In natural color
	— Front view of individual's full face, WITHOUT hat or headgear that obscures the hair or hairline, with a plain white or off-white background
	— Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head
	— Image file in the following format: JPG, PNG, or GIF
	— Cannot exceed 10 MB
	☐ Other supporting documents
☐	Copy of the Dispensary Agent's
	☐ Arizona driver's license issued on or after October 1, 1996; OR
	☐ Arizona identification card issued on or after October 1, 1996; OR
	☐ Arizona registry identification card; OR
	☐ Photograph page in Dispensary Agent's U.S. passport; OR
	☐ An Arizona driver's license or identification card issued before October 1, 1996 AND one of the following:
	☐ Birth Certificate verifying U.S. citizenship
	☐ U.S. Certificate of Naturalization
	☐ U.S. Certificate of Citizenship
☐	Signed and dated Medical Marijuana Dispensary Agent / PO/BM Attestation
3	**Fingerprints**
☐	Although not part of the ADHS *online* application process, the dispensary agent's fingerprints must be submitted to ADHS via U.S. Mail and include a Fingerprint Verification form. The Department recommends submitting fingerprints about 5 days before submitting the application, to allow for processing time.
☐	Fingerprinting instructions ☐ Fingerprint verification form

Revised 04.24.2020

Additional Information: Fingerprint Instructions

For more information and the latest version of this form: https://www.azdhs.gov/documents/licensing/medical-marijuana/fingerprinting-instructions.pdf

Medical Marijuana Program
Fingerprinting Instructions

Please note that fingerprinting instructions and other instructions may change. Please refer back to the Arizona Department of Health Services (ADHS) website for the most current information. Please **read these entire instructions carefully** before you begin the fingerprinting process.

GENERAL INFORMATION

In accordance with Arizona Revised Statutes (A.R.S.) § 36-2819, fingerprints are required to be submitted to conduct a state and federal criminal records check for the following individuals:

- A designated caregiver (*Arizona Administrative Code* (A.A.C.) R9-17-202(F)(6)(k));

- A custodial parent and/or legal guardian acting as a designated caregiver for a patient under 18 years of age (A.A.C. R9-17-202(G)(7));

- A dispensary agent individual (A.A.C. R9-17-311(7)) who
  - is serving as a principal officer or board member for the dispensary[†]
  - is employed by or contracted with the dispensary
  - is providing volunteer services at or on behalf of the dispensary

- A laboratory agent individual (A.A.C. R9-17-405) who
  - is serving as an owner for the laboratory[††]
  - is employed by or contracted with the laboratory
  - is providing volunteer services at or on behalf of the laboratory

[†] *Please note that if fingerprint cards were recently submitted to the Department as part of a Dispensary Registration Certificate Application or a Designated Caregiver Registry ID Card Application within the previous 6 months, the principal officers and board members that submitted fingerprint cards may not need to resubmit fingerprint cards with the Dispensary Agent Registry ID Card Application.*

[††] *Please note that if fingerprint cards were recently submitted to the Department as part of a Laboratory Certificate Application or a Designated Caregiver Registry ID Card Application within the previous 6 months, the laboratory owners that submitted fingerprint cards may not need to resubmit fingerprint cards with the Laboratory Agent Registry ID Card Application.*

The Arizona Department of Public Safety (DPS) may exchange this fingerprint data with the Federal Bureau of Investigation (FBI) without disclosing that the records check is related to the Medical Marijuana Act and acts permitted by it. When the results of the state and FBI records search are no longer needed, ADHS will destroy these records and related fingerprint cards.

Because one set of fingerprints may be illegible, ADHS requires submitting two sets of original fingerprints in order to expedite processing. Prints are to be taken by someone experienced in rolling fingerprints. Please be sure that the prints are legible. If they are smudged or blurred, the prints will be rejected.

DISCLOSURE STATEMENT TO APPLICANTS

Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, ADHS must provide you the opportunity to complete or challenge the accuracy of the information in the record. You would be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in A.R.S. § 41-1092 et al. (Title 41, Chapter 6, Article 10) before ADHS

Updated 03.25.2020

takes final administrative action based on information in the FBI criminal history record.

The procedures for obtaining a change, correction, or for updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the DPS Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

WHERE TO OBTAIN FINGERPRINTING SERVICES AND FINGERPRINT VERIFICATION FORMS
Check with your local law enforcement agency to determine if they provide fingerprint cards and public fingerprinting services. You may also check for a private fingerprinting company to provide this service.

You may be charged a fee by the fingerprinting entity for the "rolling" of your fingerprints. You should have the individual rolling your fingerprints sign the card in the designated space. You must use the blue and white fingerprint card #FD-258. You should be provided with the appropriate fingerprint card by either the law enforcement agency or private company you use. *Please note that DPS will not provide the fingerprint card stock nor complete the fingerprinting.*

The Fingerprint Verification Form is to accompany the fingerprints when mailed to ADHS. This form can be found on the Forms page of the Medical Marijuana Program website. The envelope is to be properly sealed as described in this form.

HOW TO MAIL COMPLETED PACKAGE
Once you have completed your application on-line, the system will direct you to print out your application. The printed application will include a page titled "*Fingerprint Submission Information.*" Please include a copy of this page only from the application, along with the *two sets of original fingerprints* and the *Fingerprint Verification Form* into an envelope. The *fingerprint technician is to then properly seal the envelope* as described in the Fingerprint Verification Form and *sign his/her name* across the seal.

Please mail the packet to:

Arizona Department of Health Services
ATTN: Medical Marijuana Department
P.O. Box 190000
Phoenix, AZ 85005

Please mail cards in an envelope that will not cause the fingerprint card to be folded or creased. All cards must be mailed to ADHS. DO NOT send the fingerprint cards to the DPS or the FBI.

Fingerprint Options

Fingerprint Verification Form and Cards

Application fee
$300

Level 1 Fingerprint Clearance Card ID

Application fee
$150

Sample Fingerprint Card and Required Information
(The information may be typed or **legibly** printed)

The following information MUST be completed on both cards:
- **Name:** The applicant's full name should be in the last name, first name, middle name sequence.
- **Date of Birth:** Date of birth should be in MM/DD/YYYY format.
- **Place of Birth:** Enter the two letter state abbreviation and if the Place of Birth is a foreign country, please spell the name out.
- The date the applicant was fingerprinted and the signature of the person taking the prints should be placed in the appropriate blocks.
- **Aliases/AKA:** Enter any known aliases, including maiden names.
- **Citizenship:** Enter the country of citizenship.

- **Residence of Person Fingerprinted:** List the street address, city, state and zip code of the person being fingerprinted. Enter the residence address, not mailing address.
- **Signature of Person Fingerprinted:** Applicant to sign in ink.
- **Social Security Number:** Enter the applicant's social security number.
- **Sex:** Use M for Male and F for Female.
- **Race:** Use the following letters:

  W – White
  H – Hispanic
  B – Black
  I – American Indian or Alaskan Native
  A – Asian or Pacific Islander
  U – Unknown

- **HGT (Height):** Enter height in feet <u>and</u> inches such as 5'7", <u>not</u> 71 inches. Do not use fractions.
- **WGT (Weight):** Enter weight in pounds as a whole number. For example, 180 pounds is 180.
- **Eyes:** Your eye color. Use the following abbreviations:

BLK –Black	BLU – Blue
BRO – Brown	GRY – Grey
GRN – Green	HAZ – Hazel

- **Hair:** Your hair color. Use the following abbreviations:

BLK – Black	BRO – Brown
GRY – Grey	RED –Red
WHI – White	BLD – Bald
BLN – Blonde	XXX – Unknown

Fingerprinting DOs and DON'Ts

DO	DO NOT
Type or print all information in black.	Highlight any of the fingerprint portions of the card.
Indicate any amputations or missing fingers at birth in the correct finger blocks.	DO NOT complete any "Leave Blank" fields on the card
See instructions on the reverse of the card regarding other physical problems in taking a good set of fingerprints.	
Ensure two complete sets of fully rolled and inked fingerprint impressions are submitted. Fingerprints must be rolled from side of nail to side of nail. All impressions must be within the Blue Box, no overlapping, for each print.	
Ensure all impressions are taken in the proper order and are legible.	

Additional Information: Fingerprint Verification Form

For more information and the latest version of this form:
https://azdhs.gov/documents/licensing/medical-marijuana/fingerprint-verification-form.pdf

Medical Marijuana Program
Fingerprint Verification Form

This form is to be *completed by the fingerprint technician* taking your fingerprints to submit as part of the Arizona Medical Marijuana Dispensary Agent, Laboratory Agent, Designated Caregiver, or Minor Caregiver (Custodial Parent/Legal Guardian) application.

Attention Fingerprint Technician
Please follow the instructions below for fingerprinting this applicant:

1. Please fill out or ensure that the applicant has filled out all of the required boxes on the fingerprint cards prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint cards.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken:
    - Place the **fingerprint cards and this form** into the envelope and seal it.
    - Please **sign your name across the edge of the seal.**
    - Return the sealed envelope to the applicant.

*Do not give the applicant the fingerprint card without first sealing it inside the envelope and signing across the edge of the seal.

PRINT the following information, and SIGN your name:

Date	First and Last Name of Applicant

Type of Photo ID provided (check one)

_____Driver's License/MVD Issued State ID #_____

_____Passport #_____

_____Other (please specify) _____

Fingerprint Technician Signature: _____

Fingerprint Technician Name (Printed): _____

Fingerprint Technician Agency/Company Name and Title: _____

Rev September 2014

Additional Information: PO/BM DRC Attestation Form

Completed by PO/BM and then uploaded to online facility applications

For more information and the latest version of this form: https://azdhs.gov/documents/licensing/medical-marijuana/applications/pobm-initial-drc-attestation.pdf

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM

PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION

I, _____ , attest that:

(Please print full legal name)

- I have not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
  - Notice: A conviction remains an excluded felony offense under AMMA even if it has been set aside following completion of sentence. *See Parsons v. Ariz. Dep't of Health Servs.*, 242 Ariz. 320, 395 P.3d 709 (App. 2017).

- I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.

- If issued a dispensary registration certificate, the dispensary will not operate until the dispensary is inspected and obtains approval to operate from the Department.

- The information provided to the Department to apply for a dispensary registration certificate is true and correct.

_____   _____

Principal Officer/Board Member Signature   Date Signed

Revised 04.28.2020

Additional Information: PO/BM Initial Establishment Attestation Form

Completed by PO/BM and then uploaded to online Initial Establishment License Application

For more information and the latest version of this form:: https://azdhs.gov/documents/licensing/medical-marijuana/pobm-attestation-initial-establishment.pdf

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

ADULT USE OF MARIJUANA PROGRAM

PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION

FOR INITIAL ESTABLISHMENT LICENSE APPLICATION

I, _____ , attest that:

(Please print full legal name)

- I understand and will comply with the requirements in A.R.S. Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18.

- If issued a marijuana establishment license, the proposed establishment will not operate until the proposed establishment is inspected and obtains approval to operate from the Department.

- The information provided to the Department to apply for a marijuana establishment license is true and correct.

_____   _____

Principal Officer/Board Member Signature   Date Signed

Revised 12.14.2020

Additional Information: PO/BM Dual Application Attestation Form

Completed by PO/BM and then uploaded to online Dual License Application

For more information and the latest version of this form: https://azdhs.gov/documents/licensing/medical-marijuana/pobm-dual-application-attestation.pdf

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

ADULT USE OF MARIJUANA PROGRAM

PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION

I, _____ , attest that:

(Please print full legal name)

- I am a principal officer or board member for the medical marijuana dispensary listed on this application, and I approve this application for a marijuana establishment license.

_____   _____
Principal Officer/Board Member Signature   Date Signed

Revised 12.14.2020

Additional Information: Facility Agent Checklist

For more information and the latest version of this form:
https://azdhs.gov/documents/licensing/medical-marijuana/facility-agent-checklist.pdf

Facility Agent Checklist

This form describes the requirements for the online registration process for new Facility Agents.

1	Application Information

☐ **Facility Agent's**

   ☐ First Name, Middle Initial (if applicable), Last Name and Suffix (if applicable)

   ☐ Date of Birth

   ☐ Gender

   ☐ Social Security Number (for the fingerprint card, if applicable)

☐ Identifying number on the applicable card or document (see Section 2 below for list of identification requirements and options), plus the kind of ID used, issuing state (if applicable), and issued date

☐ Facility Agent's residential address and county

☐ Facility Agent's phone number

☐ Facility Agent's email address. This should be the email address the applicant used to create their ADHS Licensing Portal account. The email address should be specific to the applicant and not be in use by any other person or entity

☐ Facility Agent's mailing address - check box if same as residential address

2	Documents required to upload into online application

☐ Recommended file format

   — File types recommended: PDF, JPG, PNG, or GIF

   — Cannot exceed 2 MB

☐ Current photograph of the Facility Agent:

   ☐ Taken no more than 60 days for the submission of the application

   ☐ Image Requirements:

   — 2 inches x 2 inches with minimum 600x600 pixels and maximum 1200x1200 pixels

   — In natural color

   — Front view of individual's full face, WITHOUT hat or headgear that obscures the hair or hairline, with a plain white or off-white background

   — Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head

   — Image file in the following format: JPG, PNG, or GIF

   — Cannot exceed 10 MB

   ☐ Other supporting documents

☐ Copy of the Facility Agent's

   ☐ Arizona driver's license issued on or after October 1, 1996; OR

   ☐ Arizona identification card issued on or after October 1, 1996; OR

   ☐ Arizona registry identification card; OR

   ☐ Photograph page in Facility Agent's U.S. passport; OR

   ☐ An Arizona driver's license or identification card issued before October 1, 1996 AND one of the following:

      ☐ Birth Certificate verifying U.S. citizenship

      ☐ U.S. Certificate of Naturalization

      ☐ U.S. Certificate of Citizenship

   ☐ Level 1 Fingerprint clearance card (FCC) issued according to A.R.S. § 41-1758.07, if applicable. If the applicant does not have an FCC, the applicant must mail fingerprint cards to the Department as described in item 3.

☐ Signed and dated Facility Agent Attestation

3	Fingerprints

☐ Although not part of the ADHS **online** application process, if the applicant does not have a Level 1 Fingerprint Clearance Card (FCC), the applicant's fingerprints must be submitted to ADHS via U.S. Mail and including a Fingerprint Verification Form. The Department recommends submitting fingerprints about 5 days before submitting the application, to allow for processing time. **Do not submit fingerprints cards if you are submitting an FCC.**

   ☐ Fingerprint instructions   ☐ Fingerprint Verification Form

Revised 12/14/2020

Additional Information: Facility Agent Attestation Form

Completed by Facility Agent applicant and then uploaded to online Facility Agent applications
For more information and the latest version of this form: https://azdhs.gov/documents/licensing/medical-marijuana/facility-agent-attestation.pdf

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

ADULT USE OF MARIJUANA PROGRAM
FACILITY AGENT ATTESTATION
FOR FACILITY AGENT APPLICATION

I, _____ , attest that:

(Please print full legal name)

- I have not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;

- I am at least 21 years of age;

- The information provided to the Department to apply for a facility agent card is true and correct.

Disclosure for applicants submitting fingerprint cards:

Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, the Arizona Department of Health Services (ADHS) must provide you the opportunity to complete or challenge the accuracy of the information in the record. You would be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in A.R.S. §41-1092 et al. (Title 41, Chapter 6, Article 10) before ADHS takes final administrative action based on information in the FBI criminal history record.

The procedures for obtaining a change, correction, or for updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (DPS) Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

_____   _____
Signature of Facility Agent Applicant   Date Signed

Revised 12.15.2020

Additional Information: PO/BM Non-DRC Attestation Form

Completed by PO/BM and then uploaded to online facility applications

For more information and the latest version of this form: https://azdhs.gov/documents/licensing/medical-marijuana/applications/pobm-non-drc-attestation.pdf

ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

MEDICAL MARIJUANA PROGRAM

PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION

I, _____ , attest that:

(Please print full legal name)

The information provided to the Department is true and correct in this application requesting approval to:

☐ Operate Dispensary

☐ Renew Dispensary Registration Certificate

☐ Change-Location of Dispensary

☐ Change-Add Cultivation On-Site

☐ Change-Add Cultivation Off-Site

☐ Change-Prepare Edibles (Kitchen)

☐ Change-Sell Edibles

☐ Change-Dispense Edibles

☐ Change-Modify Licensed Facility

☐ Change-Decertify Currently Licensed Site

☐ Update Dispensary Information

_____   _____

Principal Officer/Board Member Signature   Date Signed

Revised 04.28.2020

Additional Information: DA or PO/BM Attestation Form

Completed by DA and PO/BM and then uploaded to online Dispensary Agent application

NOTE: Full legal name of DA must be provided on form

For more information and the latest version of this form:

https://azdhs.gov/documents/licensing/medical-marijuana/agents/dispensary-agent-member-attestation-form.pdf

FBI Privacy Statement Act

For more information: https://azdhs.gov/documents/licensing/medical-marijuana/applications/fbi-privacy-act-statement.pdf

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. [1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. [2]**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

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[1] Written notification includes electronic notification, but excludes oral notification.

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

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