



# MARIJUANA LICENSING MANAGEMENT SYSTEM (MLMS)

## **PO/BM Handbook**

Updated: September 26, 2023

# Table of Contents

<b>ADHS LICENSING PORTAL INTRODUCTION.....</b>	<b>4</b>
Marijuana Program Overview .....	4
Marijuana Facility Types.....	5
Marijuana Facility Roles .....	6
<b>LICENSING PORTAL OVERVIEW.....</b>	<b>8</b>
Facility Licensing Portal Details .....	8
ADHS Facility Licensing Portal Login.....	11
<b>FACILITY DETAILS TAB .....</b>	<b>15</b>
Facility Details.....	15
<b>MY ID CARDS TAB .....</b>	<b>16</b>
Card History and Download .....	16
<b>Certificates .....</b>	<b>18</b>
Establishment Certificate Approved To Items .....	18
<b>CARD SEARCH &amp; SALES.....</b>	<b>19</b>
Card Search & Sales Functionality for Qualified Patients .....	19
Register Purchase .....	21
Allotment Violation .....	24
Caregiver Card .....	26
<b>SALES HISTORY .....</b>	<b>27</b>
Sales History Functions on Qualified Patient Sales .....	27
Sales History - Correcting or Voiding a Transaction .....	28
<b>APPLICATIONS .....</b>	<b>31</b>
Available Applications for Facility Types .....	31
Approval to Operate.....	35
Change Applications Overview.....	39
Change Application - Dispensary.....	40
Change Application – Duals and Establishments .....	43
Modification Application – Duals and Establishments.....	49
Information Update Application .....	51
Information Update Application – For Profit Entity .....	54
Information Update Application – Change of Ownership.....	56
Facility Renewal Application .....	58
Dual Renewal Application .....	62
Bulk Change Application.....	67
Application: Submit a DA Registration Application.....	69
Application: Responding to a RFI or NOD .....	75
<b>APPLICATION HISTORY.....</b>	<b>79</b>
Application History Functions .....	79

Application Statuses .....	80
Application and Card Status Notifications .....	81
<b>EMPLOYEES - DISPENSARY AGENTS .....</b>	<b>82</b>
Employees - Dispensary Agent: General Functions .....	82
Download Dispensary Agent Card.....	83
Renew Dispensary Agent Card .....	84
Report Lost/Stolen Card .....	90
Terminate Dispensary Agent Employee .....	93
<b>EMPLOYEES - FACILITY AGENTS .....</b>	<b>94</b>
Employees: General Tab Functions .....	94
Employees: Linking & Unlinking Facility Agents.....	95
<b>INSPECTIONS .....</b>	<b>99</b>
Inspections Page Overview .....	99
Inspections Scheduling .....	101
Inspection Records .....	102
Statement of Deficiency (SOD) and Plan of Correction (POC) .....	103
Plan of Correction – Rejected.....	107
Informal Dispute Resolution (IDR).....	110
<b>ENFORCEMENTS .....</b>	<b>113</b>
Enforcements Page.....	113
Statements & Payments.....	115
<b>FACILITY AGENT PORTAL FEATURES .....</b>	<b>119</b>
Individual Portal - Facility Agent: FA Overview .....	119
Application: Submit a Facility Agent Application & Renewals .....	120
Application: Approval of New FA Application .....	125
Individual Portal - Facility Agent: Portal Overview .....	126
Individual Portal - Facility Agent: Accessing Portal .....	127
Individual Portal - Facility Agent: My ID Cards.....	128
Individual Portal - Facility Agent: Card History .....	129
Individual Portal – Facility Agent: Card Change Application .....	130
Individual Portal - Facility Agent: Lost / Stolen Card Application .....	133
Individual Portal - Facility Agent: Individual Facility Tab.....	135
Individual Portal - Facility Agent: Initiate Link to Facility .....	136
Individual Portal - Facility Agent: Unlink from a Facility .....	138
Individual Portal - Facility Agent: Approve/Decline a Link Request.....	139
Individual Portal - Facility Agent: Confirm Facility Unlink.....	140
<b>MISCELLANEOUS FUNCTIONS AND FEATURES .....</b>	<b>141</b>
Submit Online Payment.....	141
Portal Login: Locked Account .....	142
Accessing Your Facility Licensing Portal .....	144

AZ Care Check.....	146
<b>APPENDIX.....</b>	<b>149</b>
Glossary .....	149
Application Required Documents .....	152
ADHS Portal Account Registration .....	157
Accessing ADHS Licensing System.....	158
FLP Access and Update Portal Information.....	159
Additional Information: ADHS Medical Marijuana Program Contacts .....	160
Additional Information: Warning Sign Template .....	161
Additional Information: Patient Notice of Rights to 3 <sup>rd</sup> Party Lab Results .....	162
Additional Information: Barcode Scanner Tip Sheet.....	163
Additional Information: Agent Checklist.....	164
Additional Information: Fingerprint Instructions.....	165
Additional Information: Fingerprint Verification Form.....	169
Additional Information: PO/BM DRC Attestation Form.....	170
Additional Information: PO/BM Initial Establishment Attestation Form.....	171
Additional Information: PO/BM Dual Application Attestation Form .....	172
Additional Information: Facility Agent Checklist.....	173
Additional Information: Facility Agent Attestation Form .....	174
Additional Information: PO/BM Non-DRC Attestation Form.....	175
Additional Information: DA or PO/BM Attestation Form .....	176
FBI Privacy Statement Act .....	177

# 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.

The characters, and other entities appearing in this manual are fictitious. Any similarity to actual persons, living or deceased or other real-life entities, is purely coincidental.

## 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:
  - Facility Certificate
  - Dispensary Agent cards
- Terminate Dispensary Agent cards
- Update Dispensary Agent card information
- Apply for facility certificate Approved To items
- Apply for:
  - Dispensary Agent Card
  - Approval to Operate
  - Location Changes
  - Facility modifications
- Update facility information:
  - Hours of operation
  - Add or remove a PO/BM or Medical Director
  - Revise the name of the facility or the DBA name
  - Update the designated person
  - 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:
  - Approval to Operate
  - Location Changes
  - Facility modifications
- Update facility information:
  - Hours of operation
  - Add or remove a PO/BM
  - Revise the name of the facility or the DBA name
  - 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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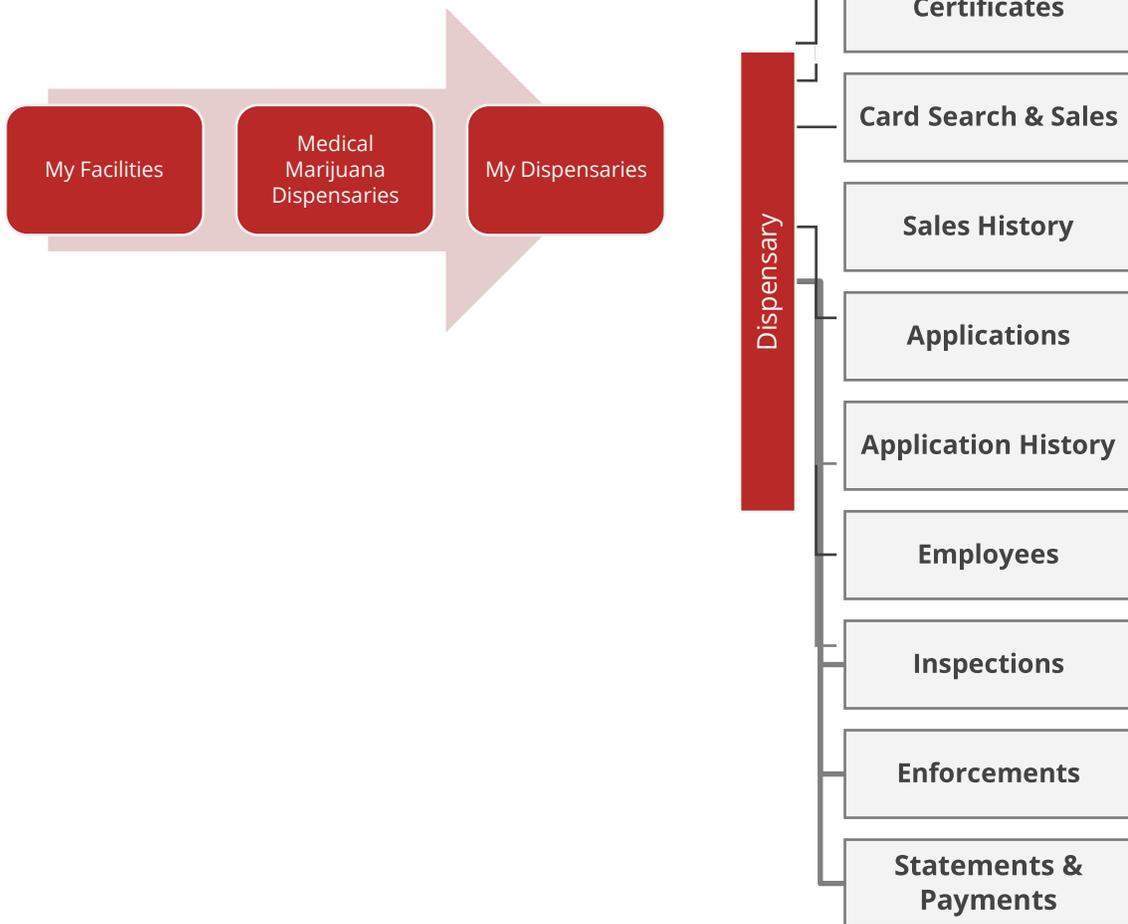
\* Access is granted by PO/BM

# LICENSING PORTAL OVERVIEW

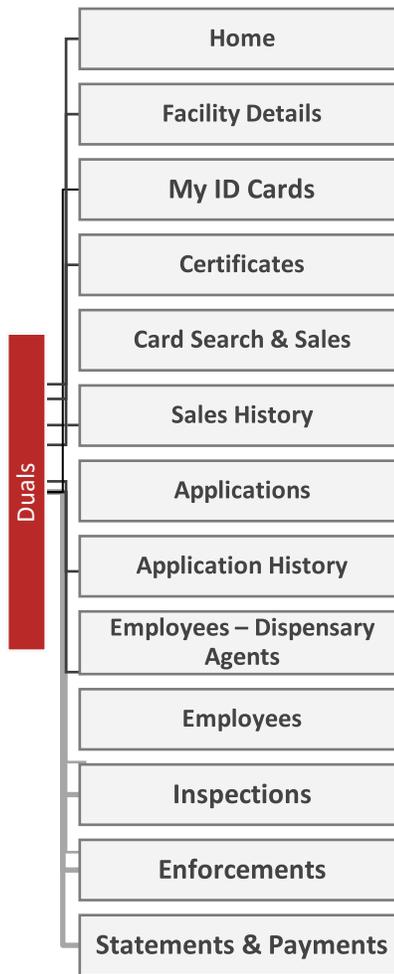
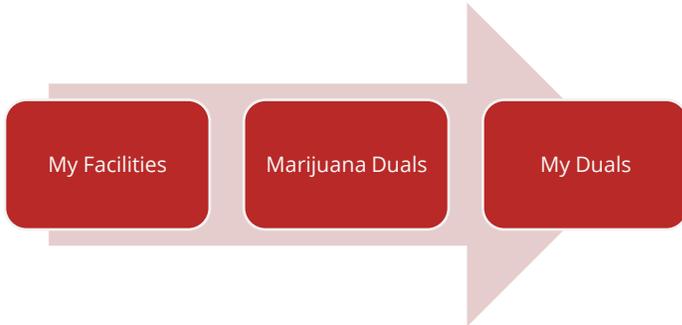
## Facility Licensing Portal Details

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).

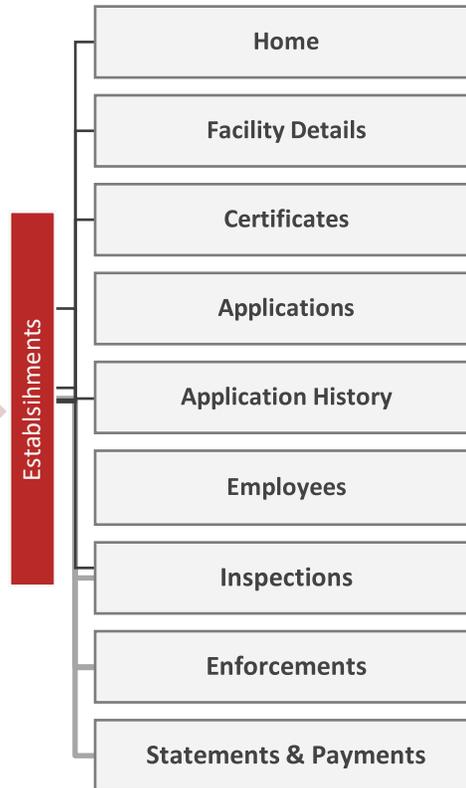
### Dispensary Facility Licensing Portal



# Dual Licensing Portal Sitemap



# Establishment Facility Licensing Sitemap



- **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)*

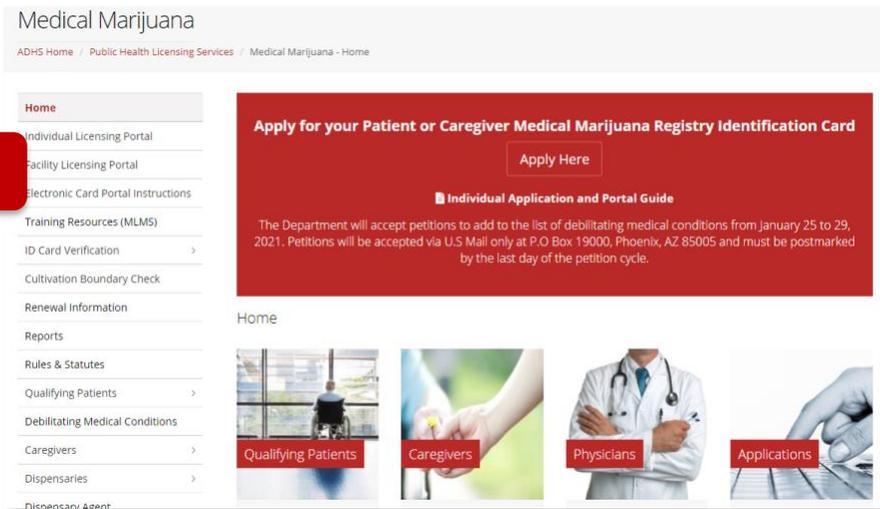
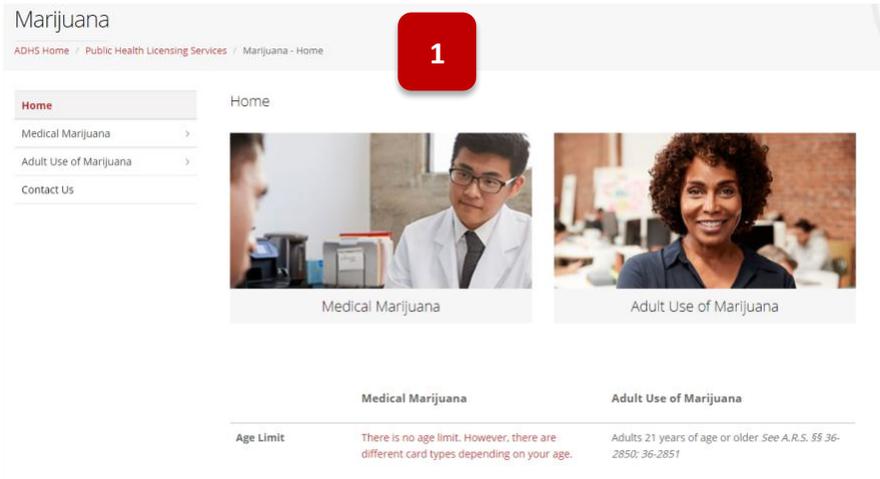
Note: This manual may not contain the most up-to-date images and details. Please refer to the AZDHS website for the latest news and information on the program.

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

# ADHS Facility Licensing Portal Login

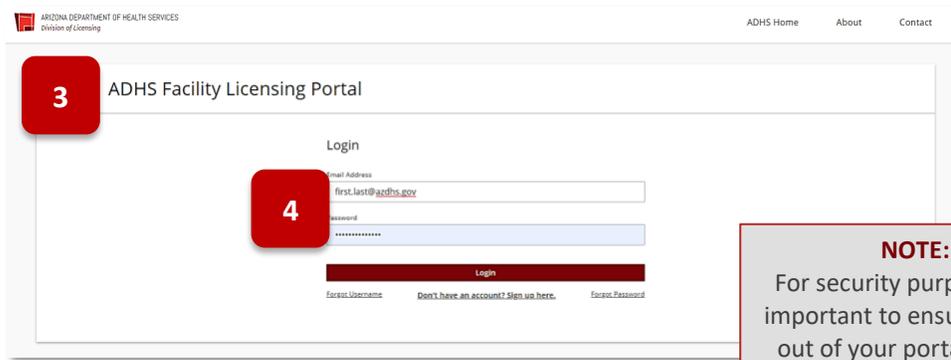
To access the Facility Licensing Portal, click the link to the Facility Licensing Portal on the Arizona Department of Health Services Marijuana Home page. This ADHS website also provides additional information regarding the Medical Marijuana Program and the Adult Use of Marijuana Program. To create an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

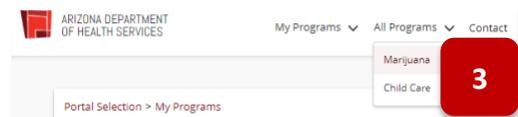


### Facility Portal Navigation Overview

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



- Contact menu will display the contact form upon selection

Contact ADHS form is used to submit items pertaining to technical issues, feedback or verification portal requests

- Select the facility from which the communication is in reference to

- Select the **Category** of the communication

- Provide a **Subject** and **Description** of the communication

- Select **Send Message** to submit

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

- The **Notification Bell**

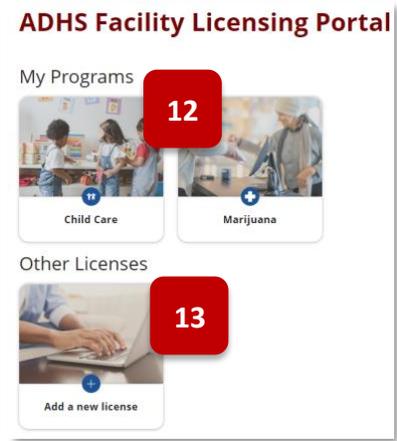
Notifications will be bundled under the notification bell and will include notifications from all records for all facilities the user is associated to

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

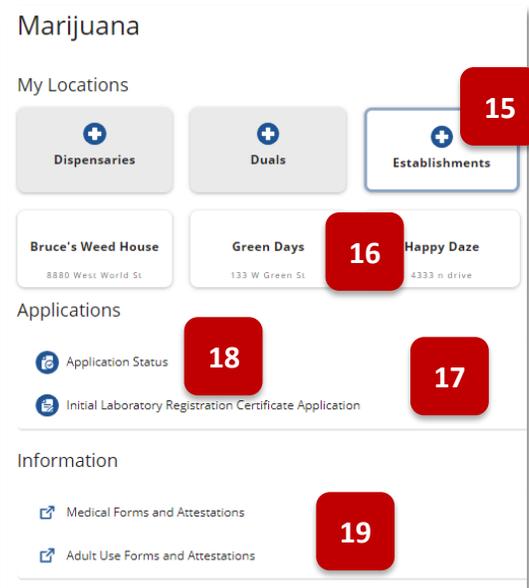
- Toward the top of the pages will display 'breadcrumbs' – breadcrumbs are a small text path that identifies where the user is on the site

- 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

### Facility Details

**1**

#### Facility Information

Name Good Times	Doing Business As	Designated Email Address <b>megan.wagner+421@azdhs.gov</b>	Phone Number <b>999-123-5879</b>
TPT Number	Hours of Operation MON:CLOSED TUE:CLOSED WED:CLOSED THURS:CLOSED FRI:CLOSED SAT:CLOSED SUN:CLOSED	Mark Hightower	Designated Person Bill Richards
Approved To			
Bill Richards	Dispensary POBM		

#### Mailing Address

Mailing Address 400 W Southern Ave			Suite, Unit, etc.
City Phoenix	State AZ	Zip Code 85041	County Maricopa

#### Physical Address

Physical Address 400 W Southern Ave			Suite, Unit, etc.
City Phoenix	State AZ	Zip Code 85041	County Maricopa

#### Secondary (Offsite) Address

Secondary Address			Suite, Unit, etc.
City	State	Zip Code	County

# 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



3

#### Card History

Issued

Expired

DA ID 1583312DAFL056631299	3/9/2020	3/8/2022
----------------------------	----------	----------

Download PDF

# 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.

Establishment Approved To Items			Dispensary Approved To Items		Certificate Approved To Item Definition	Change App
Retail/Physical Site	Cultivation Site	Manufacturing Site	Retail/Physical Site	Cultivation Site		
Establishment Retail - Sell			Dispensary Retail - Sell		Dual/Dispensary/Establishment is approved to Sell to adults	Change of Location of retail site
Establishment Retail - Cultivate			Dispensary Retail - Cultivate		Dual/Dispensary/Establishment is approved to cultivate at retail site	Adding cultivation to a retail site
Establishment Retail - Manufacture			Dispensary Retail - Manufacture		Dual/Dispensary/Establishment is approved to manufacture at retail site	Adding manufacture to a retail site
Establishment Retail - Prepare Edibles			Dispensary Retail - Prepare Edibles		Dual/Dispensary/Establishment is approved to prepare edibles at retail site (requires manufacturing at retail site)	Adding prepare edibles, requires manufacturing at retail site
Establishment Retail-Sell TCS/NPP Edibles			Dispensary Retail - Dispense TCS/NPP Edibles		Dual/Dispensary/Establishment is approved to sell temperature controlled(TCS) edibles at retail site	Sell/Dispense TCS/NPP Edibles at Retail Site
	Establishment Cultivation - Cultivate			Dispensary Cultivation - Cultivate	Dual/Dispensary/Establishment has an approved cultivation site separate from retail site	Adding a cultivation site or change of location of cultivation site
	Establishment Cultivation - Manufacture			Dispensary Cultivation - Manufacture	Dual/Dispensary/Establishment is approved to manufacture at cultivation site	Adding manufacture to a cultivation site
	Establishment Cultivation - Prepare Edibles			Dispensary Cultivation - Prepare Edibles	Dual/Dispensary/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
	Establishment Cultivation - Process			Dispensary Cultivation - Process	Dual/Dispensary/Establishment is approved to process at cultivation site	Adding processing to cultivation site with manufacturing at cultivation site
		Establishment Manufacture - Manufacture			Dual/Dispensary/Establishment has an approved manufacturing site separate from retail site	Adding a manufacturing site or change of location of manufacture site
		Establishment Manufacture - Prepare Edibles			Dual/Dispensary/Establishment is approved to prepare edibles at manufacturing site	Adding prepare edibles to a manufacturing site
		Establishment Manufacture - Package & Store			Dual/Dispensary/Establishment is approved to package and store at manufacturing site	Adding package and store to a manufacturing site

# 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<sup>1</sup> 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](mailto:marijuana@azdhs.gov)



<sup>1</sup>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?

<b>Active</b>	Yes, if the patient has not reached their allotment
<b>EXPIRED</b>	No
<b>INACTIVE</b>	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.**”

Card Search & Sales
Suspensory  
SUSPENSORY SECONDARY NAME

---

Patient/Caregiver Search
14:41 remaining <sup>Ⓢ</sup>

ID Number

Search



**Sean Conijuana**

Patient

QP ID: 1583335QPRD909306888

EXPIRED

Remaining Allotment

0.0000 oz
0.0000 g

Attention: Dispensary 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

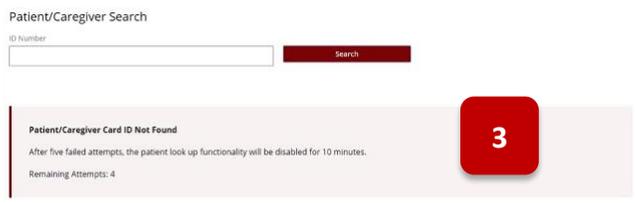
1. Enter the ID Number or scan the barcode as shown on the Patient / Caregiver card into the ID Number field
2. Click **Search** OR press **Enter/Return** key to search the Card Search & Sales verification system for the patient/caregiver card



The screenshot shows the 'Card Search & Sales' interface. At the top right, it says 'Suspensory' and 'SUSPENSORY SECONDARY NAME'. Below that is the 'Patient/Caregiver Search' section. It contains an 'ID Number' field with the value '1588129QPF602760918' and a 'Search' button. A red circle with the number '1' is placed over the ID Number field, and another red circle with the number '2' is placed over the Search button.

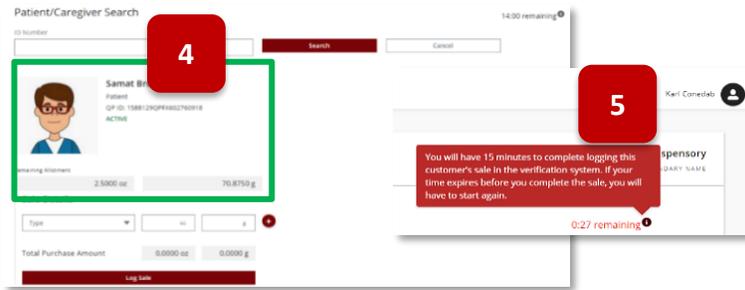
3. If an invalid card number is entered, a warning will appear, and the number of remaining card search attempts displayed

**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



The screenshot shows the 'Patient/Caregiver Search' interface. It contains an 'ID Number' field and a 'Search' button. Below the search area, there is a red box with the following text: 'Patient/Caregiver Card ID Not Found', 'After five failed attempts, the patient lock up functionality will be disabled for 10 minutes.', and 'Remaining Attempts: 4'. A red circle with the number '3' is placed over the error message box.

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

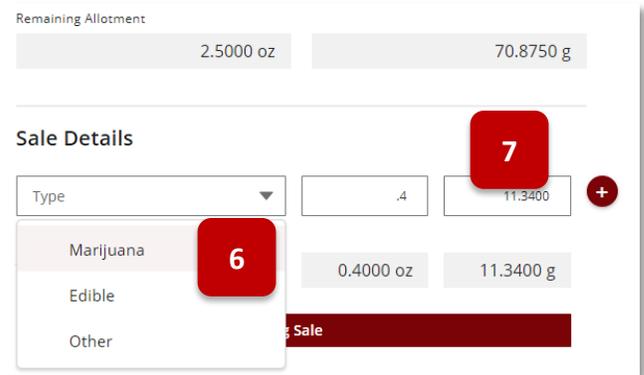


6. Select product **Type**:

- 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

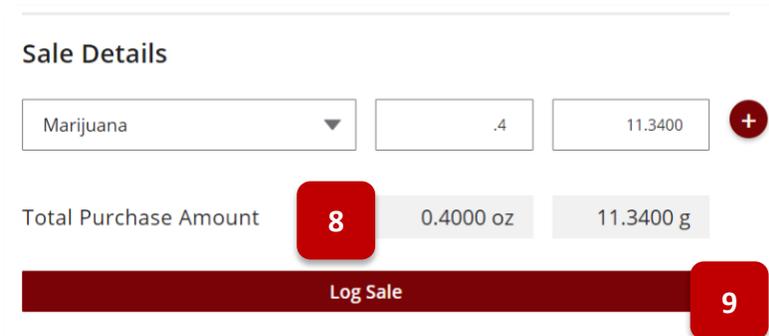
**Example:** .4 ounces entered, and 11.34 grams auto calculated



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



**Samat Browyer**  
Patient  
QP ID: 1588129QPFK602760918  
ACTIVE

Remaining Allotment

2.1000 oz

59.5350 g

10

#### Sale Details

Sale logged successfully

11

## 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

Remaining Allotment: 1.7000 oz 48.1950 g

Sale Details

Marijuana 2 56.7000 +

Total Purchase Amount 2.0000 oz 56.7000 g

Log Sale

Allotment violation detected - please confirm amounts before continuing.

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**

1

Log Sale With Allotment Violation?

The **Total Purchase Amount** entered exceeds the patient's remaining allotment. Please choose the **Cancel** button to correct the sale before proceeding.

I acknowledge this sale exceeds the patient's remaining allotment, and I elect to proceed with this sale.

I acknowledge this sale exceeds the patient's remaining allotment, and I elect to proceed with this sale.

Cancel Log Sale

2

3

4

5

6. View Patient/Caregiver Remaining Allotment

**NOTE:** Remaining Allotment will display 0 (zero), not a negative value in the weight fields

Samat Browyer

Patient

QP ID: 1588129QPF602760918

ACTIVE

g Allotment

0.0000 oz 0.0000 g

6

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

**NOTE:** Pencil icon indicates editable transaction

Sales History

Search:  Visits:  Records found: 2

Suspensory 7

Sale Date ↓	Employee	Purchaser	Quantity	Status
4/28/2020 00:10 PM EDT	Samuel Browner	Samuel Browner QR: 158411424949452782418	2.000000 #L-3200c	Purchased ● 

# 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

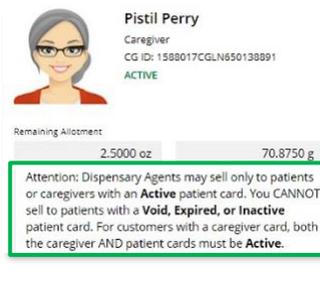


5. A caregiver must use their caregiver card to purchase for their **minor** patient, if the minor card number is entered, a reminder message will appear



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

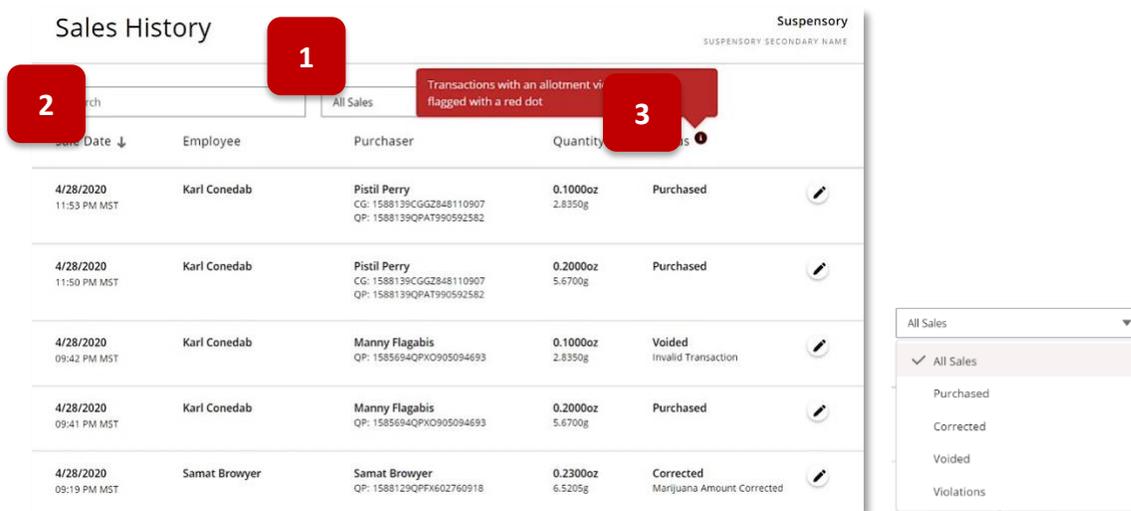
### 1. View Dispensary **Sales History**

- Sale Date:** Original sales transaction date
- Employee:** Agent or PO/BM who entered the transaction
- Purchaser:** Patient/Caregiver (card ID) purchasing the item(s)
- Quantity:** Weight of the purchase in ounces and grams
- Status:** Status of the sales transaction
  - Purchased: Original purchase sales transaction
  - Corrected: Sales transaction corrected by a PO/BM
  - Voided: Sales transaction voided by PO/BM
  - 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



The screenshot shows the 'Sales History' interface. At the top right, there is a 'Suspensory' label and a 'SUSPENSORY SECONDARY NAME' field. Below this is a search bar with a 'Search' button. A red box labeled '1' highlights the 'Sales History' title. A red box labeled '2' highlights the search bar. A red box labeled '3' highlights the status filter dropdown menu. The dropdown menu is open, showing options: 'All Sales', 'Purchased', 'Corrected', 'Voided', and 'Violations'. The main table displays sales history with columns for Date, Employee, Purchaser, Quantity, and Status. A red box labeled '3' also highlights a tooltip that says 'Transactions with an allotment violation flagged with a red dot'.

Date	Employee	Purchaser	Quantity	Status	Actions
4/28/2020 11:53 PM MST	Karl Conedab	Pistil Perry CG: 1588139CGGZ848110907 QP: 1588139QPAT990592582	0.1000oz 2.8350g	Purchased	
4/28/2020 11:50 PM MST	Karl Conedab	Pistil Perry CG: 1588139CGGZ848110907 QP: 1588139QPAT990592582	0.2000oz 5.6700g	Purchased	
4/28/2020 09:42 PM MST	Karl Conedab	Manny Flagabis QP: 1585694QPXO905094693	0.1000oz 2.8350g	Voided Invalid Transaction	
4/28/2020 09:41 PM MST	Karl Conedab	Manny Flagabis QP: 1585694QPXO905094693	0.2000oz 5.6700g	Purchased	
4/28/2020 09:19 PM MST	Samat Browyer	Samat Browyer QP: 1588129QPF602760918	0.2300oz 6.5205g	Corrected Marijuana Amount Corrected	

# Sales History - Correcting or Voiding a Transaction

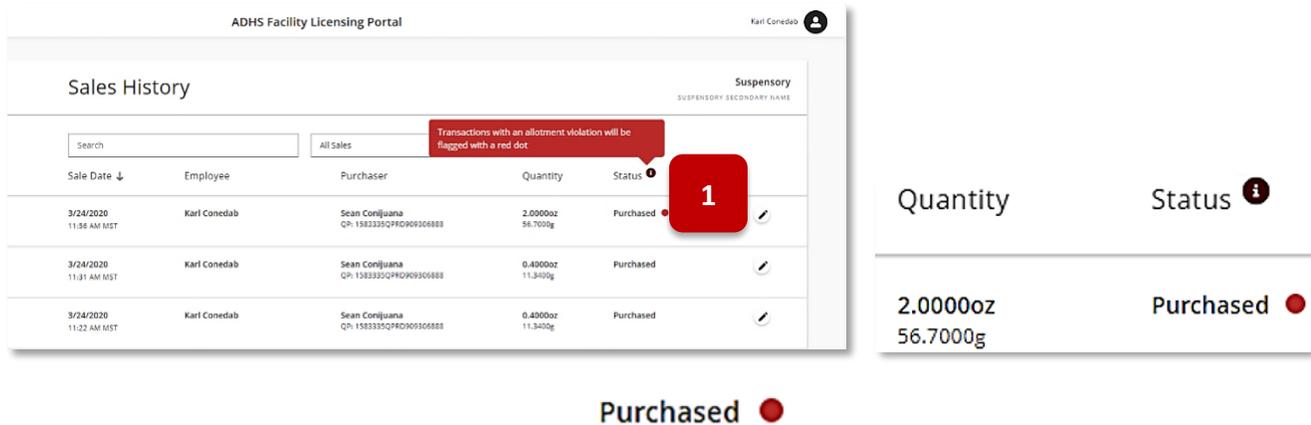
**Access:** Dispensary and Dual PO/BM only

**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



The screenshot shows the 'Sales History' page in the ADHS Facility Licensing Portal. A table lists sales transactions with columns for Sale Date, Employee, Purchaser, Quantity, and Status. A red callout box with the number '1' points to a red dot next to the 'Purchased' status of the first transaction. A tooltip above the table states: 'Transactions with an allotment violation will be flagged with a red dot'. To the right, a zoomed-in view of the first transaction shows the quantity '2.0000oz' and '56.7000g' next to the status 'Purchased', which has a red dot next to it.

Sale Date ↓	Employee	Purchaser	Quantity	Status
3/24/2020 11:36 AM MST	Karl Conedab	Sean Conjuana Q#: 1583335QFRD909305888	2.0000oz 56.7000g	Purchased
3/24/2020 11:31 AM MST	Karl Conedab	Sean Conjuana Q#: 1583335QFRD909305888	0.4000oz 11.3400g	Purchased
3/24/2020 11:22 AM MST	Karl Conedab	Sean Conjuana Q#: 1583335QFRD909305888	0.4000oz 11.3400g	Purchased

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



A zoomed-in view of a transaction row from the sales history table. It shows the quantity '2.3000oz' and '65.2050g' next to the status 'Purchased'. A red callout box with the number '2' points to a pencil icon next to the transaction.

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

SALE DATE: 4/28/2020 09:19 PM MST  
PURCHASER: Samat Browyer QP: 1588129QPF602760918  
STATUS: Purchased

**Sale Details**

3 [Dropdown] 2.3000 65.2050 +

Total Purchase Amount: 2.3000 oz 65.2050 g

Confirm Correction Void Sale Cancel

Allotment violation detected - please confirm amounts before continuing.

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

0.2300oz 6.5205g	Corrected Marijuana Amount Corrected	4	
---------------------	---	---	--

Purchase History

Date ↓	Dispensary	Amount	Status
4/28/2020, 09:19 PM MST	Suspensory	0.23oz / 6.5205g	Corrected
4/28/2020, 09:05 PM MST	Suspensory	0.4oz / 11.34g	Purchased

6

7. To VOID a transaction, click pencil icon

0.1000oz 2.8350g	Purchased	7	
---------------------	-----------	---	--

8. Select Void Reason

**Sale Details**

Marijuana 0.1000 2.8350 +

Total Purchase Amount 0.1000 oz 2.8350 g

Confirm Correction Void Sale Cancel

**Void Reason**

Invalid Transaction

Other

Karl Conedab

8

9. Transaction will indicate action and reason

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

0.1000oz 2.8350g

Voided Invalid Transaction

9

**Purchase History** <sup>1</sup>

Date ↓	Dispensary	Amount	Status
4/28/2020, 09:42 PM MST	Suspensory	0.1oz / 2.835g	Voided

10

# 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

---

### Employee Applications

New Dispensary Agent  
Registration Application

### Facility Applications

Dispensary Approval to  
Operate

Establishment Change  
Application

Establishment Approval  
To Operate

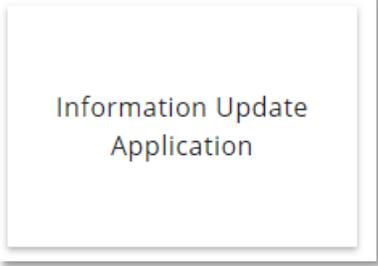
Information Update  
Application

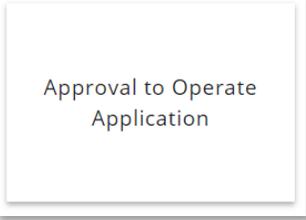
Dispensary Change  
Application

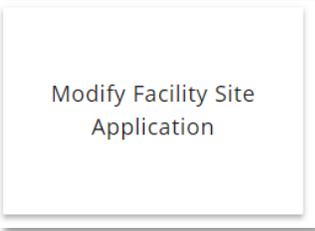
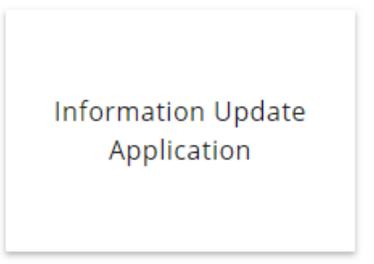
Modify Facility Site  
Application

## Facility Portal Application Tile Details

See the checklist in the appendix for a list of required documents

<p><b>1. New Dispensary Agent Application:</b></p> <p>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.</p>		<p>Available to: Dispensary, Dual</p>
<p><b>2. Renew Dispensary Agent Application</b></p> <p>Click <b>Dispensary Agent Renewal Application</b> 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</p>		<p>Available to: Dispensary, Dual</p>
<p><b>3. Dispensary Information Update Application:</b></p> <p>Click <b>Dispensary Information Update Application</b> to apply for dispensary updates.</p> <ol style="list-style-type: none"> <li>a. DBA</li> <li>b. Decertify</li> <li>c. Designated Email Address</li> <li>d. Designated Person</li> <li>e. Hours of Operation</li> <li>f. Mailing Address</li> <li>g. Medical Director</li> <li>h. Name of Dispensary</li> <li>i. New POBM</li> <li>j. Designated Person</li> <li>k. Phone Number</li> <li>l. Remove POBM</li> <li>m. TPT Number</li> </ol>		<p>Available to: Dispensary, Dual</p>

<p><b>4. Dispensary Approval to Operate Application:</b></p> <p>Submit an <b>Approval to Operate Application</b> for the ability to legally operate a dispensary</p>		<p>Available to: Dispensary, Dual</p>
<p><b>5. Dispensary Change Application:</b></p> <p>Submit a <b>Facility Change Application</b> to modify facility information. Facility Change Application categories for Dispensary include:</p> <ul style="list-style-type: none"> <li>a. Add Cultivation Off-Site</li> <li>b. Add Cultivation On-Site</li> <li>c. Change Location of Cultivation Site</li> <li>d. Change Location of Retail</li> <li>e. Add / Remove Manufacturing to Retail Site <ul style="list-style-type: none"> <li>i. Add Prepare Edibles (Manufacture is required)</li> </ul> </li> <li>f. Sell/Dispense TCS/NPP Edibles at Retail Site</li> </ul>		<p>Available to: Dispensary, Dual</p>
<p><b>6. Establishment Change Application:</b></p> <p>For Duals and Establishments, Change Application categories include:</p> <ul style="list-style-type: none"> <li>a. Add Cultivation to Retail</li> <li>b. Add Manufacturing to Retail</li> <li>c. Add Cultivation Site</li> <li>d. Add Processing to Cultivation Site</li> <li>e. Add Manufacturing to Cultivation Site</li> <li>f. Add Manufacturing Site</li> <li>g. Add Package &amp; Store to Manufacturing Site</li> <li>h. Add Prepare Edibles (requires Manufacture)</li> <li>i. Change of Retail Location</li> <li>j. Change of Cultivation Location</li> <li>k. Change of Manufacturing Location</li> </ul>		<p>Available to: Establishment, Dual</p>

<p><b>7. Facility Modification</b></p> <p>Submit a <b>Modify Facility Site Application</b> when a site is being modified (including remodels and changes to the site plan etc.)</p>		<p>Available to: Dispensary, Dual, Establishment</p>
<p><b>8. Renew a Facility Application:</b></p> <p>Submit a <b>Renew Facility Application</b> to renew a certificate for a dispensary. The Renewal Dispensary application tile will only appear 90 days before the expiration date</p>		<p>Available to: Dispensary, Dual, Establishment</p>
<p><b>9. Establishment Update Information Application</b></p> <p>Click <b>Dispensary Information Update Application</b> to submit an application for dispensary updates. The categories are:</p> <ul style="list-style-type: none"> <li>a. DBA</li> <li>b. Designated Email Address</li> <li>c. Designated Person</li> <li>d. Hours of Operation</li> <li>e. Mailing Address</li> <li>f. Name of Facility</li> <li>g. New POBM</li> <li>h. Designated Person</li> <li>i. Phone Number</li> <li>j. Remove POBM</li> <li>k. TPT Number</li> <li>l. Decertify a site</li> </ul>		<p>Available to: Establishment, Dual</p>

# Approval to Operate

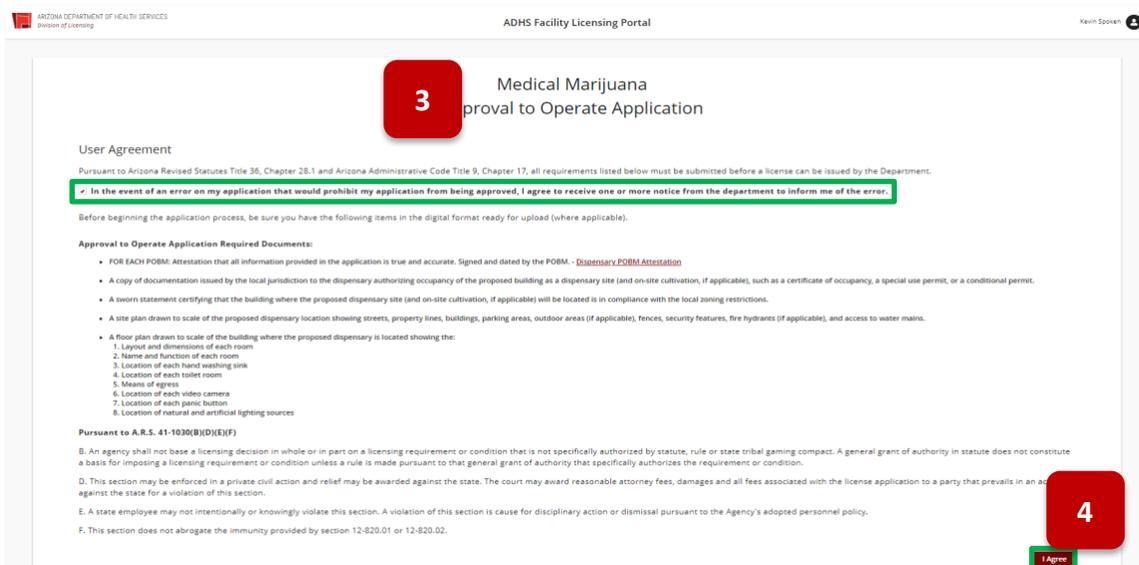
Access: PO/BM only

**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

displayed on the ATO can not be edited. All changes and updates MUST be submitted via a Change / Update Information application.

The screenshot shows the 'Medical Marijuana Approval to Operate Application' form, specifically the 'INFORMATION' section. The form is titled 'Approval to Operate Application Information' and contains the following fields:

Dispensary Information			
Legal name of the dispensary Healing Hands	Name of the entity applying Healing Hands LLC	The registry number identification number for the dispensary 00000001DCVQ26268377	
Current physical address of the dispensary			
Dispensary Street 3301 N 24th St	Dispensary City Phoenix	Dispensary State AZ	Dispensary Zip Code 85016
POBM's			
Username megan.wagner+410@azdhs.gov	Name Kevin Spoken	Residential Address null null, null null	DOB 1984-08-21

A red circle with the number '5' is overlaid on the right side of the form, highlighting the dispensary information fields.

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

The screenshot shows the 'Medical Marijuana Approval to Operate Application' form, specifically the 'Application Information' section. The form contains the following fields:

Application Information		
Dispensary DBA * Healing Hands	Transaction Privilege Tax Number * 12345678	Distance to the Closest Private School or Public School (in feet) * 10,000
Hours of Operation * 9 AM - 9 PM	Anticipated Date of Change * Sep 8, 2020	Ready for inspection <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> I authorize the Department of Health Services to submit supplemental requests for information if necessary to complete the application. <input type="checkbox"/> Requesting On-Site Cultivation		
Medical Director		
Username megan.wagner+412@azdhs.gov		
Medical Director Legal First Name Greg	Medical Director Legal Middle Name	Medical Director Legal Last Name Monarch
Medical Director License Type MD	Medical Director License Number AZMD12345	
Save & Exit		Save & Continue

A red circle with the number '6' is overlaid on the right side of the form, highlighting the 'Ready for inspection' checkbox. A second red circle with the number '7' is overlaid on the 'Save & Continue' button at the bottom right.

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

### Medical Marijuana Approval to Operate Application

8
UPLOAD DOCUMENTS
REVIEW & SUBMIT

#### Documentation

**FOR EACH POBM: Attestation that all information provided in the application is true and accurate. Signed and dated by the POBM. [Dispensary POBM Attestation\\*](#)**

**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 showing the:**

1. Layout and dimensions of each room
2. Name and function of each room
3. Location of each hand washing sink
4. Location of each toilet room
5. Means of egress
6. Location of each video camera
7. Location of each panic button
8. Location of natural and artificial lighting sources

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

### Medical Marijuana Approval to Operate Application

✓
✓
REVIEW & SUBMIT

#### Approval to Operate Application Review

**Dispensary Information**

Legal name of the dispensary <b>Healing Hands</b>	Name of the entity applying <b>Healing Hands LLC</b>	The registry number identification number for the dispensary <b>00000001DCVQ26268377</b>
--	---	---

**Current physical address of the dispensary**

Dispensary Street <b>3301 N 24th St</b>	Dispensary City <b>Phoenix</b>	Dispensary State <b>AZ</b>		Code
--	-----------------------------------	-------------------------------	--	------

**POBM's**

Username <b>Kevin.spoken@gmail.com</b>	Name <b>Kevin Spoken</b>	Residential Address <b>3302 N 24 St.</b>	DOB <b>1984-08-21</b>
---	-----------------------------	---	--------------------------

**Application Information**

Dispensary DBA <b>Healing Hands</b>	Transaction Privilege Tax Number <b>12345678</b>	Distance to the Closest Private School or Public School (in feet) <b>10,000</b>
Hours of Operation <b>9 AM - 9 PM</b>	Anticipated Date of Change <b>9/8/2020</b>	Ready for Inspection <input checked="" type="checkbox"/>

I authorize the Department of Health Services to submit supplemental requests for information if necessary to complete the application.  
 Requesting On-Site Cultivation

**Medical Director**

Username  
**Greg.monarch@gmail.com**

Medical Director Legal First Name <b>Greg</b>	Medical Director Legal Middle Name	Medical Director Legal Last Name <b>Monarch</b>
--	------------------------------------	--

Medical Director License Type <b>MD</b>	Medical Director License Number <b>AZMD12345</b>
--	---

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



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: 00000001/DC/VQ26268377

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.C.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 any acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

*Megan Whithy*  
Recommended By: Megan Whithy  
Bureau Chief

*Colby Bower*  
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 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

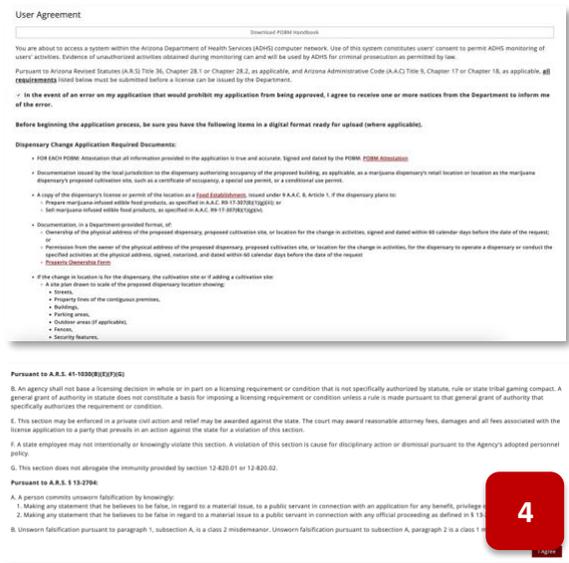
Access: PO/BM only

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

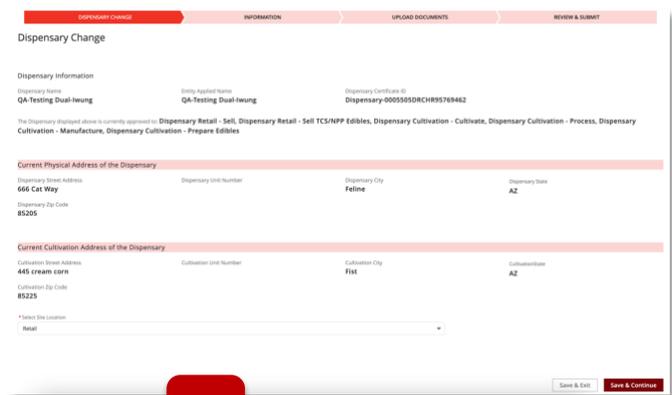


3. View User Agreement – verify decision to receive notice from the department
4. Click **I Agree**



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

The screenshot shows a web form titled "Change Retail Site". It contains several sections with checkboxes and input fields. Red callout boxes with numbers 8 through 16 point to specific elements:

- 9**: Points to the "Change Retail Location" checkbox.
- 10**: Points to the "Street Address" input field.
- 11**: Points to the "Add Cultivation to Retail Site" checkbox.
- 12**: Points to the "Add Manufacturing to Retail Site" checkbox.
- 13**: Points to the "Sell/Dispense TCS/NPP Edibles at Retail Site" checkbox.
- 14**: Points to the "Proposed Effective Date" input field.
- 15**: Points to the "Inspection Ready Date" input field.
- 16**: Points to the "Save & Continue" button.

Other visible elements include: "City", "State", "Zip Code", "Distance to the Closest Private School or Public School (in feet)", "Prepare Edibles at Retail Site", "Ready for Inspection", "Save & Exit", and "Validate Address".

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

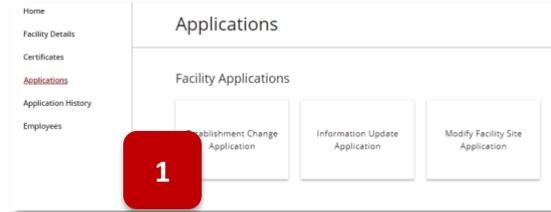


# Change Application – Duals and Establishments

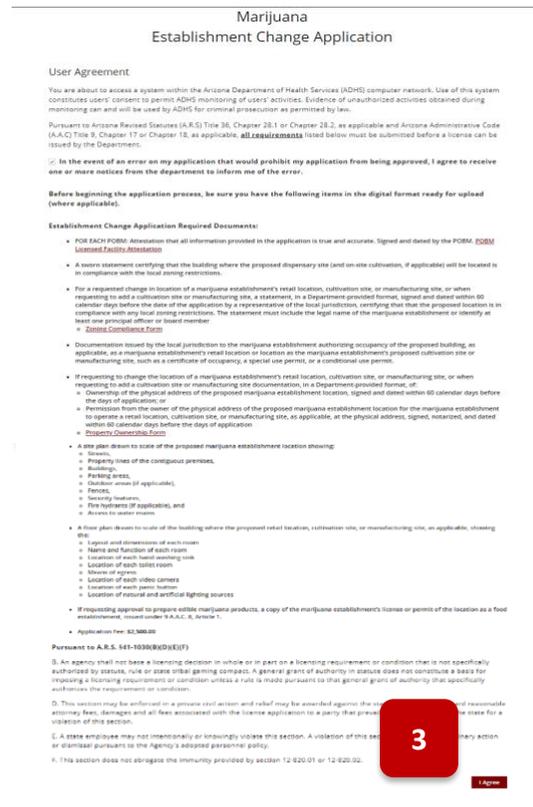
Access: PO/BM only

**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.

- From the Application tab, select **Establishment Change Application**



- Upon selecting the tile, the **Agreement Page** is displayed
- 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

**Marijuana  
Establishment Change Application**

ESTABLISHMENT CHANGE    INFORMATION    UPLOAD DOCUMENTS    REVIEW & SUBMIT

### Establishment Change

**4**

**Facility Information**

Facility Name <b>Bruce's Weed House</b>	Entity Applied Name <b>ENTITY INFO NAME 412</b>	Facility Certificate ID <b>Establishment-00000006ESYO09245190</b>
--	--	--

The Facility displayed above is currently approved to:

**Current Physical Address of the Facility**

Facility Street Address <b>8880 West World St</b>	Facility Unit Number	Facility City <b>Phoenix</b>	Facility State <b>AZ</b>
Facility Zip Code <b>85020</b>			

**Current Cultivation Address of the Facility**

Cultivation Street Address	Cultivation Unit Number	Cultivation City	Cultivation State
Cultivation Zip Code			

**Current Manufacture Address of the Facility**

Manufacture Street Address	Manufacture Unit Number	Manufacture City	Manufacture State
Manufacture Zip Code			

**5**

Select Site Location

- Retail
- Cultivation
- Manufacture
- ✓ Retail

**6**

Save & Exit    **Save & Continue**

## Change to Retail Site

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.

- To change the Retail location, select the **Change Retail Location** checkbox, a new address field will appear
- Enter the new proposed address of the retail location site
- 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
- If **Add Manufacturing** to Retail Site is selected, the application will display the option to add **Prepare Edibles at Retail Site**
- If requesting **Sell TCS/NPP edibles**, select the available checkbox
- Once all the desired change selections have been made, the applicant can enter the **Proposed Effective Date** of the change(s)
- 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
- Select the **Save & Continue** button to proceed

### Change Retail Site

Change Retail Location **7**

Street Address\* **8**  Suite, Unit, etc

City\*  State\*  Zip Code\*

Complete this field. **Validate Address**

Add Cultivation to Retail Site **9**

Add Manufacturing to Retail Site

Prepare Edibles at Retail Site **10** \* A license to operate a Food Establishment is required pursuant to 9 A.A.C. 8, Article 1.

Sell Time/Temperature Sensitive Edibles or Edibles not Prepared in Individually Packaged Containers (TCS/NPP edibles) **11** \* 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**

## 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 accessed 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

The screenshot shows a web form titled "Add Cultivation Site". The form includes the following elements:

- 7**: A checkbox labeled "Add Cultivation Location" which is checked. Below it is a text input field for "Street Address" and a smaller input field for "Suite, Unit, etc.".
- 8**: A dropdown menu for "City" and a text input field for "Zip Code".
- 9**: Three checkboxes: "Add Processing to Cultivation Site" (checked), "Add Manufacturing to Cultivation Site" (checked), and "Prepare Edibles at Cultivation Site" (checked).
- 10**: A date picker for "Proposed Effective Date".
- 11**: A checkbox for "Ready for Inspection" (unchecked) and a date picker for "Inspection Ready Date".
- 12**: Two buttons at the bottom right: "Save & Exit" and "Save & Continue".

## Change To/Add Manufacturing Site

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 accessed 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

The screenshot shows the 'Add Manufacture Site' form with the following elements and callouts:

- 7**: Points to the 'Add Manufacture Location' checkbox and the 'Street Address' field.
- 8**: Points to the 'City' field.
- 9**: Points to the 'Add Package and Store to Manufacture Site' checkbox.
- 10**: Points to the 'Proposed Effective Date' field.
- 11**: Points to the 'Ready for Inspection' checkbox and the 'Inspection Ready Date' field.
- 12**: Points to the 'Save & Continue' button.

**Marijuana Establishment Change Application**

REVIEW & SUBMIT

Upload Supporting Documentation

FOR EACH FORM: Attestation that all information provided in the application is true and accurate. Signed and dated by the **FORM, FORM LICENSED FACILITY ATTESTATION**

Upload File Or drag files

A sworn statement certifying that the proposed dispensary site (and on-site cultivation, if applicable) will be located in compliance with the local zoning restrictions.

Upload File Or drag files

13

For a requested change in location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site, 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 the proposed location is in compliance with any local zoning restrictions. The statement must include the legal name of the marijuana establishment or identify at least one principal officer or board member.

Upload File Or drag files

For a requested change in location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site, 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 the proposed location is in compliance with any local zoning restrictions. The statement must include the legal name of the marijuana establishment or identify at least one principal officer or board member.

Upload File Or drag files

Documentation issued by the local jurisdiction to the marijuana establishment authorizing occupancy of the proposed building, as applicable, as a marijuana establishment's retail location or location as the marijuana establishment's proposed cultivation site or manufacturing site, such as a certificate of occupancy, a special use permit, or a conditional use permit.

Upload File Or drag files

If requesting to change the location of a marijuana establishment's retail location, cultivation site, or manufacturing site, or when requesting to add a cultivation site or manufacturing site documentation, in a Department provided format, all:

- Ownership of the physical address of the proposed marijuana establishment location, signed and dated within 60 calendar days before the date of application; or
- Permission from the owner of the physical address of the proposed marijuana establishment location for the marijuana establishment to operate a retail location, cultivation site, or manufacturing site, as applicable, at the physical address, signed, notarized, and dated within 60 calendar days before the date of application

Upload File Or drag files

A site plan drawn to scale of the proposed marijuana establishment location showing:

- Streets,
- Property lines of the contiguous premises,
- Buildings,
- Parking areas,
- Outdoor areas (if applicable),
- Fences,
- Security features,
- Fire hydrants (if applicable), and
- Access to water mains

Upload File Or drag files

A floor plan drawn to scale of the building where the proposed retail location, cultivation site, or manufacturing site, as applicable, showing the:

- Layout and dimensions of each room
- Name and location of each room
- Location of each hand washing sink
- Location of each toilet room
- Means of egress
- Location of each video camera
- Location of each panic button
- Location of natural and artificial lighting sources

Upload File Or drag files

If requesting approval to prepare edible marijuana products, a copy of the marijuana establishment's license or permit of the location as a food establishment, issued under P.A.S.C. 8, Article 5.

Upload File Or drag files

14

- From the Upload page, attach the files required by each change type
- Select **Save & Continue** to proceed

**Marijuana Establishment Change Application**

REVIEW & SUBMIT

Change Retail Site

Change Retail Location

3333 N Drive

City: Phoenix State: AZ Zip: 85020

Add Cultivation to Retail Site (0)

Add Manufacturing to Retail Site (0)

Prepare Licenses at Retail Site (0)

Proposed Effective Date: 2/18/2021

Approved Date: 2/18/2021

Ready for Inspection (0)

Back

15

submit & Go to Payment

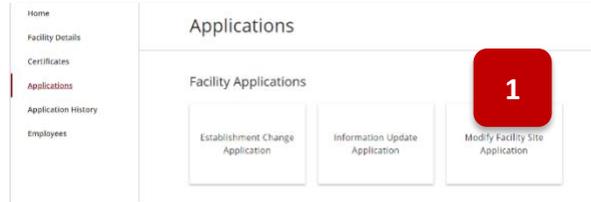
- On the Review & Submit page, confirm information entered is correct - select **Submit & Go to Payment** to proceed to payment

# Modification Application – Duals and Establishments

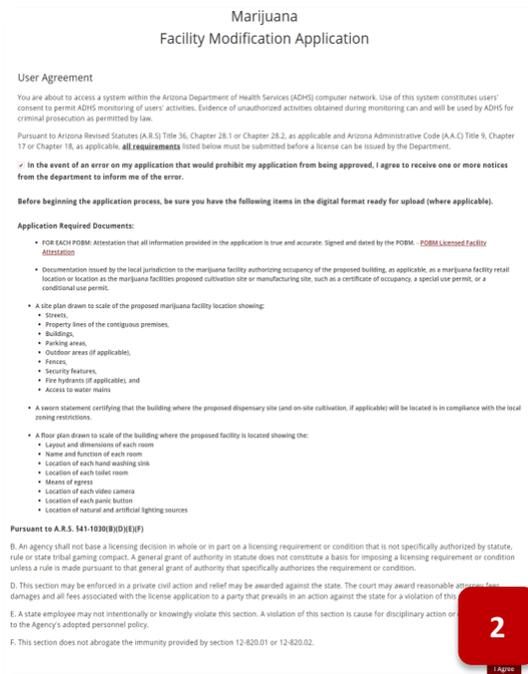
Access: PO/BM only

**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

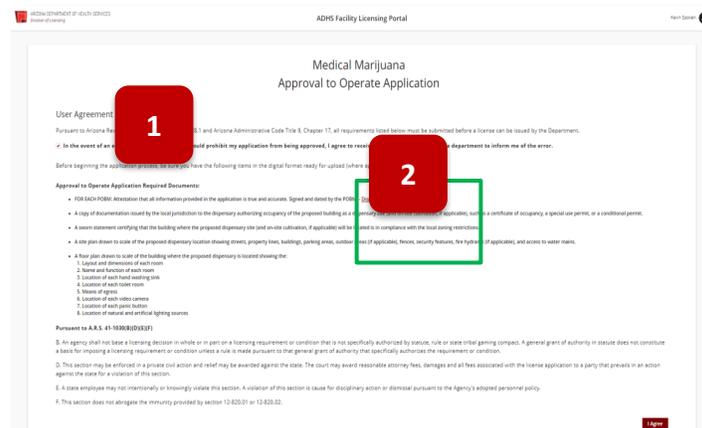
10. Review all files and details on the Review page
11. Select **Submit** to submit the application

# Information Update Application

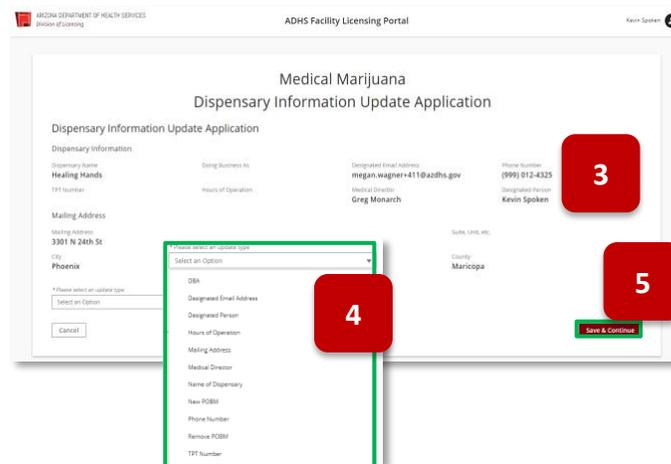
**Access:** PO/BM only

**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**

**Medical Marijuana  
Dispensary Information Update Application**

AGREEMENT
DISPENSARY INFORMATION UPDATE APPLICATION
UPLOAD DOCUMENTS
REVIEW & SUBMIT

**User Agreement**

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

In the event of an error on my application that would prevent 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 required documents in the digital format ready for upload (where applicable).

**Name of Dispensary Application Required Documents:**

- Please upload documentation in compliance with the dispensary's bylaws

**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's fees 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 removal from the Agency's adopted personnel policy.

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

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

**Medical Marijuana  
Dispensary Information Update Application**

AGREEMENT
DISPENSARY INFORMATION UPDATE APPLICATION
UPLOAD DOCUMENTS
REVIEW & SUBMIT

**Upload Supporting Documentation**

Please upload documentation in compliance with the dispensary's bylaws \*

**New Files uploaded:**

- Bylaws.png

Upload Files Or drag files Remove New Documents

**Dispensary POBM Attestation \***

**New Files uploaded:**

- POBM Attestation.pdf

Upload Files Or drag files Remove New Documents

Back Save & Exit Save & Continue

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

**Medical Marijuana  
Dispensary Information Update Application**

AGREEMENT
DISPENSARY INFORMATION UPDATE APPLICATION
UPLOAD DOCUMENTS
REVIEW & SUBMIT

**Dispensary Name Update Application**

**Dispensary Name Update**

Dispensary Name \*

Helping Hands

Back Save & Exit Save & Continue

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

### Medical Marijuana Dispensary Information Update Application

Dispensary Name Update Application

---

Dispensary Name Update

Dispensary Name\*  
Helping Hands

14

Submit

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

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

Helping 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: September 2, 2020

Expiration Date: September 1, 2022

**THE ARIZONA MEDICAL MARIJUANA ACT DOES NOT AUTHORIZE THE HOLDER OF A DISPENSARY REGISTRATION CERTIFICATE TO CULTIVATE, POSSESS, OR SELL MEDICAL MARIJUANA PRIOR TO RECEIVING APPROVAL TO OPERATE FROM THE DEPARTMENT.**

**THE APPLICANT AGREES NOT TO OPERATE THE DISPENSARY UNTIL THE DISPENSARY IS INSPECTED AND THE APPLICANT OBTAINS APPROVAL TO OPERATE FROM ADHS.**

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.C.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.

Recommended By: Megan Whitby  
Bureau Chief

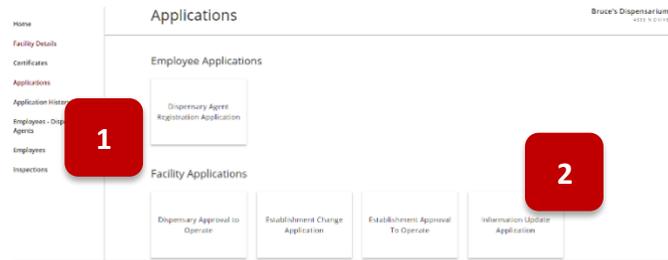
Issued By: Colby Bower on  
Assistant Director

# Information Update Application – For Profit Entity

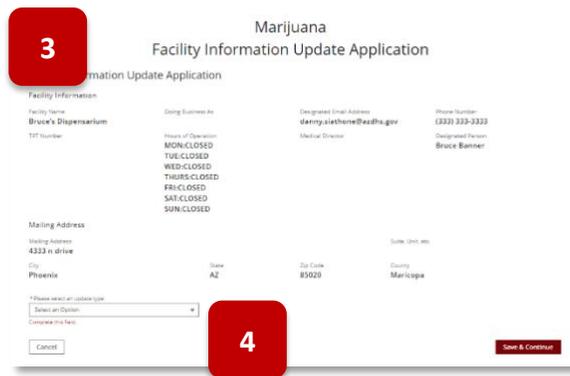
**Access:** Establishment or Dual POBMs

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

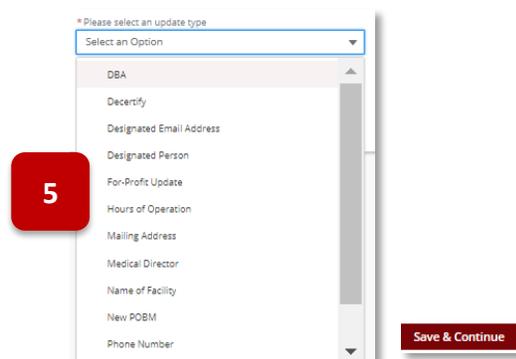
1. From the main facility homepage, select the **Applications** tab
2. Select the **Information Update Application** tile



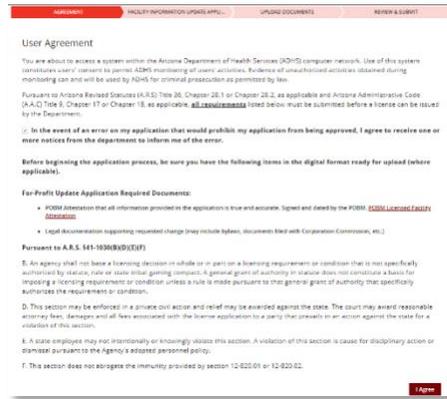
3. Current facility details are displayed at the top
4. Select the drop-down menu



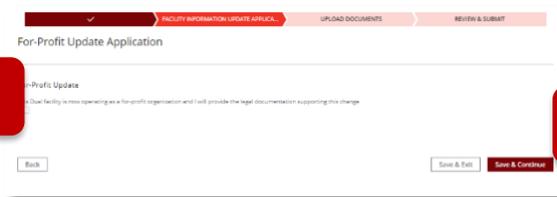
5. Select **For-Profit Update** and **Save & Continue** button select to proceed



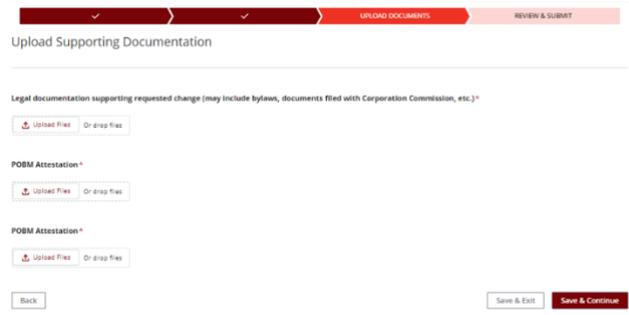
6. Confirm agreement of the User Agreement page and select **I Agree** button



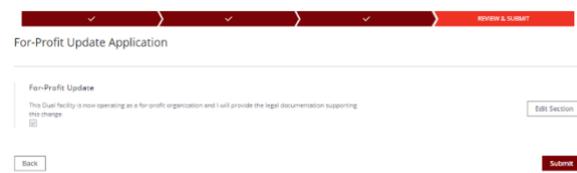
7. Select the **checkbox** to confirm the for-profit status of the business entity
8. Select the **Save & Continue** button to confirm and proceed



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

The screenshot shows the 'Marijuana Facility Information Update Application' form. At the top, there are three progress indicators: 'FACILITY INFORMATION UPDATE APPLICATION' (active), 'UPLOAD DOCUMENTS', and 'REVIEW & SUBMIT'. The form is divided into several sections:

- Applying Entity Information:** Includes fields for 'Full Legal Name of Applying Entity (Business Organization)\*' (value: ENTITY INFO NAME 420), 'Entity Type of Business\*' (value: Corp), 'Mailing Address\*' (value: 4333 N Drive), 'City\*' (value: Phoenix), 'State\*' (value: AZ), 'Zip Code\*' (value: 85020), and 'County\*' (value: Maricopa). A 'Validate Address' button is present.
- Facility Information:** Includes fields for 'Facility Name\*' (value: Bruce's Dispensarium Renew), 'Doing Business As' (value: Bruce's Dispensarium Renew), 'Sales Tax #', 'Designated Email Address\*' (value: david.rosebudhotel+121@gr), and 'Phone Number\*' (value: 3333333333). A red callout box '2' is over the 'Doing Business As' field.
- Hours of Operation:** A table with columns for 'Start Time' and 'End Time' for each day of the week. Values are provided for Monday through Sunday.
- Principal Officer and Board Member Information:** A table with columns: Username, Name, Residential Add..., DOB, Registry Identifi..., POBM Attestation, Role, Designated Person, and a dropdown menu. Two rows are shown. A red callout box '3' is over the 'Name' column of the first row. A red callout box '4' is over the dropdown menu of the first row. A red callout box '5' is over the 'Delete' button of the first row.

At the bottom left, there is an 'Add Another' button. At the bottom right, there are 'Save & Exit' and 'Save & Continue' buttons.

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

This dual facility is now operating as a for-profit organization and I will provide the legal documentation supporting this change

\* Please select an Agent

Select an Option 7

Designated person?

Cancel Save

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

Added POBM: Hank Pym

Designated person?

**Establishment POBM Attestation \***

Upload Files Or drop files

Cancel **Save** 10

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

✓
✓
UPLOAD DOCUMENTS
REVIEW & SUBMIT

Upload Supporting Documentation

Legal documentation supporting requested change (may include bylaws, documents filed with Corporation Commission, etc.)\*

Upload Files Or drop files

Back 5 Save & Exit **Save & Continue** 12

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

Dispensary For-Profit Status

This Dual facility is now operating as a for-profit organization and I will provide the legal documentation supporting this change

Principal Officer and Board Member Information

Using the dropdowns, update each POBM to add required documents. You may also change the designated person or add another POBM. This application will not unlink the POBM from the Facility.

Username	Name	Residential Add...	DOB	Registry Identifi...	POBM Attestation	Role	Designated Person
david.rosebudhotel@...	Bruce Banner	2402 E Camelback Rd	1973-06-01	1618352FAUZ053860...	Complete	Facility POBM	<input type="checkbox"/>
david.rosebudhotel@...	Captain America	1083Main St	1980-12-01	1627425FARI112584...	Complete	Facility POBM	<input type="checkbox"/>
david.rosebudhotel@...	Pepper Potts	787 E Something	1974-01-17	1609796FABP663434...	Complete	Facility POBM	<input type="checkbox"/>
david.rosebudhotel@...	Hank Pym	6763 S Ellsworth Rd	1980-12-01	1609796FAPH663435...	Complete	Facility POBM	<input checked="" type="checkbox"/>

Add Another

Back 15 Submit

## Facility Renewal Application

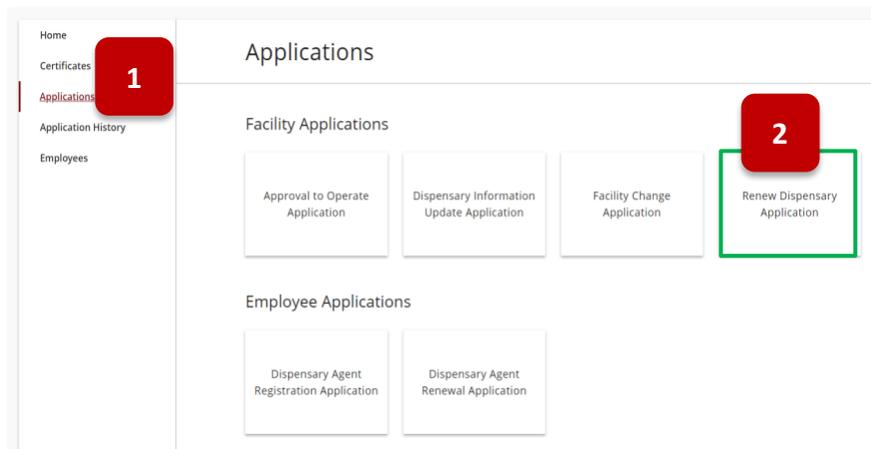
**Access:** PO/BM only

**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

### Consent Agreement

Pursuant to Arizona Revised Statutes Title 36, Chapter 28.1 and Arizona Administrative Code Title 9, Chapter 17, all requirements listed below must 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 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 action or dismissal pursuant to the Agency's adopted personnel policy.

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

4

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 <b>Good Times</b>	Name of the entity applying <b>Good Times</b>	The registry number/identification number for the dispensary <b>00000003DCL29429320</b>
The dispensary's TIF number		

**Current physical address of the dispensary**

Dispensary Street <b>400 W Southern Ave</b>	Dispensary City <b>Phoenix</b>	Dispensary State <b>AZ</b>	Dispensary Zip Code <b>85041</b>
--	-----------------------------------	-------------------------------	-------------------------------------

Designated Person  
**Bill Richards**

**Review Hours of Operation**

	Start Time	End Time
<b>Monday</b>	<input type="text"/>	<input type="text"/>
<b>Tuesday</b>	<input type="text"/>	<input type="text"/>
<b>Wednesday</b>	<input type="text"/>	<input type="text"/>
<b>Thursday</b>	<input type="text"/>	<input type="text"/>
<b>Friday</b>	<input type="text"/>	<input type="text"/>
<b>Saturday</b>	<input type="text"/>	<input type="text"/>
<b>Sunday</b>	<input type="text"/>	<input type="text"/>

**Medical Director**

Username

Medical Director Legal First Name <b>Mark</b>	Medical Director Legal Middle Name	Medical Director Legal Last Name <b>Hightower</b>
Medical Director License Type <b>MD</b>	Medical Director License Number <b>432156</b>	

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

POBM's

Username	Name	Residential Address	DOB	Registry identification number
megan.wagner+420@azdhs.gov	Bill Richards	1855 E Apache Blvd Tempe, AZ 85281	1990-09-21	

\* Has the POBM served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked?  
--None--

\* Is the POBM a physician currently providing written certifications for qualifying patients?  
--None--

\* Is the POBM a law enforcement officer?  
--None--

\* Is the POBM employed by or is a contractor of the Department?  
--None--

**Dispensary POBM Attestation \***

Upload Files Or drop files

**Dispensary Agent's**

Username	Residential Address	DOB	Registry identification number

**Application Information**

I authorize the Department of Health to request supplemental requests for information if necessary to complete the application.

Save & Exit Save & Continue

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

Medical Marijuana  
Dispensary Renewal Application

UPLOAD DOCUMENTS REVIEW & SUBMIT

Upload Supporting Documentation

Renewal Application Form (downloaded and signed by all POBMs) \*

Upload Files Or drop files

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) \*

Upload Files Or drop files

A copy of the dispensary's Approval Certificate issued by the Department, if the dispensary registration certificate was issued within the previous 12 months

Upload Files Or drop files

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

Upload Files Or drop files

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. \*

Upload Files Or drop files

Back 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



### 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  
**0000003DCLE29429320**

[Edit Section](#)

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	<input type="text"/>	<input type="text"/>

14

[Back](#)

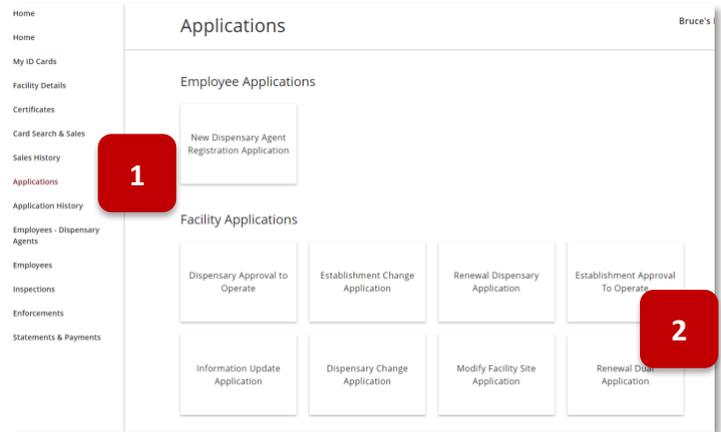
[Submit & Go to Payment](#)

# Dual Renewal Application

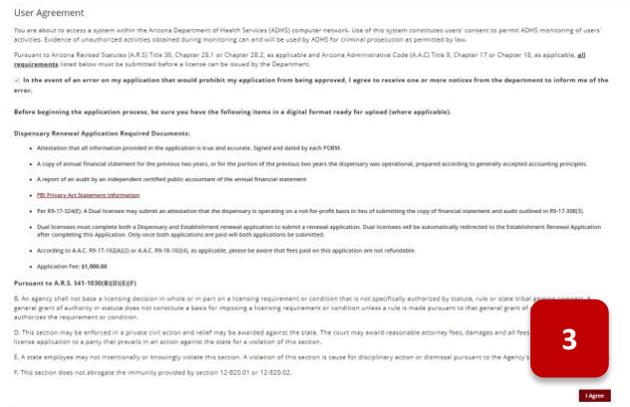
**Access:** Dual PO/BM only

**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

Marijuana  
Dual Renewal Application

DISPENSARY INFORMATION    UPLOAD DOCUMENTS    REVIEW & SUBMIT    ESTABLISHMENT INFORMATION    REVIEW & SUBMIT

Dispensary Renewal Application Information

Dispensary Information

Legal name of the dispensary: Bruce's Dispensarium Renew  
Name of the entity applying: ENTITY INFO NAME 420  
The registry identification number for the dispensary: 00001103DCB852979257

Current physical address of the dispensary

Dispensary Street: 4333 N Drive  
Dispensary City: Phoenix  
Dispensary State: AZ  
Dispensary Zip Code: 85020

Designated Person: Bruce Banner

Review Hours of Operation

	Start Time	End Time
Monday	12:00 AM	1:00 AM
Tuesday	12:00 AM	4:15 AM
Wednesday		1:15 AM
Thursday		
Friday		
Saturday		
Sunday		

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

Medical Director

Username: david.rosebudhotel+208@gmail.com  
Medical Director Legal First Name: david  
Medical Director Legal Middle Name: Bruce  
Medical Director Legal Last Name: Banner  
Medical Director License Type:    Medical Director License Number:

POBMs

Username: david.rosebudhotel+208@gmail.com  
Name: Bruce Banner  
Residential Address: 1902 S 16th St, Phoenix, AZ 85034  
DOB: 1984-10-24  
Registry Identification Number: 1618352FAU2053860176

\* Has the POBM served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked?  
--None--

\* Is the POBM a physician currently providing written certifications for qualifying patients?  
--None--

\* Is the POBM a law enforcement officer?  
--None--

\* Is the POBM employed by or is a contractor of the Department?  
--None--

Dispensary POBM Attestation \*

Upload Files    Or drop files

Agent Cards

Username	Name	Residential Address	DOB	Number
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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

Important Information for Dual Licenses

Per 19-17-324(E), if the dispensary is still operating on a not-for-profit basis in lieu of submitting the copy of financial statement and audit outlined above, the establishment license number according to 19-17-208(1)(C), a dual licensee may submit an attestation that the dispensary is operating on a not-for-profit basis.

I am a dual licensee and my dispensary is still operating on a not-for-profit basis. I am submitting an attestation in lieu of a copy of the documents outlined above.

Dispensary Not-for-Profit Attestation

Save & Exit    Save & Continue

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

DISPENSARY INFORMATION | **UPLOAD DOCUMENTS** | REVIEW & SUBMIT | ESTABLISHMENT INFORMATION | REVIEW & SUBMIT

### Upload Supporting Documentation

Renewal Application Form (downloaded and signed by all POBMs)\*  
 Or drag files

A copy of the dispensary's Approval to Operate certificate issued by the Department, if the dispensary registration certificate was issued within the previous 12 months  
 Or drag files

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.\*  
 Or drag files

A report of an audit by an independent certified public accountant of the annual financial statement\*  
 Or drag files

A report of an audit by an independent certified public accountant of the annual financial statement\*  
 Or drag files

DISPENSARY INFORMATION | **REVIEW & SUBMIT** | ESTABLISHMENT INFORMATION | REVIEW & SUBMIT

### Dispensary Renewal Application Information Review

Dispensary Information

Legal Name of the dispensary  
Bruce's Dispensarium Renew

Name of the entity applying  
ENTITY INFO NAME 420

The registry identification number for the dispensary  
00001103DCB852979257

The dispensary's TIT number

Current physical address of the dispensary

Dispensary Street  
4333 N Drive

Dispensary City  
Phoenix

Dispensary State  
AZ

Dispensary Zip Code  
85020

Designated Person  
Bruce Banner

Review Hours of Operation

	Start Time	End Time
Monday	12:00 AM	1:00 AM
Tuesday	12:00 AM	1:15 AM
Wednesday	1:00 AM	1:15 AM
Thursday		
Friday		
Saturday		
Sunday		

### Marijuana Dual 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.

Pursuant to Arizona Revised Statutes (A.R.S.) Title 26, Chapter 28.1 or Chapter 28.2, as applicable and Arizona Administrative Code (A.A.C.) Title 9, Chapter 17 or Chapter 18, as applicable, all ~~requirements~~ listed below must 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 notices from the department to inform me of the error.

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

Establishment Application Required Documents:

- FOR EACH POBM: Attestation that all information provided in the application is true and accurate. Signed and dated by the POBM. [POBM Licensed Facility Attestation](#)
- According to A.A.C. R9-17-102(A)(2) or A.A.C. R9-18-102(4), as applicable, please be aware that fees paid on this application are not refundable.
- Application Fee: \$5,000

Pursuant to A.R.S. 141-1038(B)(4)(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 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 adopted personnel policy.

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

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

20

20. Current Establishment details are displayed

21. Review Hours of Operation details

21

Establishment Renewal Application Information

Establishment Information  
 Legal name of establishment: Bruce's Dispensarium Renew  
 Name of the entity applying: ENTITY INFO NAME 420  
 The registry identification number for the establishment: 00000040E5N06446000

Current physical address of the establishment  
 Establishment Street: 4333 N Drive  
 Establishment City: Phoenix  
 Establishment State: AZ  
 Establishment Zip Code: 85020

Designated Person: Bruce Banner

Review Hours of Operation

	Start Time	End Time
Monday	12:00 AM	1:00 AM
Tuesday	12:00 AM	4:15 AM
Wednesday	1:00 AM	1:15 AM
Thursday		
Friday		
Saturday		
Sunday		

22. Upload Establishment PO/BM Attestation(s)

23. Select Save & Continue to proceed

22

23

POBMs

Username: david.ross@bushel+208@gmail.com  
 Name: Bruce Banner  
 Residential Address: 1902 S 16th St Phoenix, AZ 85034  
 ZIP: 1984-10-24  
 Registry identification number: 1618337AUZ053860176

Establishment POBM Attestation\*

Upload POBM or Stop POBM

Save & Exit Save & Continue

24. Confirm all information on the Review page is correct

Establishment Renewal Application Information

Establishment Information  
 Legal name of establishment: Bruce's Dispensarium Renew  
 Name of the entity applying: ENTITY INFO NAME 420  
 The registry identification number for the establishment: 00000040E5N06446000

Current physical address of the establishment  
 Establishment Street: 4333 N Drive  
 Establishment City: Phoenix  
 Establishment State: AZ  
 Establishment Zip Code: 85020

Designated Person: Bruce Banner

Review Hours of Operation

	Start Time	End Time
Monday	12:00 AM	1:00 AM
Tuesday	12:00 AM	4:15 AM
Wednesday	1:00 AM	1:15 AM
Thursday		
Friday		
Saturday		
Sunday		

POBMs

Username: david.ross@bushel+208@gmail.com  
 Name: Bruce Banner  
 Residential Address: 1902 S 16th St Phoenix, AZ 85034  
 ZIP: 1984-10-24  
 Registry identification number: 1618337AUZ053860176

Establishment POBM Attestation

25. Select Submit & Go To Payment to proceed

25

Establishment POBM Attestation

Back Submit & Go to Payment

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

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

### Statements & Payments

Bruce's Dispensarium Renew  
4333 N DRIVE

Total Selected Payment  
**\$0.00**

**29** [Submit Payment](#)

Invoice #	Invoice Type	Description	Status	Total	Balance	Invoice Date	Due
INV-000152	Medical Marijuana Licensing	Related to Application AZFA1647963660137448 Select Payment Amount <input checked="" type="radio"/> \$1,000.00 (Amount Due on 04/14/2022) <input type="radio"/> clear selection	Sent	\$1,000.00	\$1,000.00	03/22/2022	04/14/2022
INV-000153	Adult Use Licensing	Related to Application AZFA1647966727889387 Select Payment Amount <input type="radio"/> \$5,000.00 (Amount Due on 04/14/2022) <input type="radio"/> clear selection	Sent	\$5,000.00	\$5,000.00	03/22/2022	04/14/2022

30. The Payment Amount Confirmation pop-up will display

Payment Amounts Selected

Invoice #	Amount
INV-000152	\$1,000.00

Total Amount: \$1,000.00 [Cancel](#)

**31**

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

State of Arizona Checkout Utility  
State of Arizona

#### Payment Information

CHECKOUT - PAYMENT INFORMATION

First Name  Last Name

Billing Address  City

State  Zip

Email  Phone Number

[Next](#)

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

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

### Statements & Payments

Bruce's Dispensarium Renew  
4333 N DRIVE

Total Selected Payment  
**\$0.00**

**32** [Submit Payment](#)

Invoice #	Invoice Type	Description	Status	Total	Balance	Invoice Date	Due
INV-000152	Medical Marijuana Licensing	Related to Application AZFA1647963660137448 Select Payment Amount <input type="radio"/> \$1,000.00 (Amount Due on 04/14/2022) <input checked="" type="radio"/> clear selection	Sent	\$1,000.00	\$1,000.00	03/22/2022	04/14/2022
INV-000153	Adult Use Licensing	Related to Application AZFA1647966727889387 Select Payment Amount <input type="radio"/> \$5,000.00 (Amount Due on 04/14/2022) <input type="radio"/> clear selection	Sent	\$5,000.00	\$5,000.00	03/22/2022	04/14/2022

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

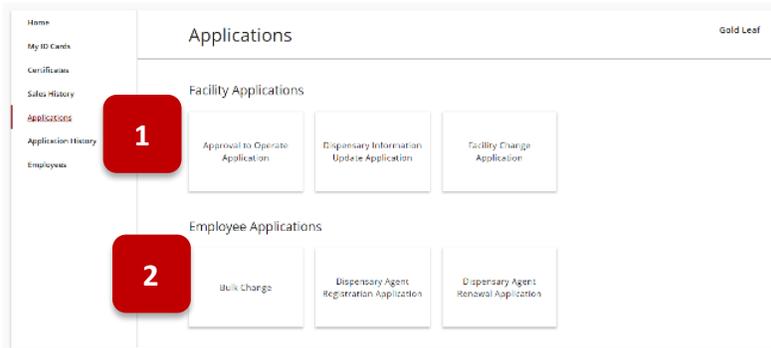
# Bulk Change Application

**Access:** Dispensary PO/BM only

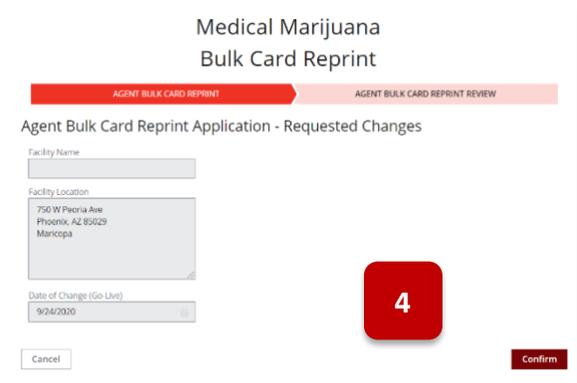
**Overview:** Bulk change is used to update Dispensary Agent cards when a dispensary changes name or address

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



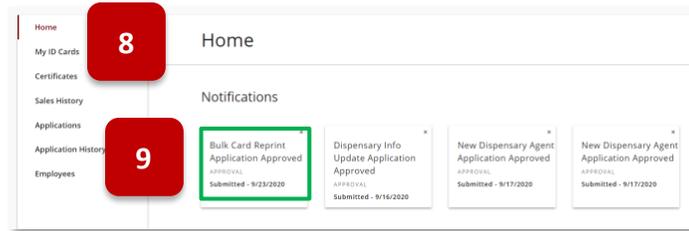
3. Popup notification will appear, click **Continue**
4. View Bulk Card application – review requested changes – click **Confirm**



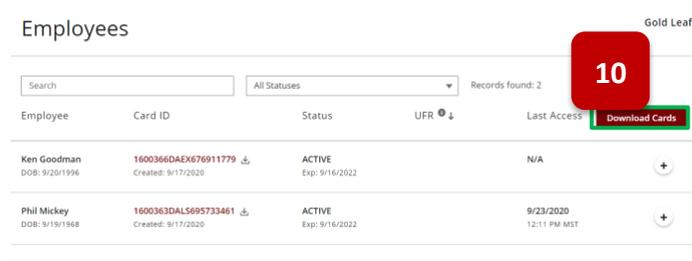
5. Review cards selected for reprint
6. Click **Submit & Go to Payment**



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

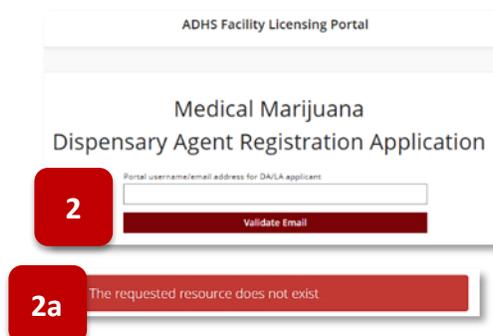
1. Click **Dispensary Agent Registration Application** tile



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



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

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Facility Licensing Portal

Medical Marijuana  
Dispensary Agent Registration 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.

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

- 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

3

4

Agree and Proceed

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.

5

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

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Facility Licensing Portal

Kari Conedab

### Medical Marijuana Dispensary Agent Registration Application

DISPENSARY INFORMATION    UPLOAD DOCUMENTS    REVIEW & SUBMIT

Dispensary Agent Information

Identification Information

First Name\*  Middle Name  Last Name\*  Suffix

Date of Birth\*  Gender\*

ID Type\*  ID Number\*

Issuing State\*  Issue Date\*

Contact Information

Address\*  Suite, Unit, etc.

City\*  State\*  Zip Code\*

Phone Number

Check if mailing address is different than residence address

Save & Exit    Save & Continue

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

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Facility Licensing Portal

Kari Conedab

### Medical Marijuana Dispensary Agent Registration Application

DISPENSARY INFORMATION    UPLOAD DOCUMENTS    REVIEW & SUBMIT

Upload Supporting Documentation

• **Electronic copy of photo identification\***

Files uploaded:

- DRV\_Lic\_P-Perry.png

Upload Files    Or drag files    Remove All

• **Current Digital Photo\***

Files uploaded:

- Cardholder\_Image29.JPG

Upload Files    Or drag files    Remove All

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

Files uploaded:

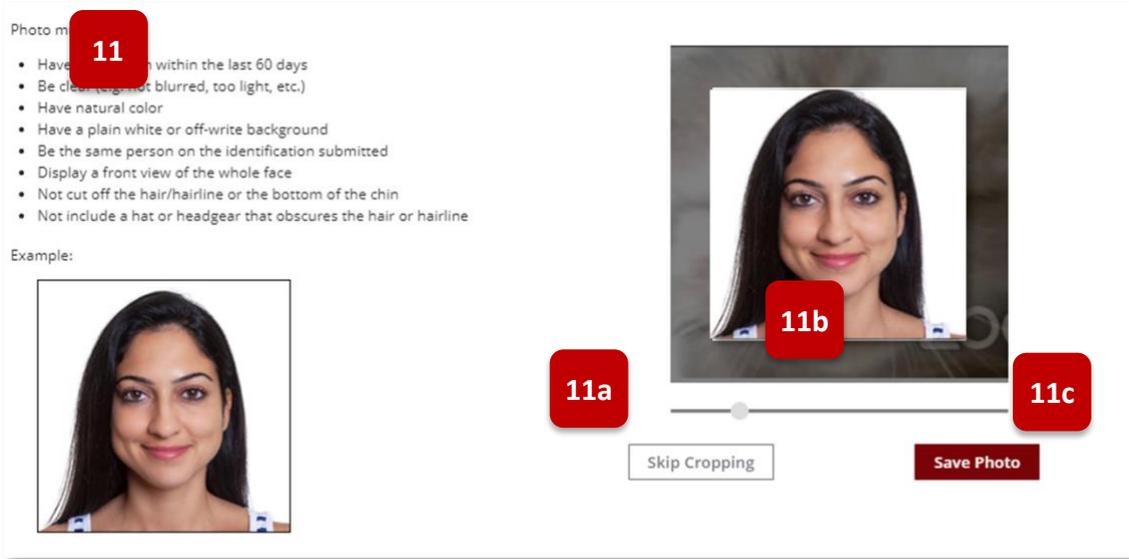
- DA-Attestation\_P-Perry\_K-Conedab.png

Upload Files    Or drag files    Remove All

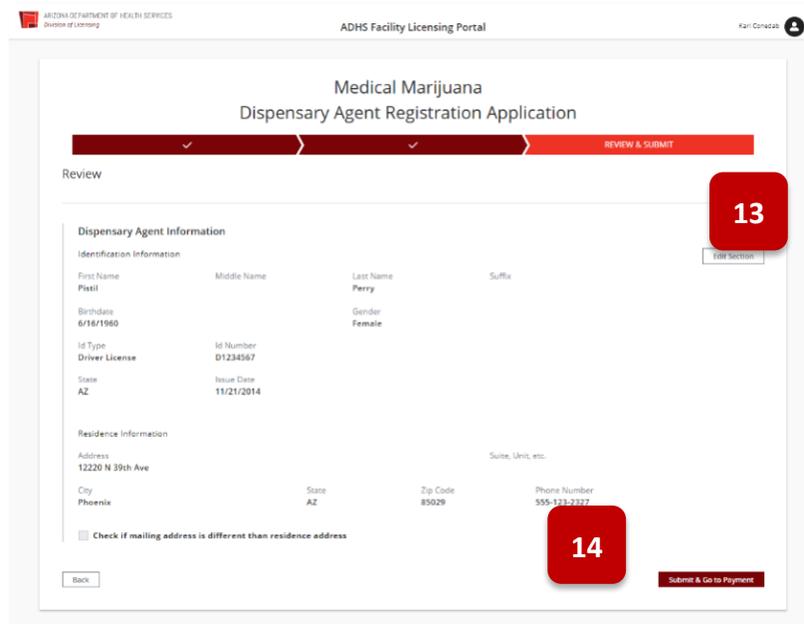
Back    Save & Exit    Save & Continue

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

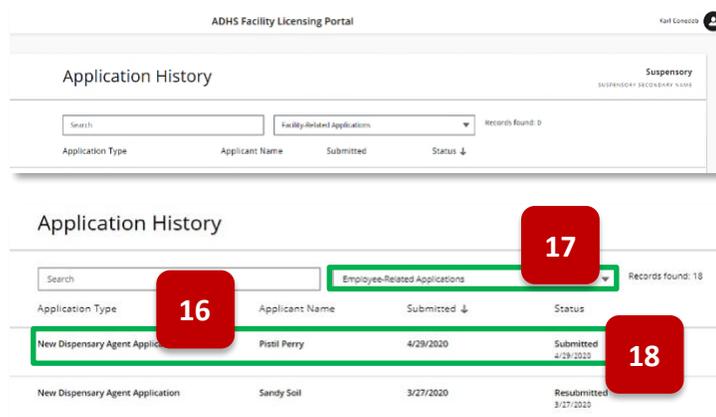


12. Click **Save & Continue** to proceed with the application process
13. Review application data - Click **Edit Section** to change any information in the section. Then, click **Save and Continue** until returning to the Review and Submit page
14. Click **Submit & Go to Payment** to proceed to payment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

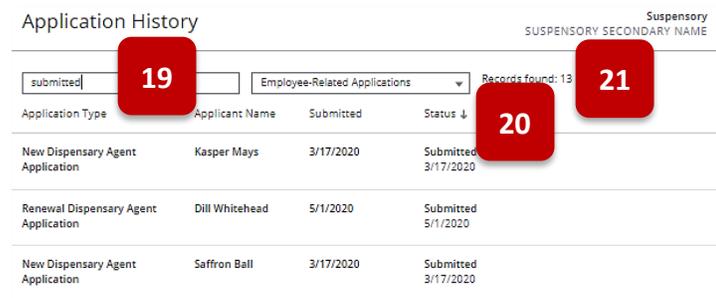


15. Return to Facility Licensing Portal and navigate to **Application History** Tab

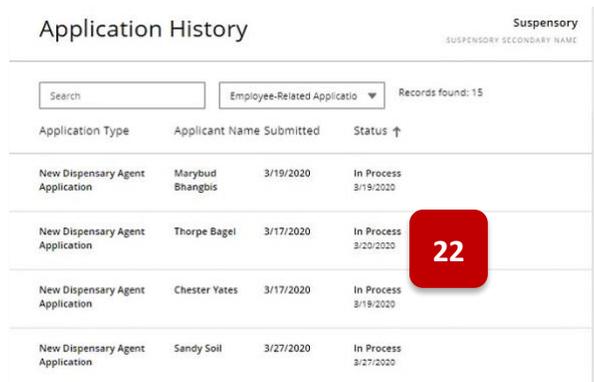
- 16. Default for application type is Facility-Related Applications
- 17. To view DA applications, select drop-down option Employee-Related Applications
- 18. Once the application has been submitted and payment was successful, the status of the Application will change to **Submitted** (sent to ADHS)



- 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

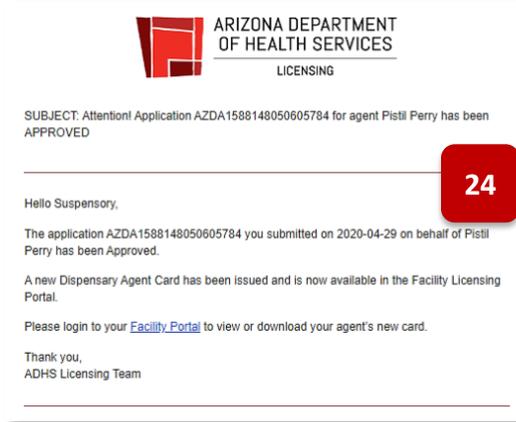


- 22. In Process status indicates ADHS is reviewing the application



- 23. Once ADHS approves the DA application, a notification is sent to the dispensary email

**NOTE:** Email from [marijuana@azdhs.gov](mailto:marijuana@azdhs.gov) Email Subject: Your new employee application has been approved!

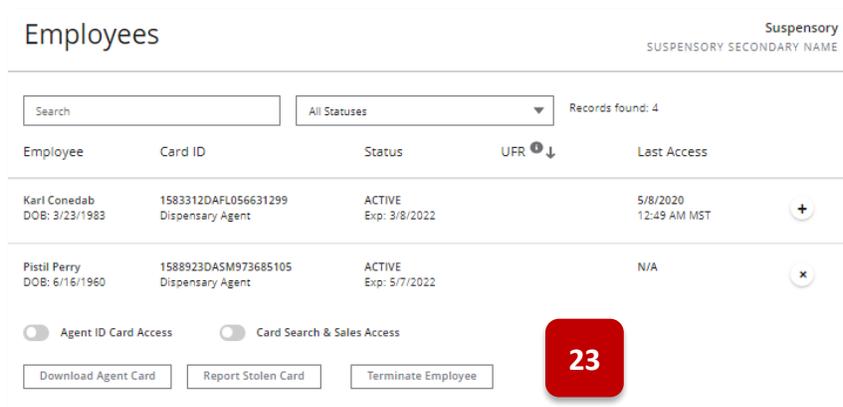


24. View DA Application status in Facility Licensing portal **Application History** tab: Approved

Application Type	Applicant Name	Submitted	Status ↓
New Dispensary Agent Application	Chester Yates	3/17/2020	Action Required 4/16/2020
New Dispensary Agent Application	John Dorian	5/6/2020	Approved 5/6/2020
Replace Lost/Stolen Card Application	John Dorian	5/7/2020	Approved 5/7/2020
New Dispensary Agent Application	Dill Whitehead	3/17/2020	Approved 3/19/2020
New Dispensary Agent Application	Sean Conjuana	3/9/2020	Approved 3/9/2020
New Dispensary Agent Application	Pistil Perry	4/29/2020	Approved 5/8/2020

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



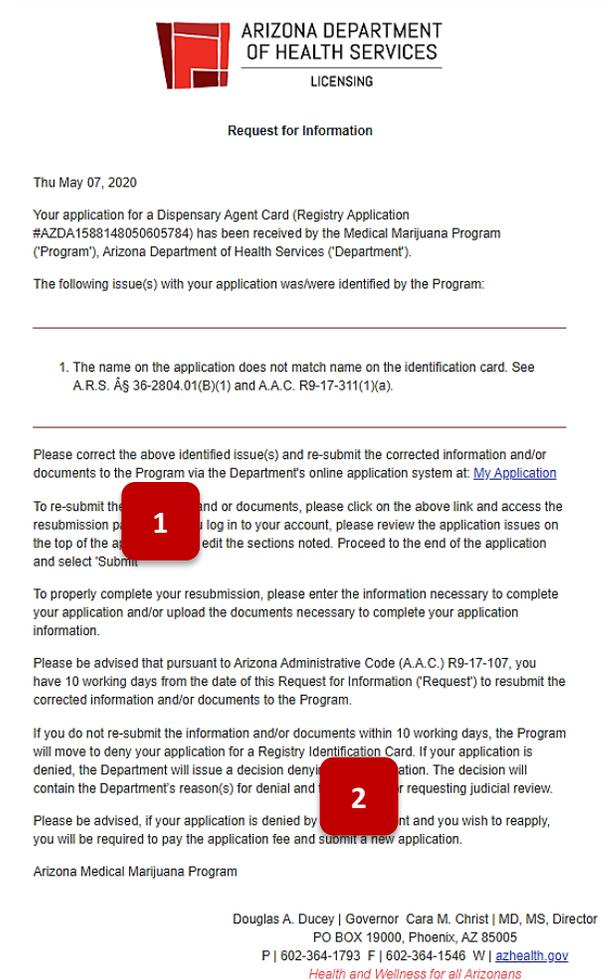
## Application: Responding to a RFI or NOD

**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)

## Medical Marijuana Dispensary Agent Registration Application

### Application Issues

3

Due: 5/21/2020

Your application has been received by the Medical Marijuana Program (Program), Arizona Department of Health Services (Department). The following issue(s) with your application was/were identified by the Program, making your application incomplete:

#### Demographics

- The name on the application does not match name on the identification card. See A.R.S. Â§ 36-2804.01(B)(1) and A.A.C. R9-17-311(1)(a).

DISPENSARY INFORMATION

UPLOAD DOCUMENTS

REVIEW & SUBMIT

### Dispensary Agent Information

#### Identification Information

First Name*	Middle Name	Last Name*	Suffix
<input type="text" value="Pistil"/>	<input type="text"/>	<input type="text" value="Perry"/>	<input type="text"/>
Date of Birth*		Gender*	
<input type="text" value="Jun 16, 1960"/>		<input type="text" value="Female"/>	
ID Type*	ID Number*		
<input type="text" value="Driver License"/>	<input type="text" value="D1234567"/>		
Issuing State*	Issue Date*		
<input type="text" value="AZ"/>	<input type="text" value="Nov 21, 2014"/>		

#### Contact Information

Address*	Suite, Unit, etc.	
<input type="text" value="12220 N 39th Ave"/>	<input type="text"/>	
City*	State*	Zip Code*
<input type="text" value="Phoenix"/>	<input type="text" value="AZ"/>	<input type="text" value="85029"/>
Phone Number		
<input type="text" value="555-123-2327"/>		

Should there be any deficiencies with your application, ADHS may contact you to resolve the issue. Your phone number will remain confidential and will not be shared with any other entity or person.

Check if mailing address is different than residence address

4

Save & Exit

Save & Continue

- Review application data
- 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
- Click Upload Files to attach the additional and correct DA ID (or drop files to “Drag and drop” the new file)
- Click Done to accept the file
- View the correct file was uploaded and now attached to the DA application
- Click **Save & Continue**

## Upload Supporting Documentation

### Electronic copy of photo identification \*

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

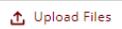
-  Dispensary\_Agent\_Identification-1

 Or drop files

### Current Digital Photo \*

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

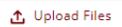
-  Cardholder\_Image-1

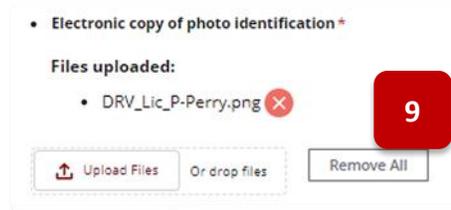
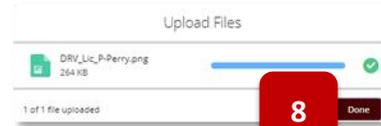
 Or drop files

### 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

 Or drop files



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

## Medical Marijuana Dispensary Agent Registration Application

### Application Issues

Due: 5/21/2020

Your application has been received by the Medical Marijuana Program ("Program"), Arizona Department of Health Services ("Department"). The following issue(s) with your application was/were identified by the Program, making your application incomplete:

#### Demographics

- The name on the application does not match name on the identification card. See A.R.S. Â§ 36-2804.01(B)(1) and A.A.C. R9-17-311(1)(a).

Review

11

REVIEW & SUBMIT

### Dispensary Agent Information

#### Identification Information

First Name Pistil	Middle Name	Last Name Perry	Suffix
Birthdate 6/16/1960		Gender Female	
Id Type Driver License	Id Number D1234567		
State AZ	Issue Date 11/21/2014		

12

Edit Section

#### Residence Information

Address 12220 N 39th Ave	Suite, Unit, etc.		
City Phoenix	State AZ	Zip Code 85029	Phone Number 555-123-2327

Check if mailing address is different than residence address

Back

Submit

**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

### Save & Exit Confirmation

 Are you sure you want to exit? Exiting does not submit your application. To process any changes you must proceed through the ENTIRE application to the final submit page in order to complete your re-submission.

# 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

The screenshot shows the 'Application History' page for 'Pot and Kettle' at '1440 E GLENROSA AVE'. At the top, there is a search bar and two dropdown menus. The first dropdown is labeled 'Facility-Related Applications' and is highlighted with a green box and a red callout '2'. The second dropdown is labeled 'All Statuses'. Below the search bar is a table with the following columns: 'Application Type', 'Applicant Name', 'Submitted', 'Status ↓', and 'Action Required Exp Date'. A red callout '3' points to the 'Action Required Exp Date' column. The table contains one row of data:

Application Type	Applicant Name	Submitted	Status ↓	Action Required Exp Date
Dispensary Change Location and Add Cultivation Change Location of Dispensary	Eugene Gray	9/30/2020	Action Required 9/30/2020	2/10/2021 Days left - 189

## Application Statuses

Access: PO/BM only

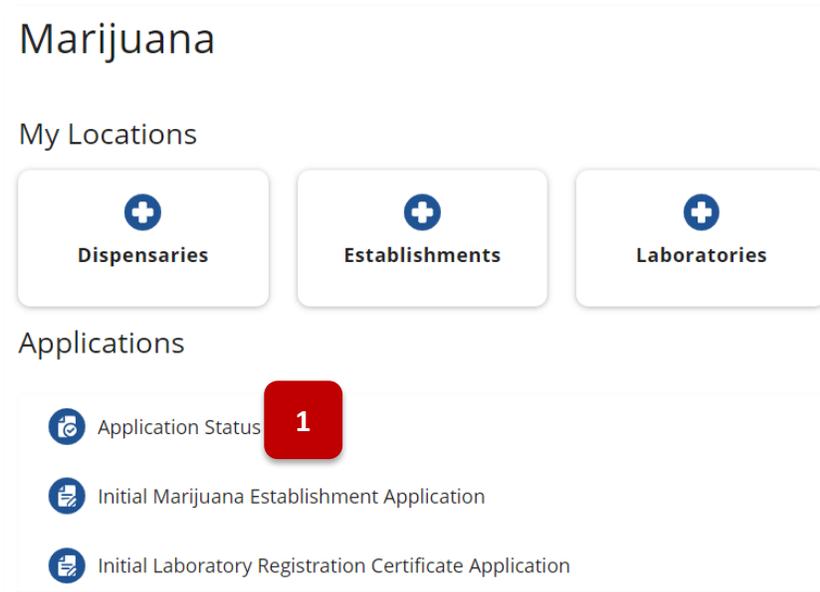
Status	Description
Not Submitted	If the application has been started by the user and has not been submitted with a successful payment processed
Submitted	Application was successfully paid for and submitted to ADHS
Action Required	<ul style="list-style-type: none"> <li>Status after ADHS has completed the “Admin Review” and has identified an <b>Application Issue</b> for “Notice of Deficiency (NOD)” to be sent to the applicant</li> <li>Status after ADHS has completed a “Substantive Review” and has identified an <b>Application Issue</b> for “Request of Information (RFI)” to be sent to the applicant</li> </ul>
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	<ul style="list-style-type: none"> <li>Notice of Deficiency (NOD) becomes a WITHDRAWN application once the timeframe to respond has passed without a resubmittal from the applicant</li> <li>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</li> </ul>
Denied	<ul style="list-style-type: none"> <li>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.</li> <li>If the application is for a DA/LA employee (new or renewal), the existing card is marked as expired.</li> <li>If the application is for a brand-new facility, a license/certificate is not issued.</li> <li>If the application is for an existing facility (including renewals), the existing license/certificate is marked as expired.</li> <li>Request For Information (RFI) becomes a DENIED application once the timeframe to respond has passed without a resubmittal from the applicant</li> </ul>
Pending Denial	<ul style="list-style-type: none"> <li>Applications pending denials, renewals that have lapsed RFIs</li> <li>Renewals that have requested an ISC/Hearing</li> </ul>
Application status can be viewed from multiple locations in the Facility Licensing Portal – see following page for examples	

# Application and Card Status Notifications

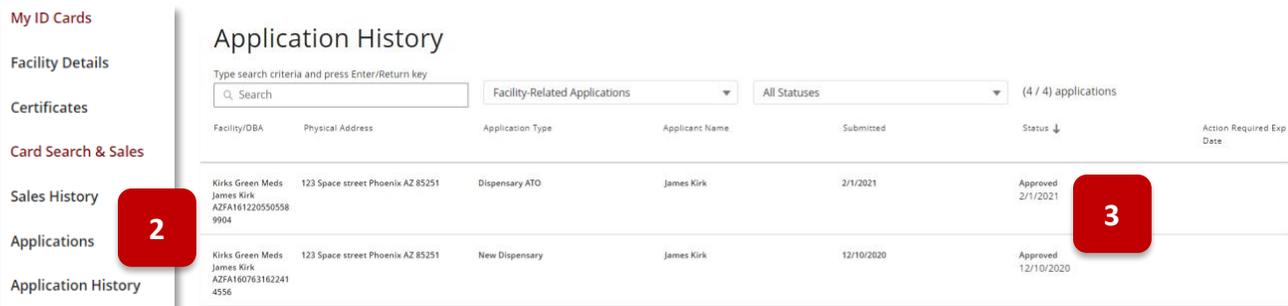
**Access:** Account holders

**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



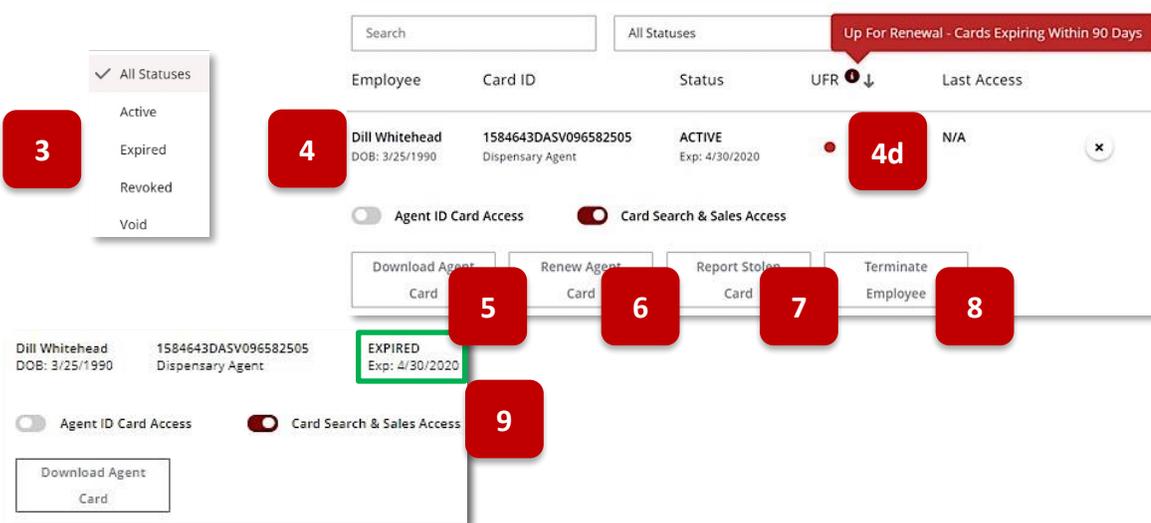
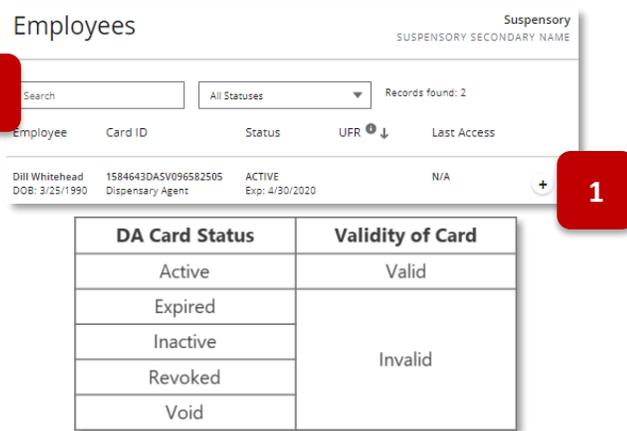
# EMPLOYEES - DISPENSARY AGENTS

## 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. For an expired DA card, only the **Download Agent Card** function will be available



# Download Dispensary Agent Card

**Access:** Dispensary PO/BM only

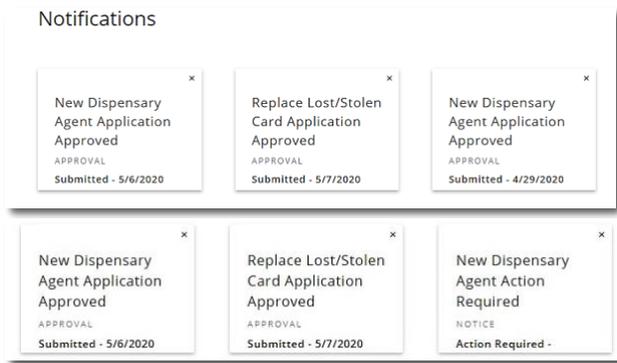
**Overview:** This section outlines how Dispensary PO/BMs can download DA cards

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

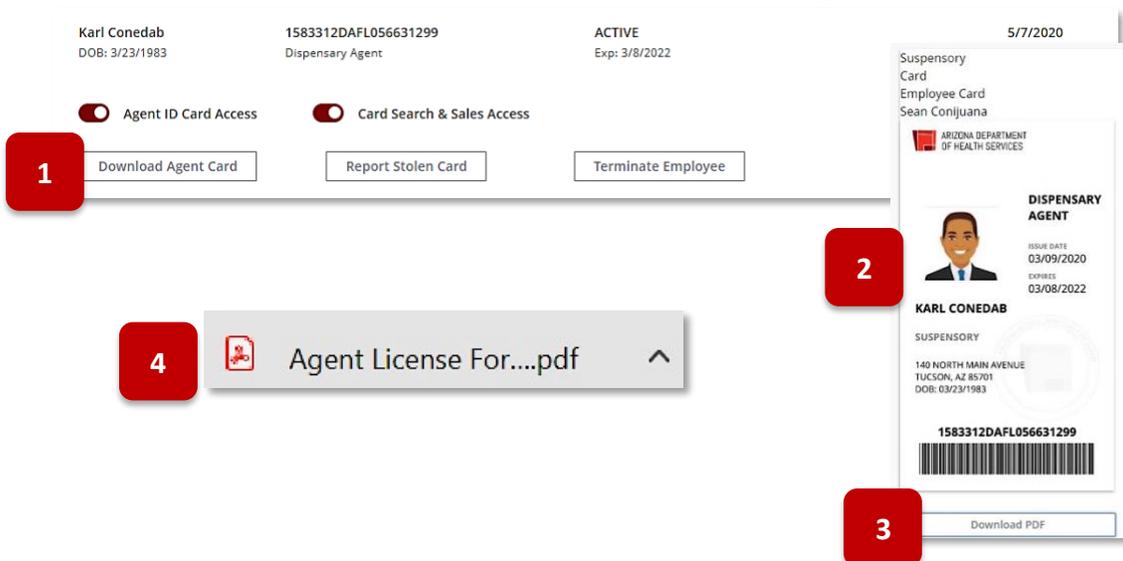
- **Action Required & Notifications**
- Renew Agent Card
- Report Lost / Stolen
- Terminate Employee
- Edit Agent Card

## 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.

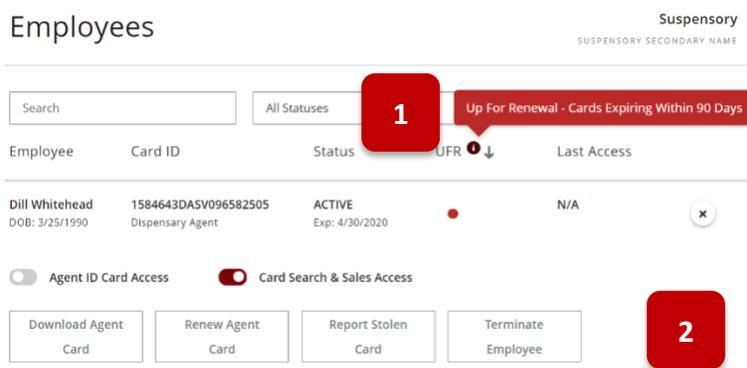
Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

- 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



Employees Suspensory  
SUSPENSORY SECONDARY NAME

Search  All Statuses 1 Up For Renewal - Cards Expiring Within 90 Days

Employee	Card ID	Status	UFR  ↓	Last Access
Dill Whitehead DOB: 3/25/1990	1584643DASV096582505 Dispensary Agent	ACTIVE Exp: 4/30/2020		N/A 

Agent ID Card Access  Card Search & Sales Access

Download Agent Card   Renew Agent Card   Report Stolen Card   Terminate Employee 2

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.

3

## 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 policy.

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

4

**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

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

### Medical Marijuana Dispensary Agent Renewal Application

List has more than 1 row for assignment to SOObject

DISPENSARY INFORMATION
UPLOAD DOCUMENTS
REVIEW & SUBMIT

Dispensary Agent Information

---

**Identification Information**

First Name\*  Middle Name  Last Name\*  Suffix

Date of Birth\*  Gender\*

ID Type\*  ID Number\*

Issuing State\*  Issue Date\*

**Contact Information**

Address\*  Suite, Unit, etc.

City\*  State\*  Zip Code\*

Phone Number

Should there be any deficiencies with your application, ADHS may contact you to resolve the issue. Your phone number will remain confidential and will not be shared with any other entity or person.

Check if mailing address is different than residence address

## 9. Upload required documents

**NOTE:** Photo must be recent within last 60 days

### Medical Marijuana Dispensary Agent Renewal Application

List has more than 1 row for assignment to SOObject

DISPENSARY INFORMATION
UPLOAD DOCUMENTS
REVIEW & SUBMIT

Upload Supporting Documentation

---

- Electronic copy of photo identification\***

Files uploaded:

  - DRV\_Lic\_D-Whitehead.png
- Current Digital Photo\***

Files uploaded:

  - Cardholder\_Image22.JPG
- Electronic copy of completed and signed Dispensary Agent/Member Attestation\***

Files uploaded:

  - dispensary-agent-member-attestation-form\_3-2020\_update.pdf

## 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-white 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:

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 Dill	Middle Name	Last Name Whitehead	11
Birthdate 3/25/1990		Gender Male	
Id Type Driver License		Id Number 0777777777	
State AZ	Issue Date 3/4/2020		

Residence Information

Address 2 S 35th Ave		Suite, Unit, etc.	
City Phoenix	State AZ	Zip Code 85009	Phone Number (888) 123-4567

Check if mailing address is different than residence address

Back Submit & Go to Payment 12

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

Suspensory  
SUSPENSORY SECONDARY NAME

Search  Employee-Related Applications  Records found: 19

Application Type    Applicant Name Submitted ↓    Status

Renewal Dispensary Agent Application	Dill Whitehead	5/1/2020	Submitted 5/1/2020
--------------------------------------	----------------	----------	--------------------

14

### Employees

Suspensory  
SUSPENSORY SECONDARY NAME

Search  All Statuses  Records found: 2

Employee	Card ID	Status	UFR ↓	Last Access
Dill Whitehead	1584643DASV096582 505	ACTIVE Exp: 4/30/2020		N/A

DOB: 3/25/1990    Dispensary Agent

Agent ID Card Access   
  Card Search & Sales Access

[Download Agent Card](#)   
 [Report Stolen Card](#)   
 [Terminate Employee](#)

15

# Report Lost/Stolen Card

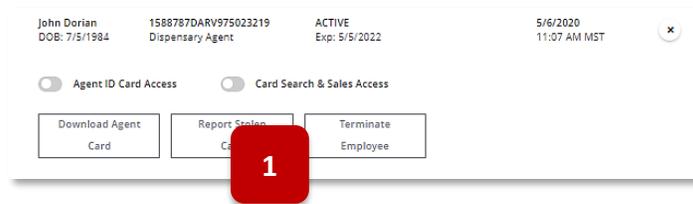
**Access:** Dispensary or Dual PO/BM

**Overview:** This application is used by cardholders to request a replacement card and ID number

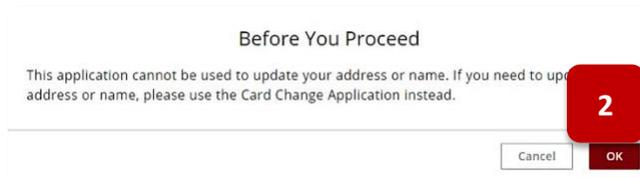
Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

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

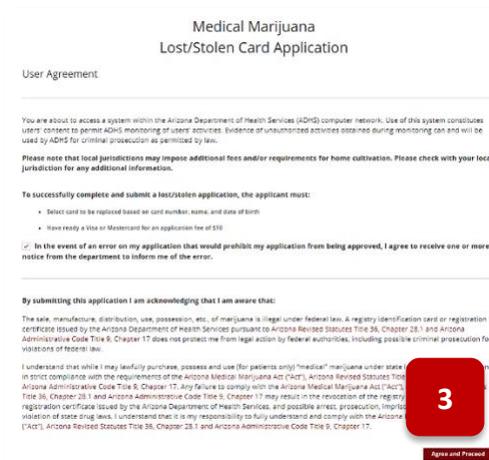
1. For Dispensaries, click on **Report Stolen Card** button from employee functions



2. Read and click **OK** to acknowledge the warning



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



- 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](mailto:marijuana@azdhs.gov)

The screenshot shows the 'Medical Marijuana Lost/Stolen Card Application' form at the 'CARD SELECTION' step. A progress bar at the top indicates 'CARD SELECTION' is active. Below the title, there is a 'Card Selection' section with a green-bordered box containing instructions: 'Please select the card for replacement below. Only valid cards will appear below. If you need assistance please contact M2ProgramSupport@azdhs.gov. Please note that you will be required to pay a \$10 fee.' Below this is a table with columns: Card ID, Card Type, Cardholder, Facility Name, and Date of Birth. One card is listed with ID 1590597DAGG421151825, Card Type Dispensary Agent, Cardholder Theresa McLary, Facility Name Last Dance Dispensary, and Date of Birth 5/6/1990. A red circle with the number '4' is overlaid on the right side of the table. At the bottom right, there are 'Save & Exit' and 'Save & Continue' buttons.

Card ID	Card Type	Cardholder	Facility Name	Date of Birth
<input type="radio"/> 1590597DAGG421151825	Dispensary Agent	Theresa McLary	Last Dance Dispensary	5/6/1990

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

The screenshot shows the 'Medical Marijuana Lost/Stolen Card Application' form at the 'REVIEW & SUBMIT' step. A progress bar at the top indicates 'REVIEW & SUBMIT' is active. Below the title, there is a 'Review' section. The 'Lost/Stolen' status is selected. A red circle with the number '5' is overlaid on the 'Lost/Stolen' text. Below this, the Card ID 1588787DARV975023219 is shown. The Card Type is 'Dispensary Agent' and the Cardholder Name is 'John Dorian'. A red circle with the number '6' is overlaid on the 'Dispensary Agent' text. Below the review information, there is a note: 'After clicking the Submit button, you will no longer be able to edit the card selection and will navigate to the payment portal.' At the bottom right, there are 'Save & Exit' and 'Submit & Go to Payment' buttons.

- Once ADHS has approved the application, view new card status ACTIVE
  - 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	<b>7</b>
	1588787DARV975023219 Dispensary Agent	VOID Exp: 5/5/2022	<b>8</b>

Agent ID Card Access    
  Card Search & Sales Access

Download Agent Card	Report Stolen Card	Terminate Employee
---------------------	--------------------	--------------------

## Application History

Suspensory  
SUSPENSORY SECONDARY NAME

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

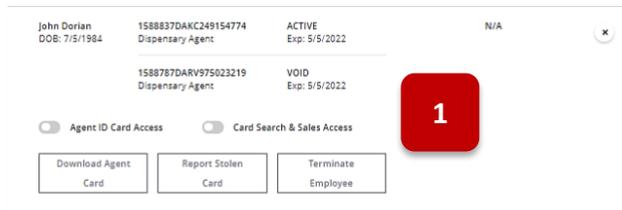
**Access:** Dispensary PO/BM only

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

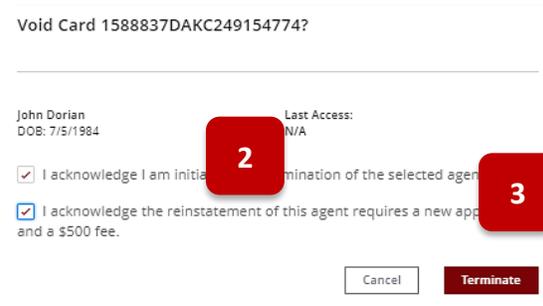
Once an application has been submitted and approved by ADHS, additional actions are available for the card issued to the dispensary employee:

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

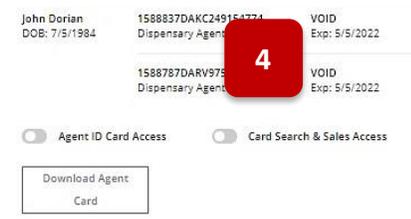
1. Click on **Terminate Employee** button from employee functions (feature is only available to Dispensary Agent cards)



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

The screenshot shows the 'Employees' interface for 'Rose Apothecary and Weed Emporium'. It features a search bar (1), dropdown filters for 'All Card Statuses' (2) and 'All Link Statuses' (3), and a 'Records found: 3' indicator. A 'Link Facility' button (4) is present. The table lists three employees with columns for Employee, Card ID, Status (5), Expires, Last Access, Link Status (6), and Link Active (7). Each row has an expand button (11). Below the table, there are toggle switches for 'Card Search' (8) and 'Card Search & Sales Access', a 'Cancel Link' button (9), and an 'Unlink Facility' button (10).

Employee	Card ID	Status	Expires	Last Access	Link Status	Link Active
Joe Test DOB: 11/1/1986	1606243FAAH835924451 Created: 11/24/2020	ACTIVE Exp: 11/23/2022	2022-12-23	N/A	Unlinked	<input type="checkbox"/>
test dual one DOB: 11/23/1989	1606233FAQD947948781 Created: 12/17/2020	ACTIVE Exp: 12/16/2022	2022-12-16	N/A	Pending	<input type="checkbox"/>
Mickey13 Meyer12 DOB: 11/2/2002	1606155FAUF974126624 Created: 11/23/2020	ACTIVE Exp: 11/17/2022	2022-11-17	N/A	Approved	<input checked="" type="checkbox"/>

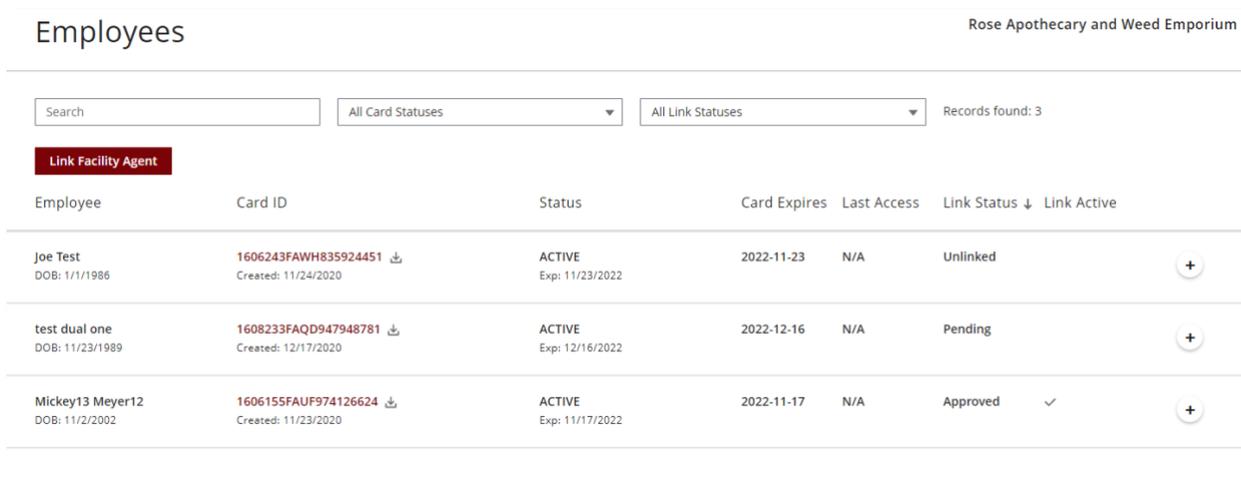
## Employees: Linking & Unlinking Facility Agents

**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.

### LINKING A FACILITY AGENT FROM THE FACILITY PORTAL

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



The screenshot displays the 'Employees' page for 'Rose Apothecary and Weed Emporium'. It includes a search bar, filters for 'All Card Statuses' and 'All Link Statuses', and indicates 'Records found: 3'. A 'Link Facility Agent' button is visible. The table below lists three employees with their respective card IDs, statuses, expiration dates, last access, and link status.

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

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

Records found: 2

Type search criteria and press enter

Name	Card Id
<input checked="" type="radio"/> Sylvester Cat <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; font-weight: bold;">3</span>	1606244FARH192790281
<input type="radio"/> 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'

#### 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

## ACCEPT A FACILITY AGENT LINK REQUEST FROM THE FACILITY PORTAL

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

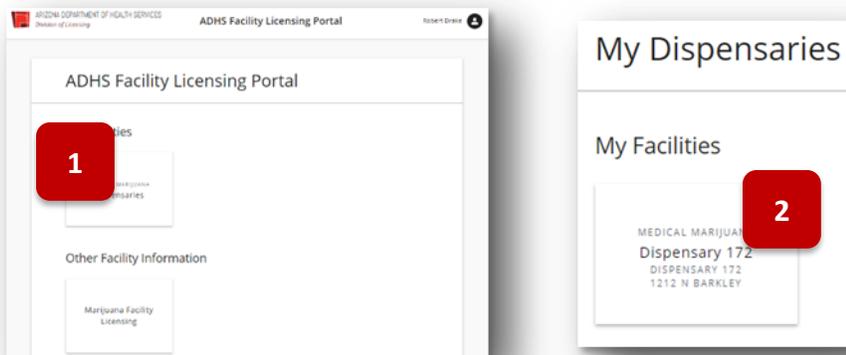
# INSPECTIONS

## 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

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Facility Licensing Portal

Robert Drake

Home  
Facility Details  
Certificates  
Sales History  
Applications  
Application History  
Employees  
Inspections

## Inspections

Dispensary 172  
DISPENSARY 172  
1212 N BARKLEY

Records found: 1

Inspection #	Inspection Date(s)	Address	Status	Action Required
INSP-0000188	2/25/2021	3301 N 24th St, Phoenix, AZ 85016	Complete	

- The **Inspection Detail** page will appear
- 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

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Facility Licensing Portal

Robert Drake

Home  
Facility Details  
Certificates  
Sales History  
Applications  
Application History  
Employees  
Inspection

## Inspection Detail

Dispensary 172

Inspection #	Inspection Date(s)	Status	Address
INSP-0000188	2/25/2021	Complete	3301 N 24th St, Phoenix, AZ 85016

Statement of Deficiency  
The following deficiencies were found during the inspection held on Feb 25, 2021

Plan of Correction (Due by)	Attachment(s)
Actions	

Back Submit

# Inspections Scheduling

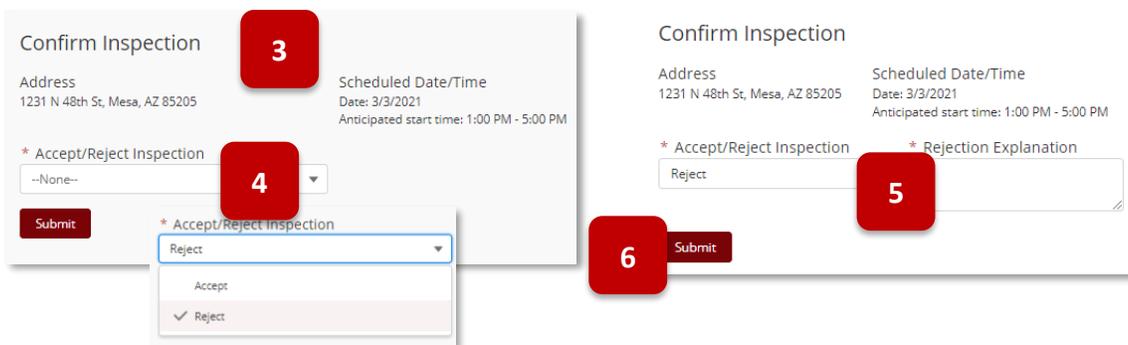
**Access:** PO/BM only

**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

ARIZONA DEPARTMENT OF HEALTH SERVICES  
Division of Licensing

ADHS Facility Licensing Portal

Robert Drake

Home  
Facility Details  
Certificates  
Sales History  
Applications  
Application History  
Employees  
Inspections

1

2

3

4

Inspections

Dispensary 172  
DISPENSARY 172  
1212 N BARKLEY

Records found: 2

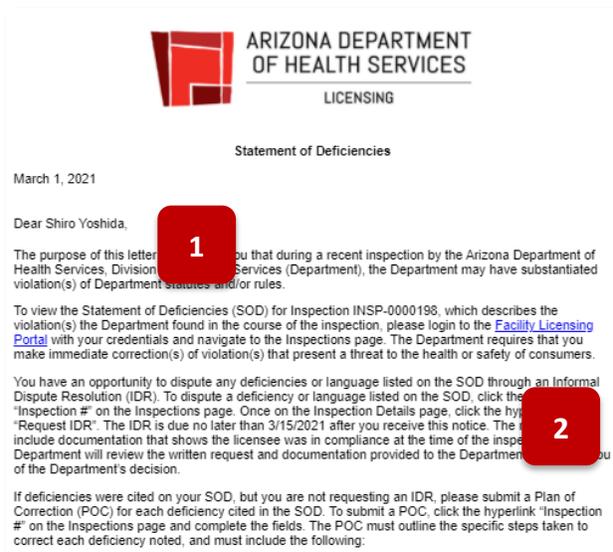
Inspection #	Inspection Date(s)	Address	Status↓	Action Required
INSP-0000192	3/2/2021	1212 N Barkley, Mesa, AZ 85203	POC	Submit a POC by 3/16/2021
INSP-0000188	2/25/2021	3301 N 24th St, Phoenix, AZ 85016	Complete	

# 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



- In the Action column, describe how the deficiency is to be corrected, on both a temporary and permanent basis. Include the name, title, and/or position of the person responsible for implementing the corrective action. Also include a description of the monitoring system you will use to prevent the deficiency from recurring.
- In the Date column, select the date the correction will be completed.
- The original SOD with the POC must be submitted no later than 3/29/2021 after you receive this notice. If the POC is not received on or before this date, further action may be taken. Please retain a copy to be available for review. Please be advised that the Statement of Deficiencies (SOD) and Plan of Correction (POC) will become a part of the Department's public file for your facility and is available for review.

If you have any questions, please call (602) 364-0857 or email [M2Dispensaries@azdhs.gov](mailto:M2Dispensaries@azdhs.gov).

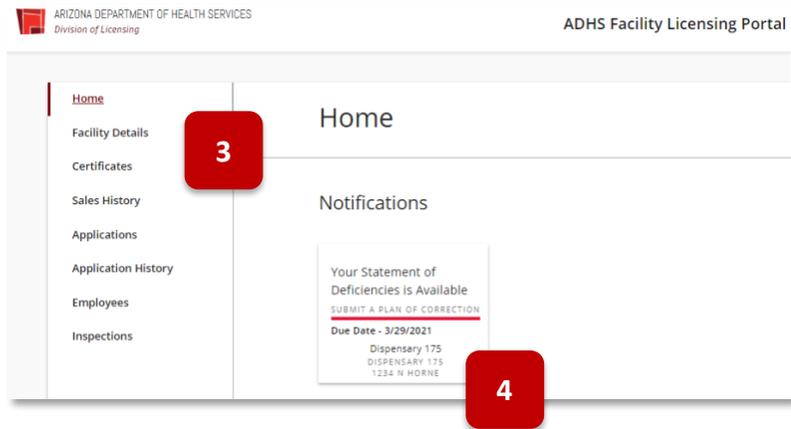
Thank you,  
Bureau of Special Licensing  
Arizona Medical Marijuana Program

Douglas A. Ducey | Governor Cara M. Christ | MD, MS, Director  
PO BOX 19000, Phoenix, AZ 85005  
P | 602-364-1793 F | 602-364-1546 W | [azhealth.gov](http://azhealth.gov)  
*Health and Wellness for all Arizonans*

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

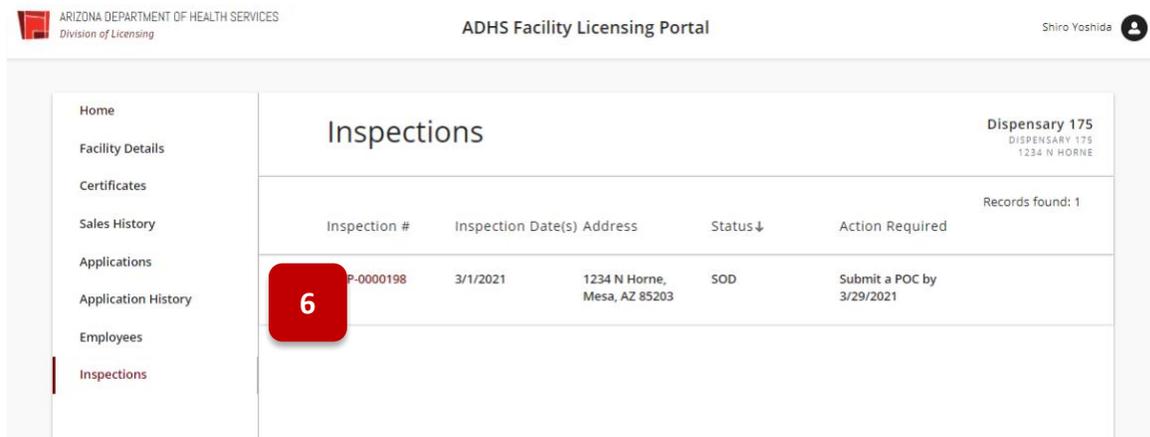
**NOTE:** The SOD tile will show the due date for the Plan of Correction (POC)

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

Dispensary 175

## Inspection Detail

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)
<b>A.A.C. R9-17-317(A)(1)</b> 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;	1 file(s)	<span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px; font-weight: bold;">7</span>
<b>A.R.S. 36-2806(C)</b> 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.	0 file(s)	<span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px; font-weight: bold;">10</span>
		<span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px; font-weight: bold;">11</span>
		<span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px; font-weight: bold;">8</span>

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

Temporary Solution

Date temporary correction was complete

\* Permanent Solution

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

\* Monitoring

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 **paper clip 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

Dispensary 175

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

Statement of Deficiency	Request IDR	Plan of Correction (Due by Mar 20, 2021)
<p>The following deficiencies were found during the inspection held on Mar 1, 2021:</p> <p><b>A.A.C. R9-17-317(A)(1)</b>            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.</p>	<p>Label is not clear</p> <p> (1 file(s))</p>	<p>  (0 file(s))</p>
<p><b>A.R.S. 36-2806(C)</b>            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 concerning marijuana.</p>	<p>Two entrances were seen.</p> <p> (0 file(s))</p>	<p>  (0 file(s))</p>

[Back](#) [Submit](#)

Request IDR

Deficiency found during the inspection held on Mar 1, 2021

Request IDR

POC Attachments

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

 (0 file(s))

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

**ADHS Facility Licensing Portal**

Thank you. Your POC has been submitted.

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
LICENSING

Plan of Correction Accepted

March 2, 2021

Dear Shiro Yoshida,

Your Plan of Correction (POC), submitted in response to the deficiencies noted during the compliance inspection that occurred on 3/1/2021 12:00 PM, has been reviewed and has been accepted by the Program. No further action is required.

If you have questions or need additional information, please contact your surveyor at the Department at (602) 364-0857 or via e-mail at [m2dispensaries@azdhs.gov](mailto:m2dispensaries@azdhs.gov).

Thank you,  
Bureau of Special Licensing  
Arizona Medical Marijuana Program

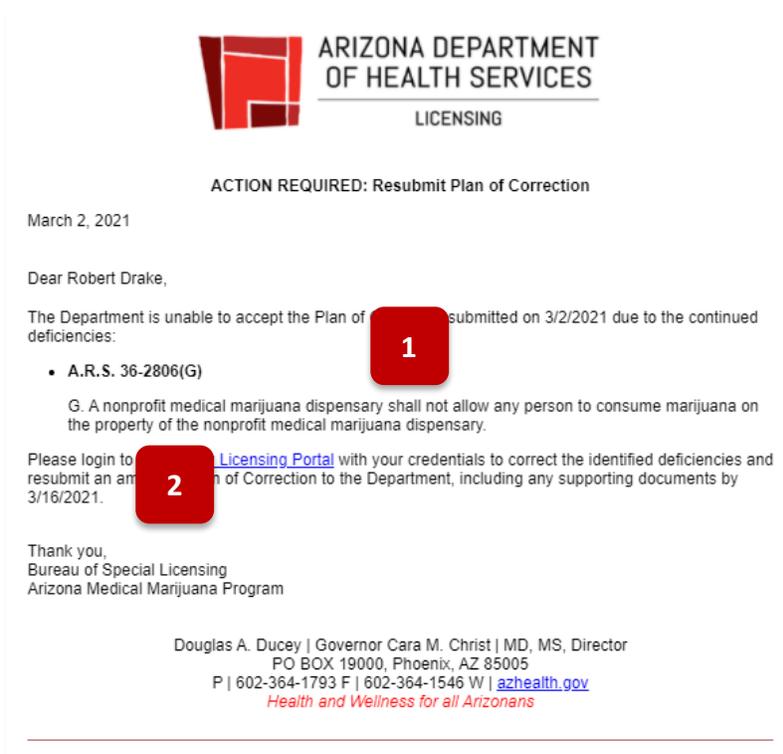
Douglas A. Ducey | Governor Cara M. Christ | MD, MS, Director  
PO BOX 19000, Phoenix, AZ 85005  
P | 602-364-1793 F | 602-364-1546 W | [azhealth.gov](http://azhealth.gov)  
*Health and Wellness for all Arizonans*

## Plan of Correction – Rejected

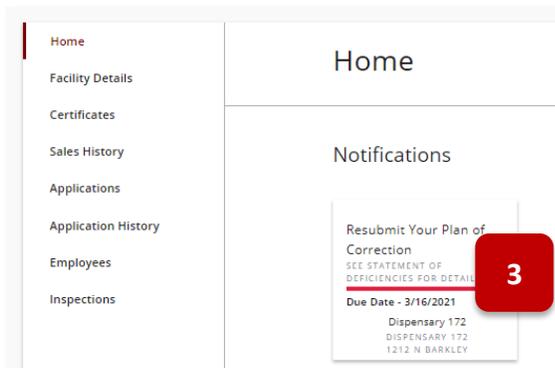
**Access:** PO/BM only

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

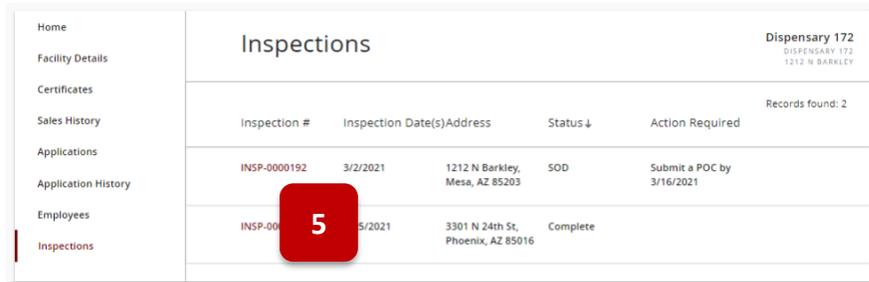
1. If the POC was rejected, an email will be sent stating **Action Required: Resubmit Plan of Correction**
2. Click on the **Facility Licensing Portal** link to login to the portal



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



- Click on the **Inspection Number** to open the Inspection Detail page



Inspections					Dispensary 172 DISPENSARY 172 1212 N BARKLEY
Inspection #	Inspection Date(s)	Address	Status	Action Required	Records found: 2
INSP-0000192	3/2/2021	1212 N Barkley, Mesa, AZ 85203	SOD	Submit a POC by 3/16/2021	
INSP-0000192	5/2021	3301 N 24th St, Phoenix, AZ 85016	Complete		

- Deficiencies that have been rejected will show **POC Rejected** in red coloring
- Click the **notebook icon** to open the Plan of Correction Action pop out and view the rejection reason
- 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

- 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

- Repeat the process for any additional Rejected POC items
- Once all necessary items have been modified, click Submit
- 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

Dispensary 172

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

<p><b>Statement of Deficiency</b> The following deficiencies were found during the inspection held on Mar 2, 2021:</p> <p><b>POC Rejected</b> <b>A.R.S. 36-2806(G)</b> G. A nonprofit medical marijuana dispensary shall not allow any person to consume marijuana on the property of the nonprofit dispensary.</p>	<p>Marijuana was being consumed.</p> <p>📎 (0 files)</p>	<p><b>Plan of Correction</b> (Due By Mar 16, 2021)</p> <p>Actions:  Attachments: </p>
---	---	---

ADHS Facility Licensing Portal

Plan of Correction Action

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

\* 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.

Thank you. Your POC has been submitted.

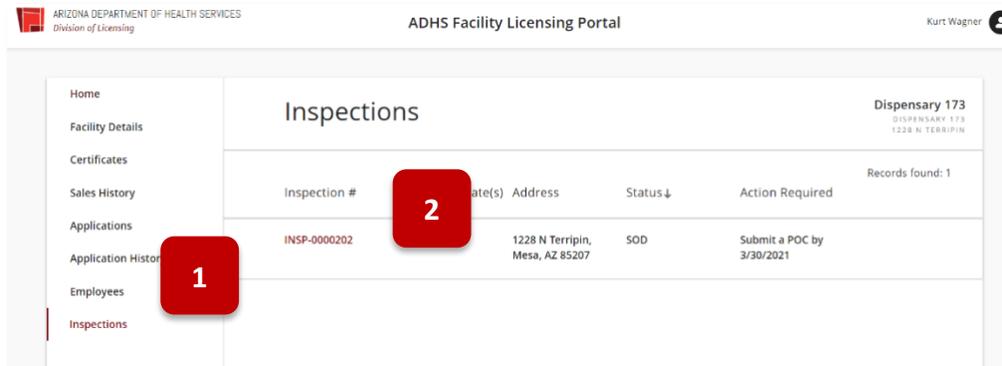
[Back to Portal](#)

## Informal Dispute Resolution (IDR)

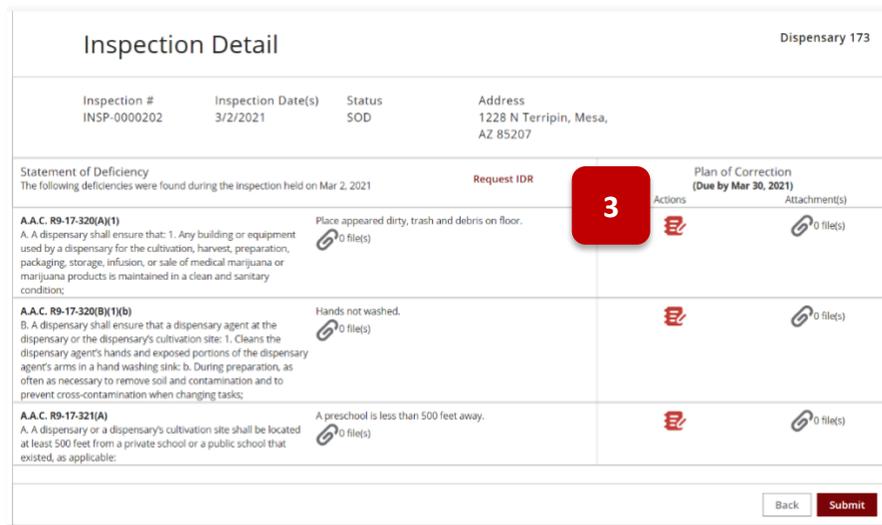
**Access:** PO/BM Only

**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

Inspection Detail				Dispensary 173
Inspection # INSP-0000202	Inspection Date(s) 3/2/2021	Status SOD	Address 1228 N Terripin, Mesa, AZ 85207	
Statement of Deficiency The following deficiencies were found during the inspection held on Mar 2, 2021 <b>An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting</b>		Cancel IDR	Informal Dispute Resolution (Due by Mar 16, 2021)	
		Reason	Attachment	
<b>A.A.C. R9-17-320(A)(1)</b> 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)			0 file(s)
<b>A.A.C. R9-17-320(B)(1)(b)</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)			0 file(s)
<b>A.A.C. R9-17-321(A)</b> 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)
<input type="button" value="Back"/> <input type="button" value="Submit"/>				

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**

IDR Reason

**A.A.C. R9-17-320(A)(1)**  
Enter Reason for IDR

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 # INSP-0000202	Inspection Date(s) 3/2/2021	Status SOD	Address 1228 N Terripin, Mesa, AZ 85207								
<p>Statement of Deficiency</p> <p>The following deficiencies were found during the inspection held on Mar 2, 2021</p> <p><b>An IDR may only be requested once. You must enter a reason for anything being disputed prior to submitting</b></p>		<p>Cancel IDR</p>	<p>Informal Dispute Resolution (Due by Mar 16, 2021)</p> <table border="1"> <thead> <tr> <th>Reason</th> <th>Attachment(s)</th> </tr> </thead> <tbody> <tr> <td> <p><b>A.A.C. R9-17-320(A)(1)</b> 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;</p> <p>Place appeared dirty, trash and debris on floor. 0 file(s)</p> </td> <td> <p>0 file(s)</p> </td> </tr> <tr> <td> <p><b>A.A.C. R9-17-320(B)(1)(b)</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;</p> <p>Hands not washed. 0 file(s)</p> </td> <td> <p>0 file(s)</p> </td> </tr> <tr> <td> <p><b>A.A.C. R9-17-321(A)</b> 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:</p> <p>A preschool is less than 500 feet away. 0 file(s)</p> </td> <td> <p>0 file(s)</p> </td> </tr> </tbody> </table>	Reason	Attachment(s)	<p><b>A.A.C. R9-17-320(A)(1)</b> 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;</p> <p>Place appeared dirty, trash and debris on floor. 0 file(s)</p>	<p>0 file(s)</p>	<p><b>A.A.C. R9-17-320(B)(1)(b)</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;</p> <p>Hands not washed. 0 file(s)</p>	<p>0 file(s)</p>	<p><b>A.A.C. R9-17-321(A)</b> 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:</p> <p>A preschool is less than 500 feet away. 0 file(s)</p>	<p>0 file(s)</p>
Reason	Attachment(s)										
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<p><b>A.A.C. R9-17-321(A)</b> 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:</p> <p>A preschool is less than 500 feet away. 0 file(s)</p>	<p>0 file(s)</p>										
<p>Back Submit</p>											

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

14

Thank you. Your IDR has been submitted.

Back to Portal

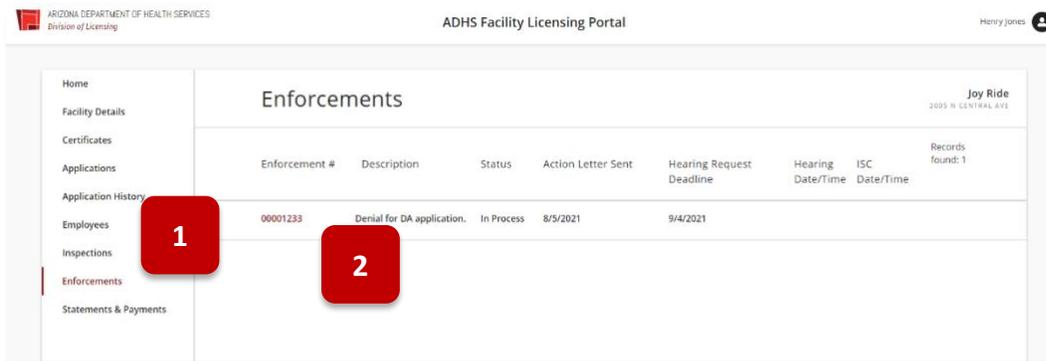
# ENFORCEMENTS

## Enforcements Page

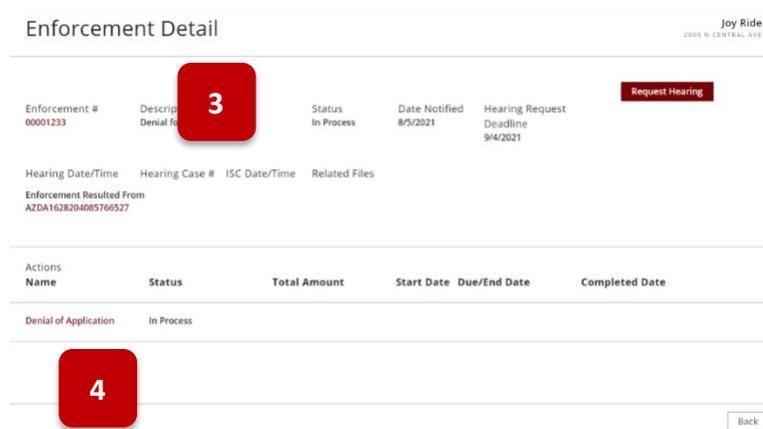
Enforcements are managed from the Enforcements tab within the Facility Licensing Portal. Prior to viewing an enforcement, login to the Facility Licensing Portal and navigate to the associated facility. PO/BMs can view enforcements related to both Dispensary and Facility Agents and their facility licenses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

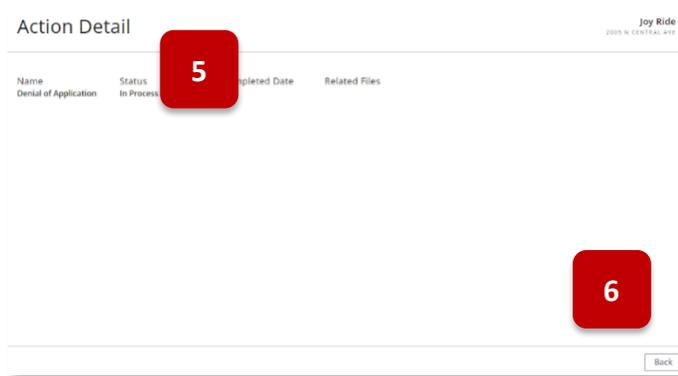
**NOTE:** Enforcements will appear for a DA of FA when they have a related card and the status of the card is listed as Active or Inactive Renewal



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

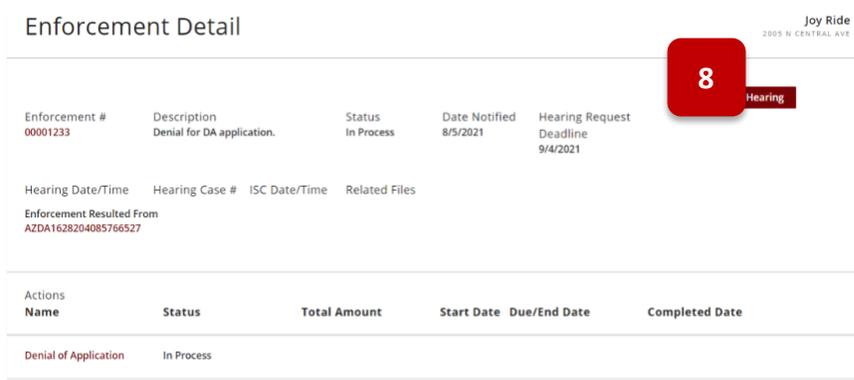


5. View the **Action Detail page** – Related Files will appear if applicable
6. Click **Back** to return to previous pages

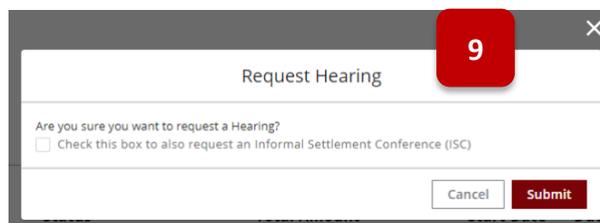


7. To dispute an enforcement, a hearing may be requested from the Enforcement Detail page
8. Click **Request Hearing**

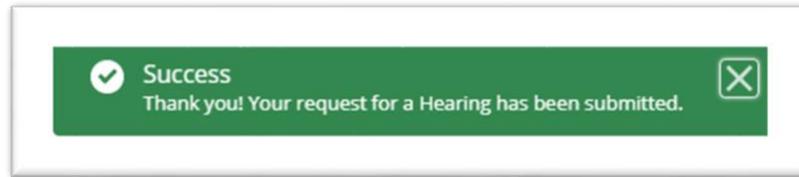
**NOTE:** Hearing must be requested by the date specified in the Hearing Request Deadline section



9. The pop-out box will appear to **confirm the hearing request**
10. Select the **checkbox to also request an Informal Settlement Conference**
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

Enforcement Detail Joy Ride  
2005 N CENTRAL AVE

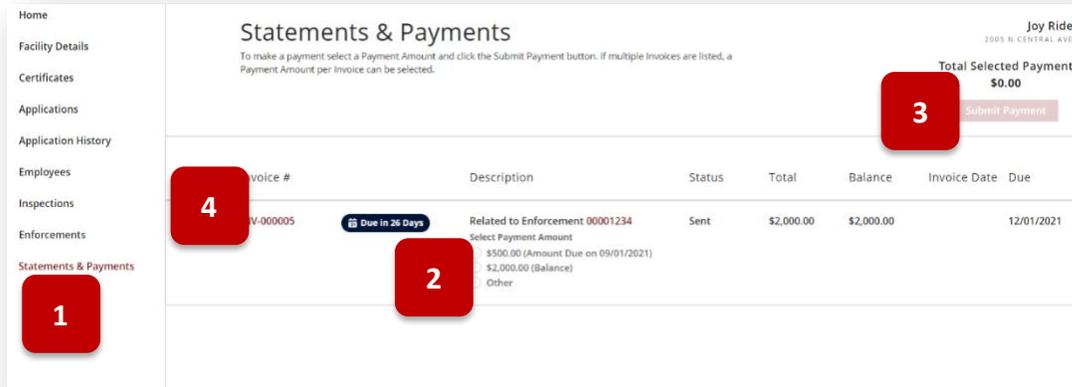
Enforcement #	Description	Status	Date Notified	Hearing Re Deadline	<a href="#">Request ISC</a>
00001233	Denial for DA application.	In Process	8/5/2021	9/4/2021	<b>13</b>
Hearing Date/Time	<b>14</b>	ing Case #	ISC Date/Time	Related Files	
Enforcement Resulted From AZDA1628204085766527					

Actions Name	Status	Total Amount	Start Date	Due/End Date	Completed Date
Denial of Application	In Process				

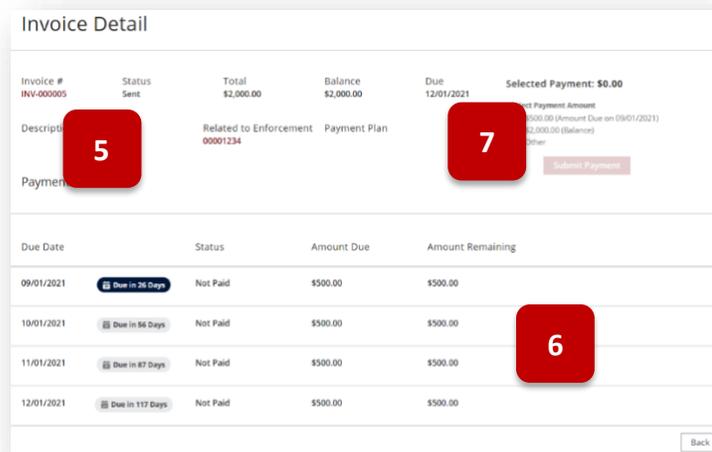
## Statements & Payments

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

**Selected Payment: \$500.00**

Select Payment Amount **8**

\$500.00 (Amount Due on 09/01/2021)

\$2,000.00 (Balance)

Other

**Submit Payment**

**Selected Payment: \$1,000.00**

Select Payment Amount

\$500.00 (Amount Due on 09/01/2021)

\$2,000.00 (Balance)

Other

Enter Other Amount **9**

\$1,000.00

**Submit Payment**

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

Payment Amounts Selected **11**

Invoice #	Amount
INV-000005	\$500.00

Total Amount: **\$500.00**

State of Arizona Checkout Utility  
State of Arizona

Payment Information

CHECKOUT - PAYMENT INFORMATION

\*First Name **12** \*Last Name

\*Billing Address \*City

\*State (Click to Select) \*Zip

\*Email \*Phone Number

 Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to process security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank.

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

Invoice # INV-000005	Status Partial	Total \$2,000.00	Balance \$1,500.00	Due 12/01/2021	<b>Selected Payment: \$500.00</b>
Description		Related to Enforcement Payment Plan 00001234		<b>Select Payment Amount</b> <input checked="" type="radio"/> \$500.00 (Amount Due on 10/01/2021) <input type="radio"/> \$1,500.00 (Balance) <input type="radio"/> Other	
<b>Submit Payment</b>					
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		
					<a href="#">Back</a>

14

13

# 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

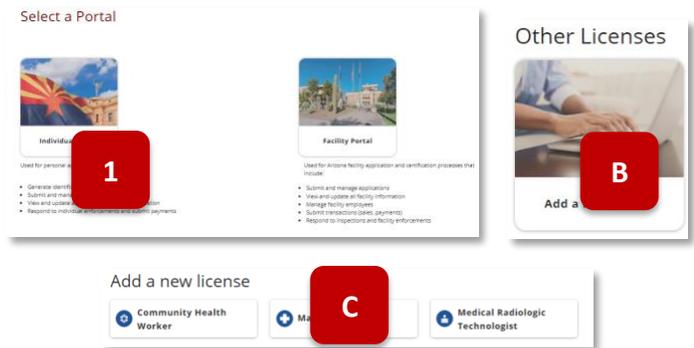
**Access:** Account holders

**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

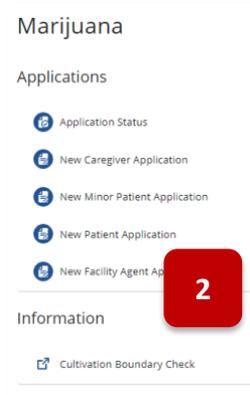
For additional application-related forms and documents, visit: <https://azdhs.gov/licensing/marijuana/adult-use-marijuana/index.php#facility-agents>

**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



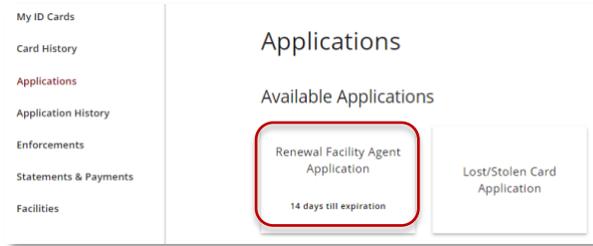
2. The Marijuana page will display available applications, select the **New Facility Agent Application** tile to open the application



## For Renewals:

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

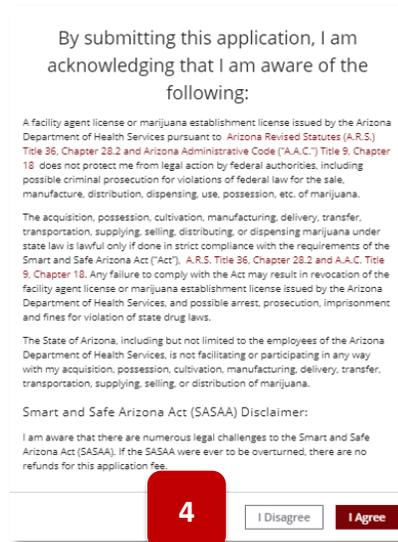
The renewal application (when available) will be displayed on the Applications tab of the Facility Agent portal



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

### Marijuana Facility Agent Registration Application

FACILITY AGENT INFORMATION
UPLOAD DOCUMENTS
REVIEW & SUBMIT

Facility Agent Information

---

**Identification Information**

First Name\*  Middle Name  Last Name\*  Suffix

Complete this field.

Date of Birth\*  Gender\*

ID Type\*  ID Number\*

Issuing State\*  Issue Date\*

Fingerprint Information\*  6

Level 1 Fingerprint Clearance ID: By selecting this option I will provide an image of my Level 1 State of Arizona Fingerprint Clearance ID card on the next page of this application.  
Fingerprint Verification Form & Card: By selecting this option I will complete the Marijuana Program Fingerprint Verification Form and mail in two copies of my fingerprints cards, processed by a state-approved Fingerprint Agency (see instructions).

**Contact Information**

Residential Address\*  Suite, Unit, etc.

City\*  State\*  Zip Code\*  County\*

Phone Number

Should there be any deficiencies with your application, ADHS may contact you to resolve the issue. Your phone number will remain confidential and will not be shared with any other entity or person.

Check if mailing address is different than residence address

**MARIJUANA PROGRAM FACILITY AGENT ATTESTATION**

I, attest that:

- I have not been convicted on 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. Dept 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.

I consent to do business electronically:

Sign Here 7

SignClear

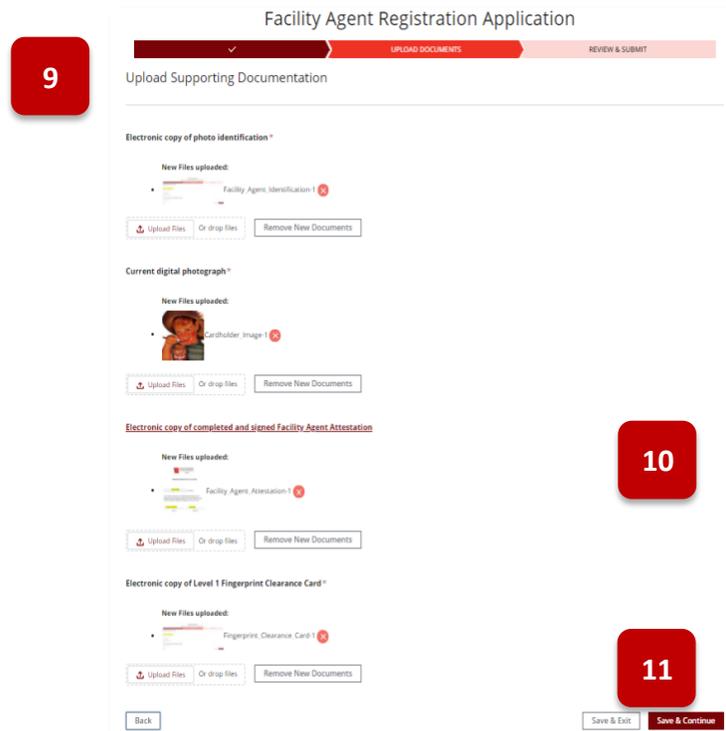
8

Save & Exit
Save & Continue

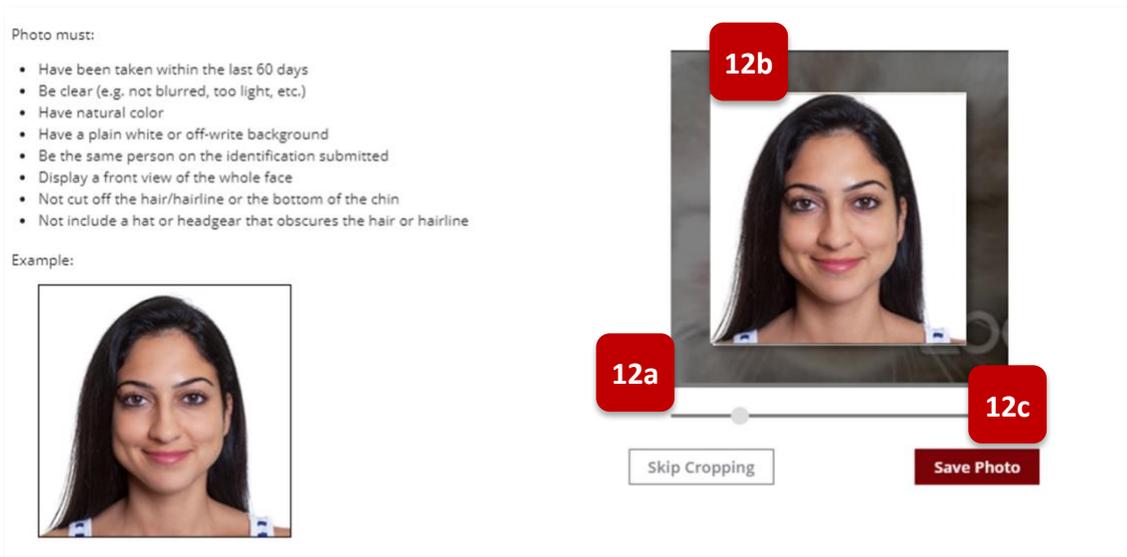
9. Upload the required supporting documents, indicated by \*

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



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

Marijuana  
Facility Agent Registration Application

Review

Facility Agent Information

Identification Information

First Name Clint	Middle Name	Last Name Wigorium	Suffix
Birthdate 12/2/1980		Gender Male	
ID Type Driver License	ID Number 555555555		
State AZ	Issue Date 12/1/2020		

Fingerprint Information  
Level 1 Fingerprint Clearance ID

Residence Information

Address 55454 Yesterday Lane	State, Unit, etc.		
City Phoenix	State AZ	Zip Code 85020	County Maricopa
Phone Number (555) 555-5555			

Check if mailing address is different than residence address

Back

Submit & Go to Payment

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)

Marijuana

Information

Check Application Status Form	Medical Marijuana Clinical Trials	Residential Address Mapping Application
-------------------------------	-----------------------------------	---

Applications

New Minor Patient Application	New Caregiver Application	New Patient Application
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Application Status

New Facility Agent Application

SUBMITTED: 12/1/2020

Submitted

## Application: Approval of New FA Application

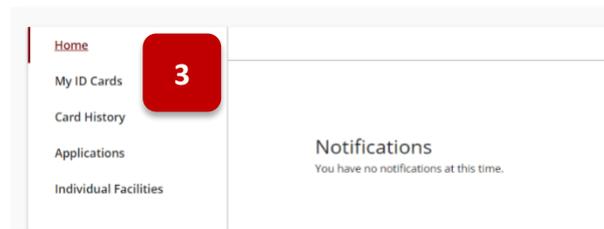
**Access:** PO/BM and FA only

**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



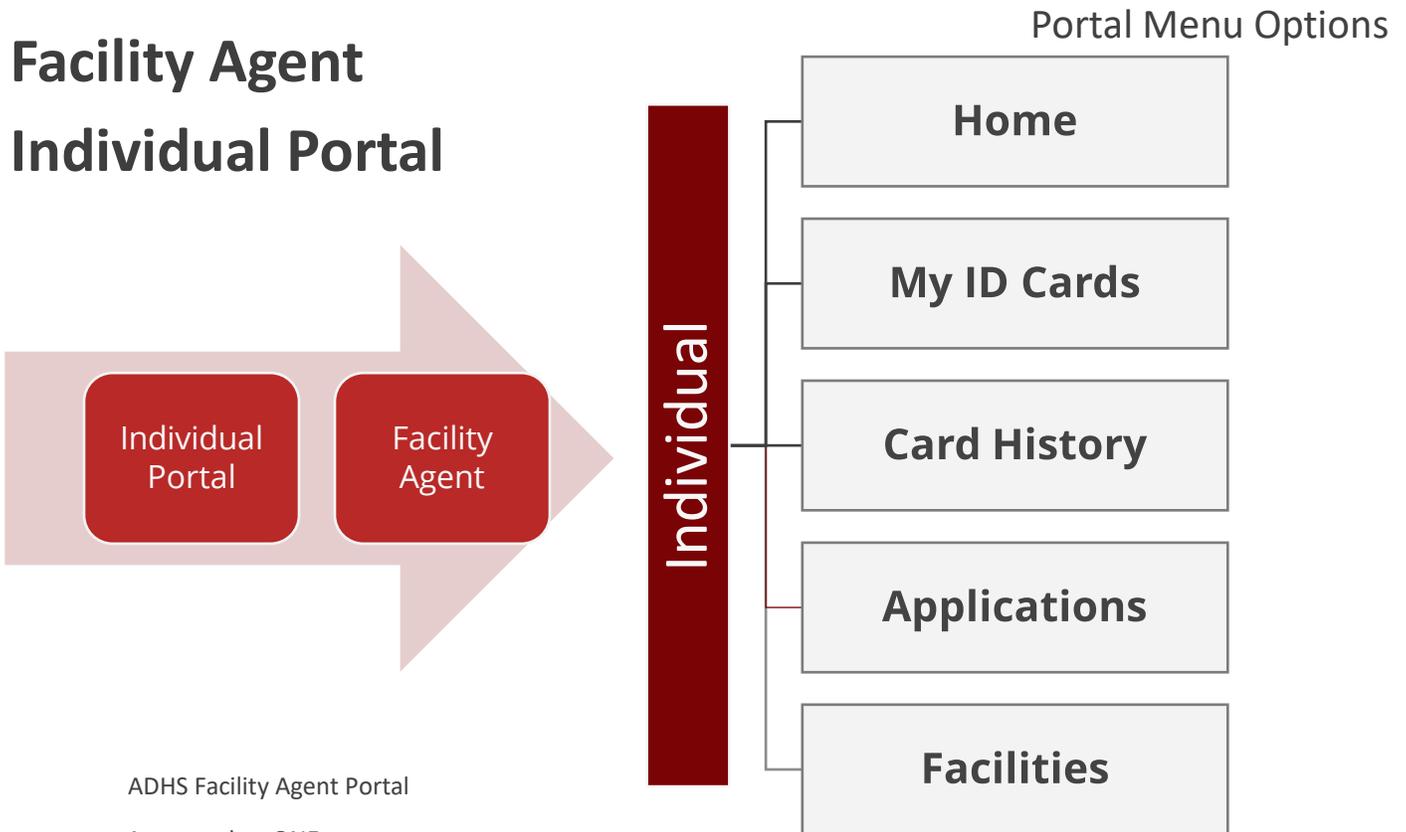
3. Access to the Facility Agent portal is now available – refer to **Individual Portal - Facility Agent: Portal Overview** section for details\*



## 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



- **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

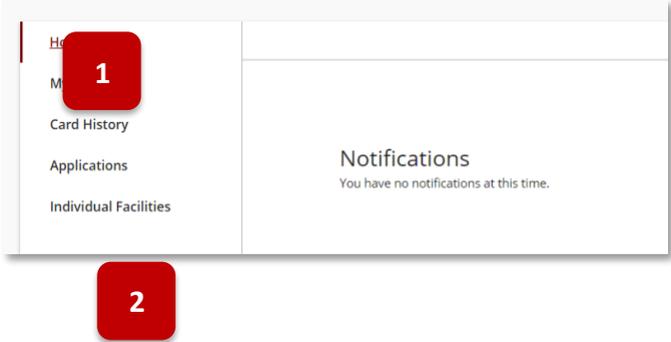
## Individual Portal - Facility Agent: Accessing Portal

**Access:** Facility Agent

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

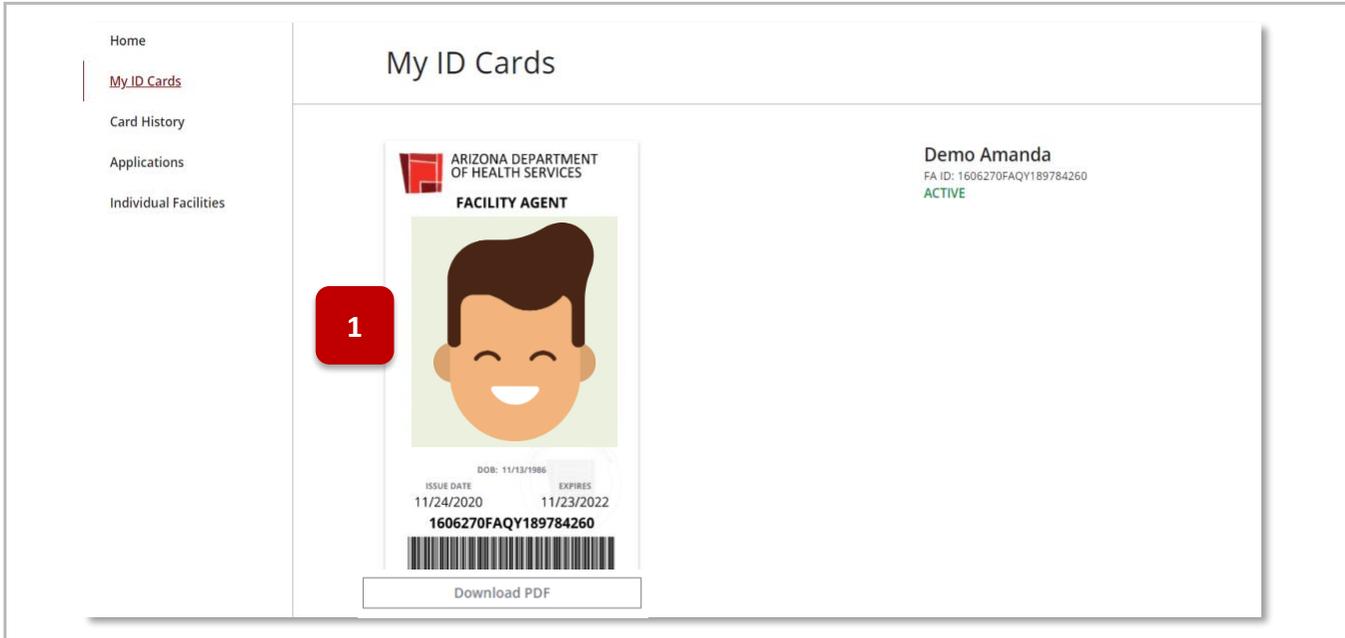
Only a Facility Agent with an approved Facility Agent Card may gain access to the Facility Agent portal, every Facility Agent user must have a:

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

<p>1. Upon login to Facilities Licensing portal, select Facility <b>Agent</b> tile</p>	 <p>ADHS Individual Licensing Portal</p> <p>My Programs</p> <p>MARIJUANA Facility Agent</p>
<p>2. View <b>Facility Agent Portal Menu bar:</b></p> <ol style="list-style-type: none"><li>a. Home</li><li>b. My ID Cards</li><li>c. Card History</li><li>d. Applications</li><li>e. Facilities</li></ol>	 <p>Home</p> <p>My ID Cards</p> <p>Card History</p> <p>Applications</p> <p>Individual Facilities</p> <p>Notifications You have no notifications at this time.</p> <p>1</p> <p>2</p>

# Individual Portal - Facility Agent: My ID Cards

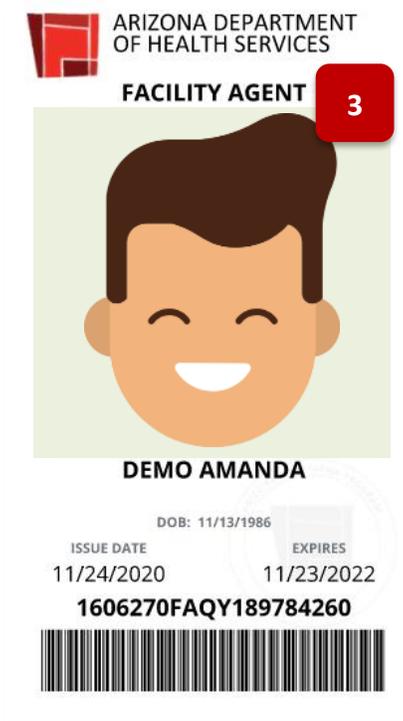
Access: Facility Agent



1. **Facility Agent** **2**: View
2. Click the **Download PDF** button
  - a. Click PDF file link for a printable version



2a



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.)

### Card History

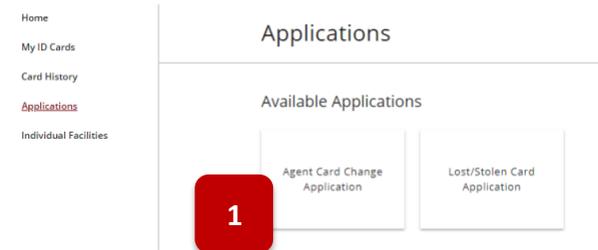
Card ID	Type	Issued	Expires	Status
1605050QPND363253775	Ident	1/10/2020	9/2022	ACTIVE

# Individual Portal – Facility Agent: Card Change Application

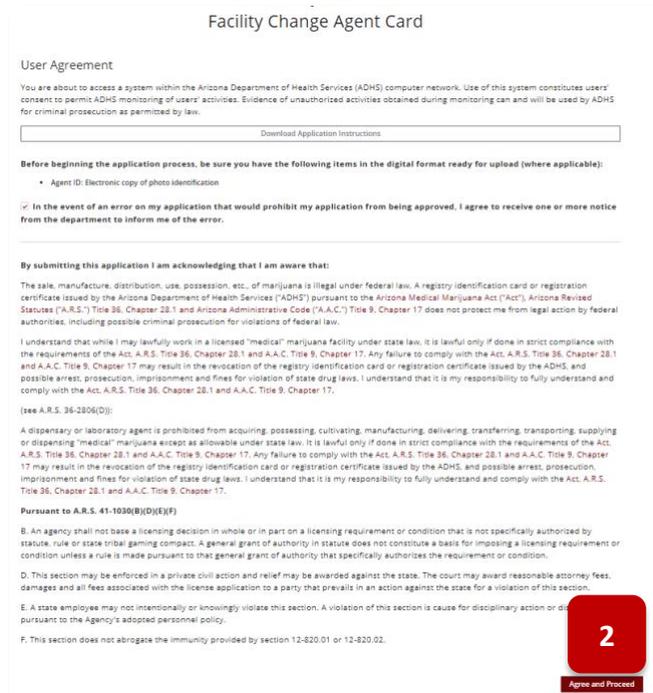
**Access:** Facility Agent

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

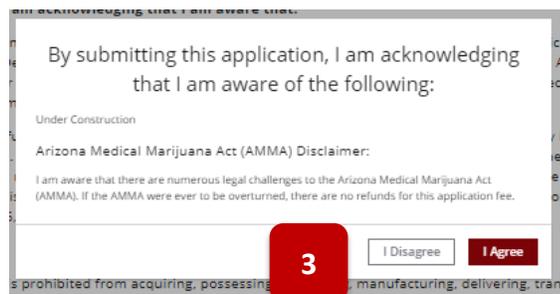
1. From the facility agent portal main page, select the Application tab – then select the **Agent Card Change Application** tile



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**

Card ID	Cardholder	Issue Date	Status
1607015FARJ864042960	David Rose	12/3/2020	ACTIVE

4

5

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

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

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

6

7

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

Agent ID: Electronic copy of photo identification \*

Upload Files Or drop files

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

### Facility Change Agent Card

REVIEW & SUBMIT

Review

Current Card Id\*  
1607015FARJ864042960

Full Legal First Name  
**David**

Agent Gender  
**Male**

New/Updated Address Information

Agent Address  
**4333 N Drive Way**

Agent City  
**Phoenix**

Agent Date of Birth\*  
11/29/1922

Check if mailing address is different than residence address

If any name fields (first, middle and/or last; name) are changed, a \$10 fee will be required.

Uploaded Documents

Agent ID



[Edit Section](#)

First Name\*  
**Facility Agent**

Full Legal Middle Name

Full Legal Last Name  
**Rose**

Agent State  
**AZ**

Agent Zip Code  
**85010**

Agent County  
**Maricopa**

[Edit Section](#)

9

[Edit Section](#)

[Back](#)

10

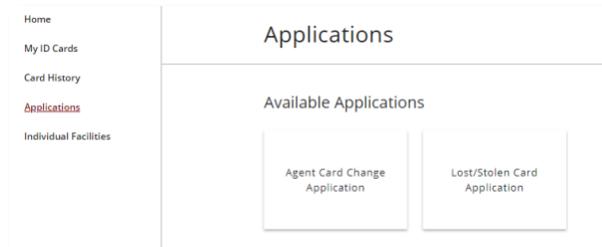
[Submit & Go to Payment](#)

# Individual Portal - Facility Agent: Lost / Stolen Card Application

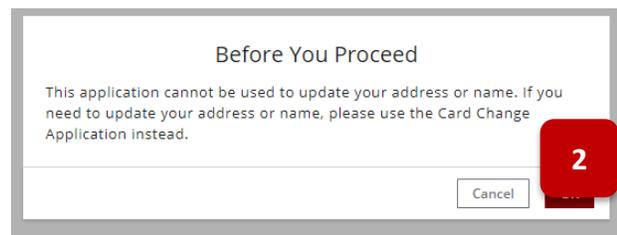
**Access:** Facility Agent

**Overview:** Agents submit this application to replace a lost or stolen card

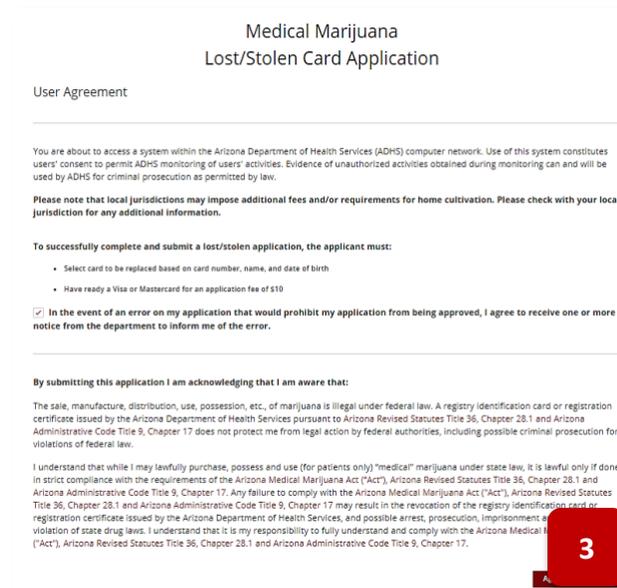
1. From the Facility Agent portal main page, select the **Application tab** – then select the **Lost/Stolen Card Application** tile



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

The screenshot shows the 'Facility Change Agent Card' application form. The progress bar at the top indicates the current step is 'CARD SELECTION'. Below the progress bar, the text reads 'Select a Card'. A note states: 'Please select the card for replacement below. Only valid cards will appear below. If you need assistance please contact M2ProgramSupport@azdhs.gov.' Below this note is a table with columns for 'Card Id', 'Cardholder', 'Issue Date', and 'Status'. A 'Save & Continue' button is located at the bottom right of the form. A red circle with the number '4' is overlaid on the left side of the screenshot.

5. Review Agent details and click **Submit & Go to Payment**
  - Proceed with payment process

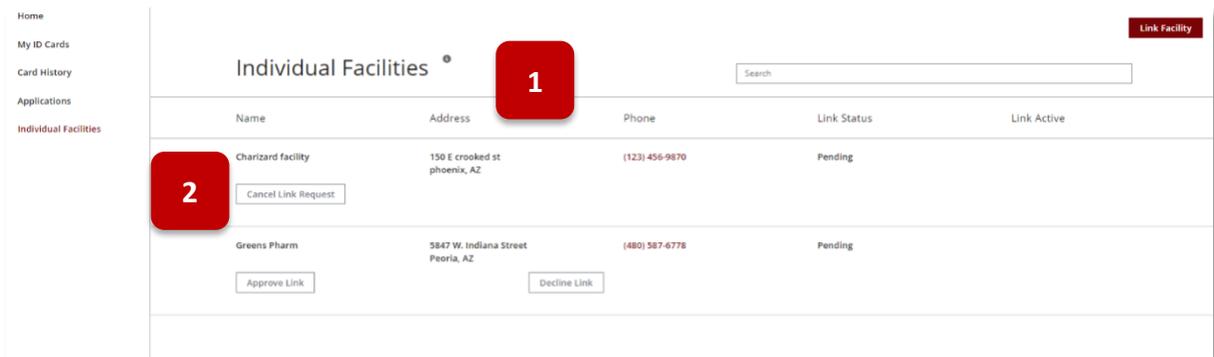
The screenshot shows the 'Medical Marijuana Lost/Stolen Card Application' form. The progress bar at the top indicates the current step is 'REVIEW & SUBMIT'. Below the progress bar, the text reads 'Review'. The form displays the following information: 'Lost/Stolen Card Information' (with an 'Edit Section' button), 'Card ID: 1588787DARV975023219', 'Card Type: Dispensary Agent', and 'Cardholder Name: John Dorian'. A note states: 'After clicking the Submit button, you will no longer be able to edit the card selection and will navigate to the payment portal.' At the bottom, there are two buttons: 'Save & Exit' and 'Submit & Go to Payment'. A red circle with the number '5' is overlaid on the bottom right of the screenshot.

# 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



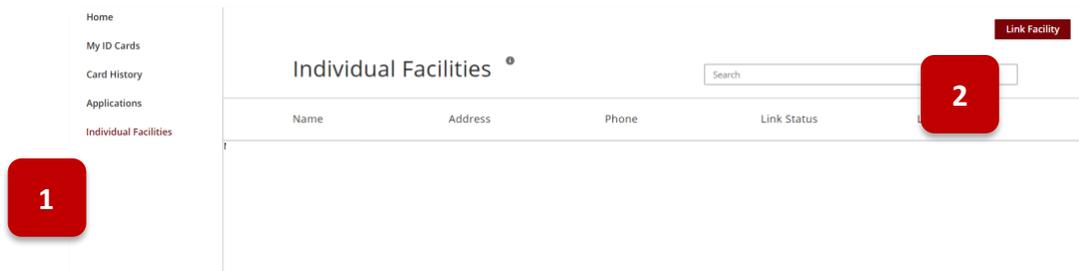
## Individual Portal - Facility Agent: Initiate Link to Facility

**Access:** Facility Agent

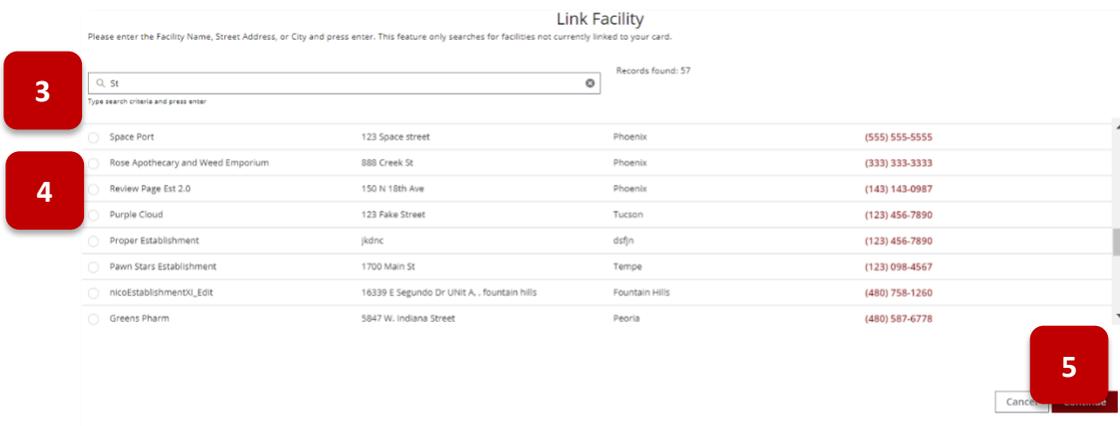
**Overview:** Agents can initiate a link request to a facility from the FA portal

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 you.

### 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 facility. I am either employed by or associated with it. This link is not complete until the facility 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	

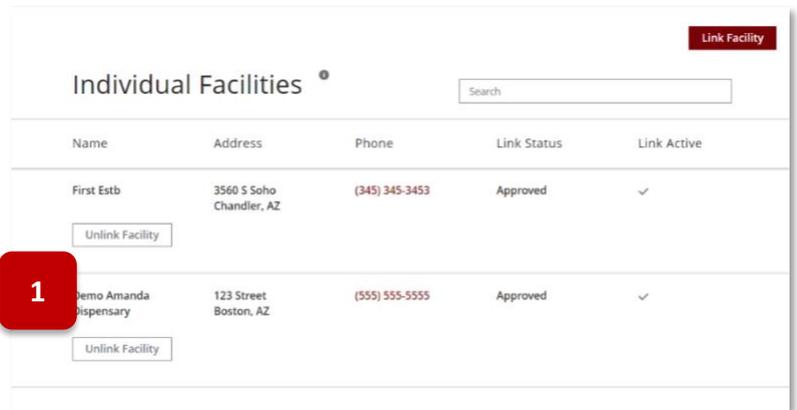
Cancel Link Request

## Individual Portal - Facility Agent: Unlink from a Facility

**Access:** Facility Agent

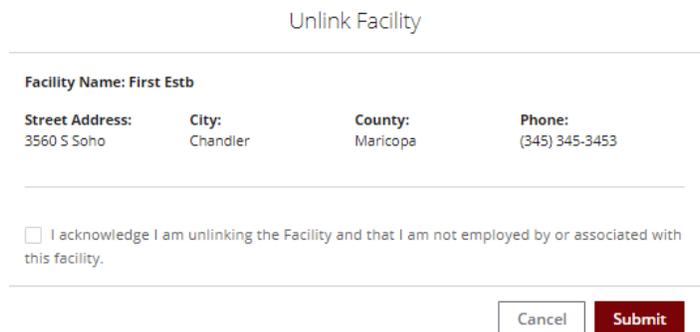
**Overview:** Facility Agents can unlink from facilities via the Facilities tab

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



Name	Address	Phone	Link Status	Link Active
First Estb	3560 S Soho Chandler, AZ	(345) 345-3453	Approved	✓
Unlink Facility				
Demo Amanda Dispensary	123 Street Boston, AZ	(555) 555-5555	Approved	✓
Unlink Facility				

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



Unlink Facility

Facility Name: First Estb

<b>Street Address:</b> 3560 S Soho	<b>City:</b> Chandler	<b>County:</b> Maricopa	<b>Phone:</b> (345) 345-3453
---------------------------------------	--------------------------	----------------------------	---------------------------------

I acknowledge I am unlinking the Facility and that I am not employed by or associated with this facility.

Cancel Submit

**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

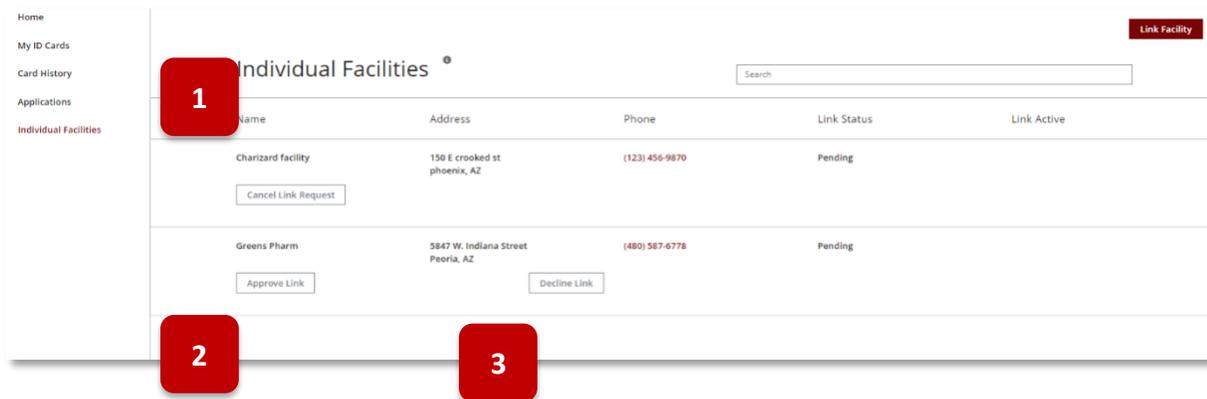
**Access:** Facility Agent

**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 facility, which is important for the employee protections to be activated

The 'Approve Facility Link' dialog displays the following information: Facility Name: Greens Pharm; Street Address: 5847 W. Indiana Street; City: Peoria; County: ; Phone: (480) 587-6778. Below this is a checkbox with the text: 'I acknowledge I am approving the pending Facility Agent Link Request for this facility and I am either employed by or associated with it.' A red callout box 4 is positioned over the 'Submit' button.

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

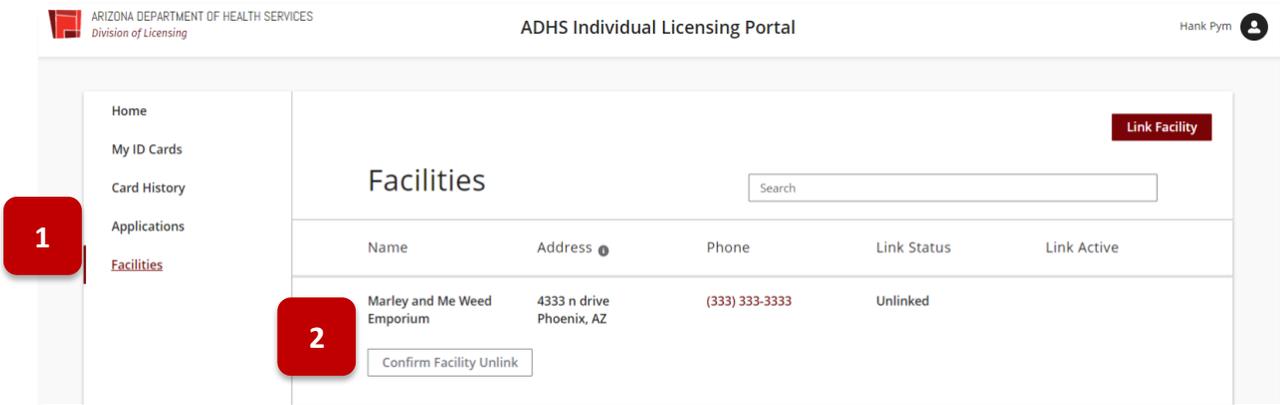
The 'Decline Facility Link' dialog displays the following information: Facility Name: Greens Pharm; Street Address: 5847 W. Indiana Street; City: Peoria; County: ; Phone: (480) 587-6778. Below this is a checkbox with the text: 'I acknowledge I am declining the pending Facility Agent Link Request for this facility and I am not employed by or associated with this facility.' A red callout box 5 is positioned over the 'Submit' button.

# Individual Portal - Facility Agent: Confirm Facility Unlink

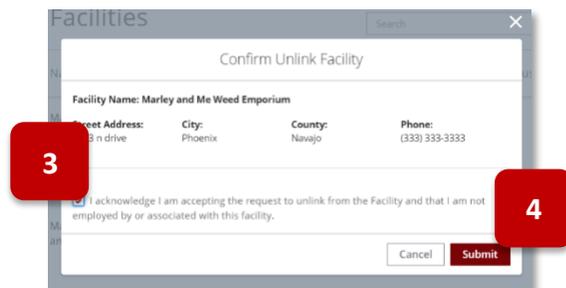
## Access: Facility Agent

**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

State of Arizona Checkout Utility  
State of Arizona

Payment Information

CHECKOUT - PAYMENT INFORMATION

\*First Name: Kevin  
\*Last Name: Spoken  
\*Billing Address: 3301 N 24th St  
\*City: Phoenix  
\*State: AZ  
\*Zip: 85016  
\*Email: megan.wagner@azdhs.gov  
\*Phone Number: 999-124-9832

Continue

1

2

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

Order Review

Please review your order and ensure the information below is correct before proceeding. If you agree with the information as displayed, please click the "Authorize" button to process the payment.

BILLING INFORMATION

Name: Kevin Spoken  
Address: 3301 N 24th St, Phoenix, AZ, 85016  
Phone: 999-124-9832  
Email: megan.wagner@azdhs.gov

ACCOUNT INFORMATION

VISA  
4\*\*\*\*\*1111

ORDER INFO

Order No	Product ID	Item Description	Amount	Quantity	Total Amount
2000178	HSM0030	MM DISP-INITIAL	\$5,000.00	1	\$5,000.00
Total					\$5,000.00

Note: test desc

I understand that the following amount will be billed to my credit card. My credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
AZ DEPT OF HEALTH SVCS	\$5,000.00

The total amount to be billed to your credit card is \$5,000.00

Previous Authorize

3

4

5

Receipt

Thank you for your payment. Your payment was successful.

Do not close this window. Click the "Continue" button to return to the Agency application.

YOUR PAYMENT IS COMPLETE

Payment is complete. Print this receipt for your records.

Your authorization number is 475835.

Please reference this number in any correspondence regarding your transaction. Get the Adobe Acrobat Reader

Download receipt

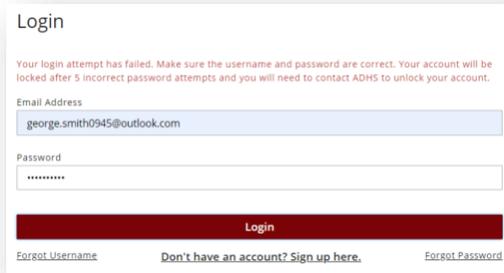
Continue

6

7

## Portal Login: Locked Account

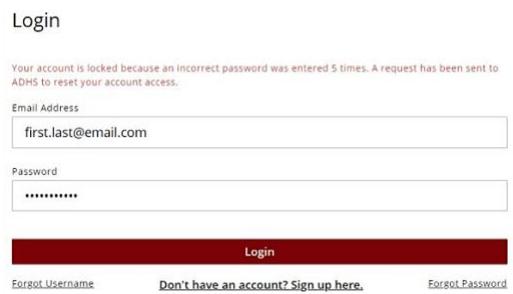
1. When attempting to login to the portal, the account will be locked after 5 invalid login attempts - message displayed: *“Your login attempt has failed. Make sure the username and password are correct. Your account will be locked after 5 incorrect password attempts and you will need to contact ADHS to unlock your account.”*



The screenshot shows a login form titled "Login". The message reads: "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." The "Email Address" field contains "george.smith0945@outlook.com" and the "Password" field is masked with dots. A red "Login" button is at the bottom. Below the button are links for "Forgot Username", "Don't have an account? Sign up here.", and "Forgot Password".

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



The screenshot shows a login form titled "Login". The message reads: "Your account is locked because an incorrect password was entered 5 times. A request has been sent to ADHS to reset your account access." The "Email Address" field contains "first.last@email.com" and the "Password" field is masked with dots. A red "Login" button is at the bottom. Below the button are links for "Forgot Username", "Don't have an account? Sign up here.", and "Forgot Password".

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”*



Hello Marybud,

Your account has been unlocked. Please login to the [Facility Portal](#) or [Change your password](#) to regain access.

For additional questions, please contact the Arizona Department of Health Services.

Thank you,  
ADHS Licensing Team

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](mailto:marijuana@azdhs.gov)



Hi Karl,

We received your request to reset your ADHS Facility Licensing portal password. We can't reset your password right now. Your account is locked after too many login attempts.

Please email [M2Dispensaries@AZDHS.gov](mailto:M2Dispensaries@AZDHS.gov) to have your account unlocked.

Thank you,  
ADHS Licensing Team

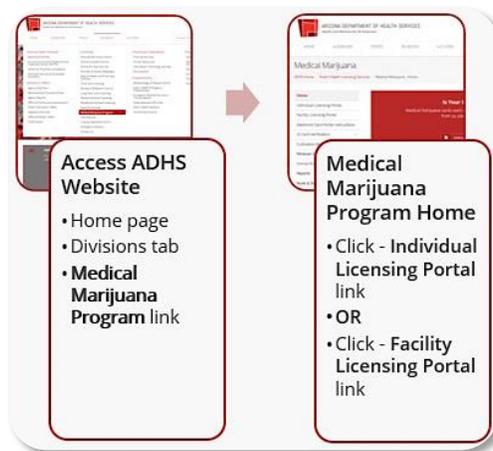
## Accessing Your Facility Licensing Portal

**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:

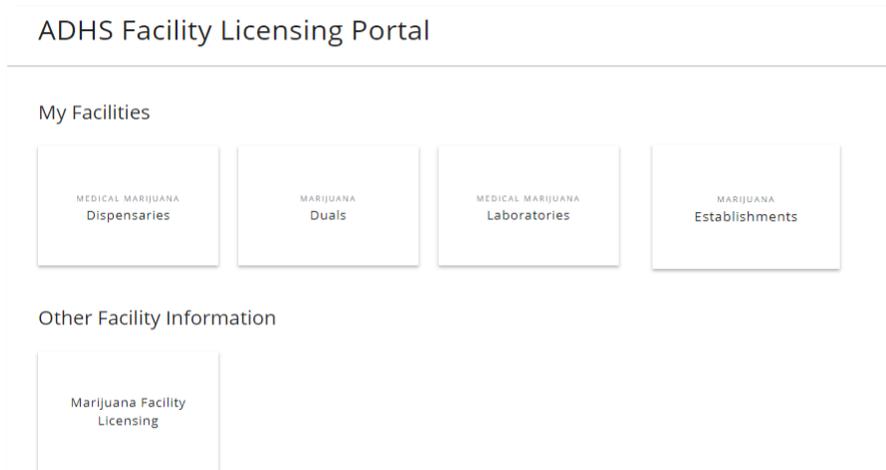
- Unique email address
- Portal Account
- An association with a facility
- Valid Marijuana Registry Identification Card

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



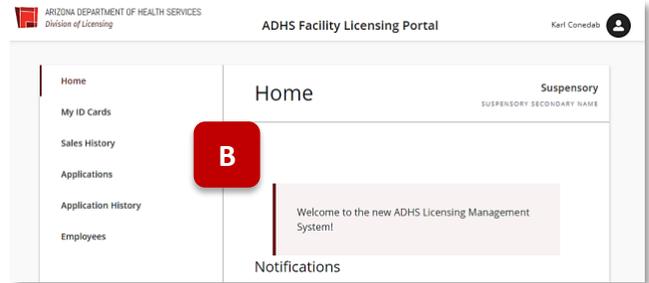
2. Select specific site tile to view the PO/BM functions

**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

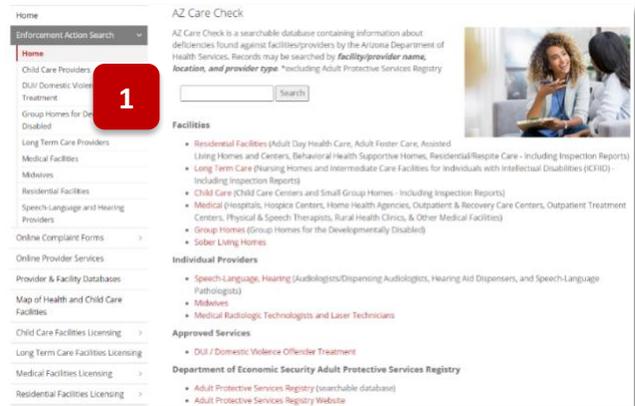


## AZ Care Check

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.

1. On your internet browser go to [AZCareCheck.com](http://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:

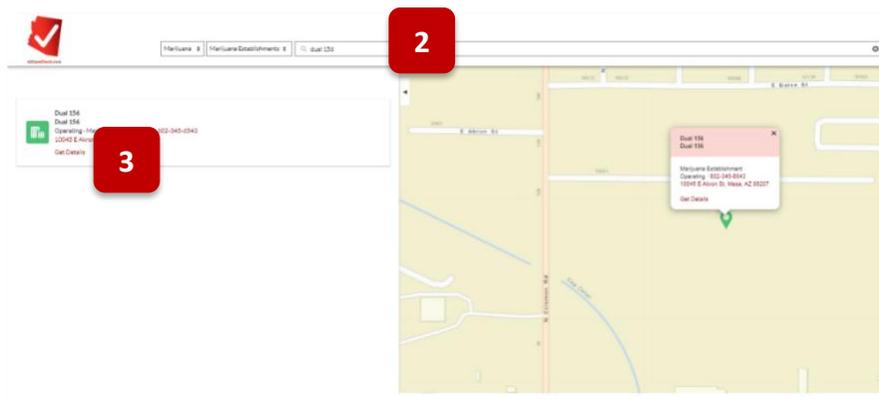
10. Using the search bar to search by Provider Name, Licensee Name, Address, etc.

11. Using the map to find the Marijuana Establishment

3. Once you have found the appropriate facility

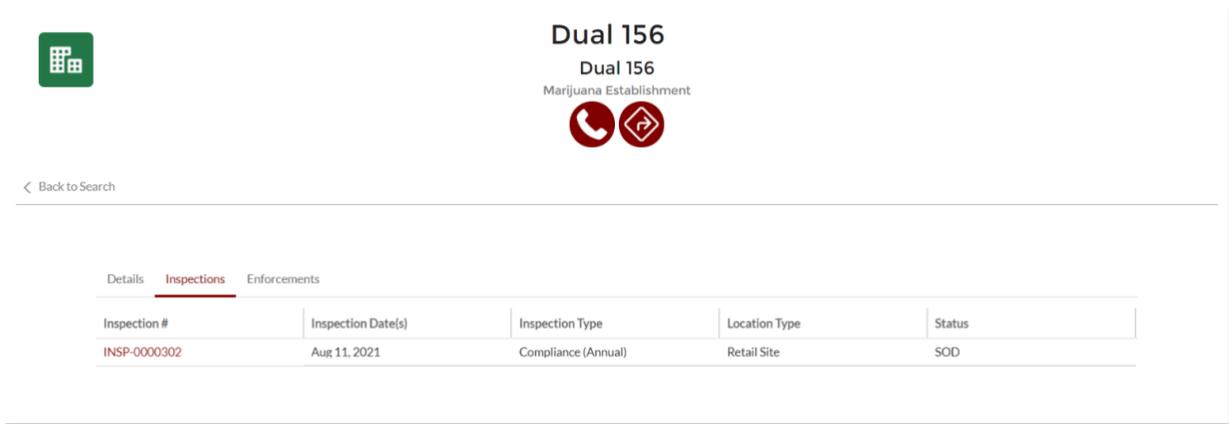
12. Click **Get Details** on the list view

OR click the geo-location icon (📍) on the map and then select **Get Details**



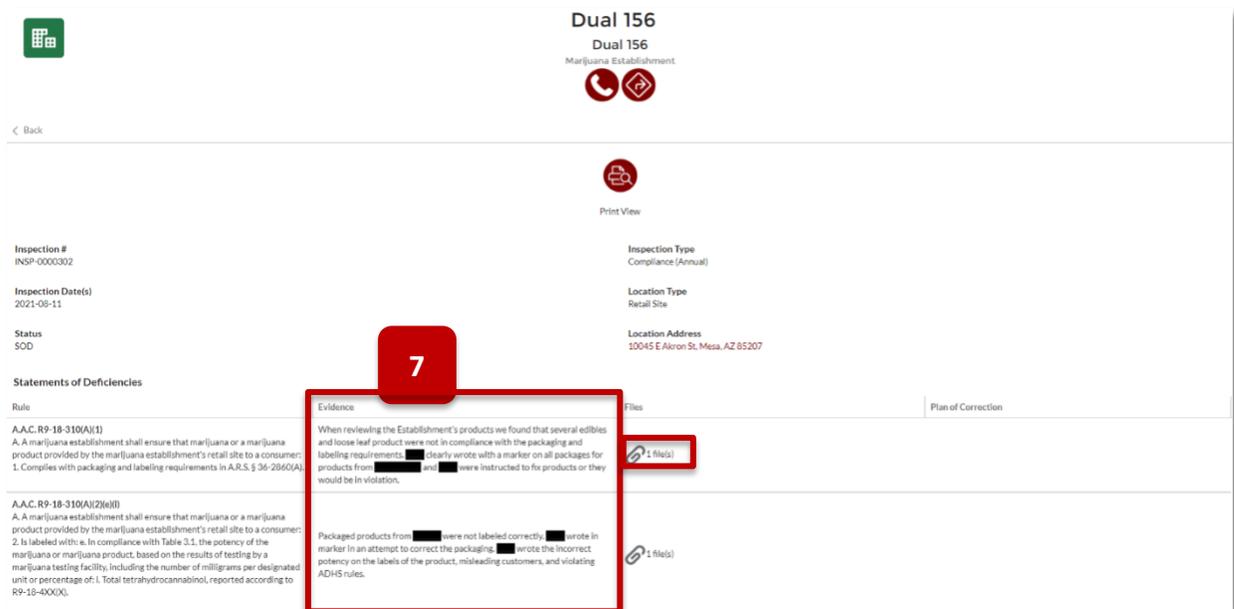
4. From the Facility Details page, select the tab for **Inspections**

5. Select the appropriate **Inspection #** from the list view to view the Inspection's details



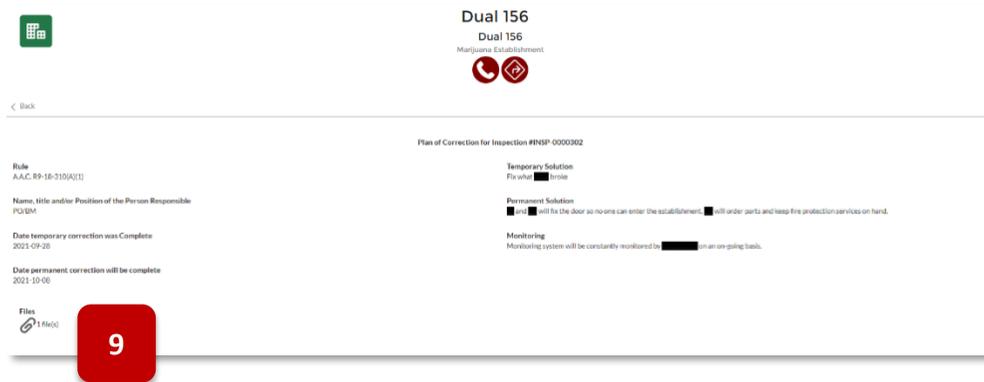
6. Under the Statement of Deficiencies header, you will be able to view the redacted evidence text
7. To view any files associated with the deficiency, click the paperclip icon in the Files column

**NOTE:** These files will include any redacted image(s)



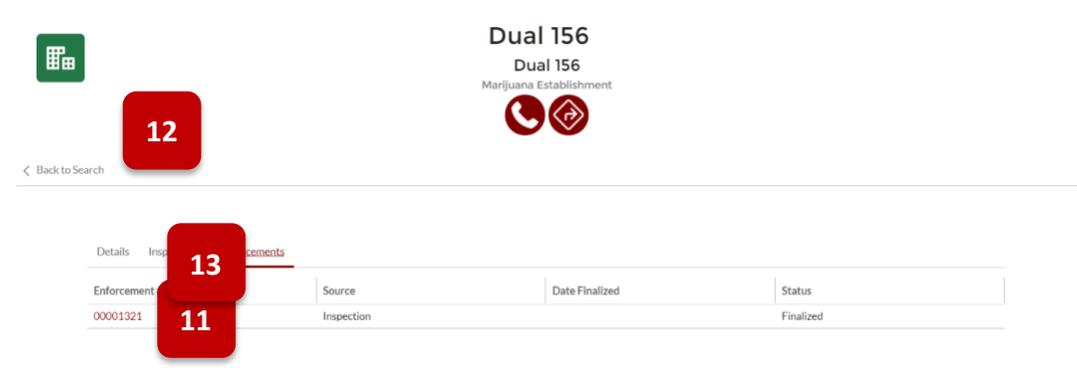
8. Once POC information has been uploaded and the inspection is either **Complete** or **Waiting for Documents**, POC documents and information will be available on AZCC. To access, click **View** on the associated inspection record in the **Plan of Correction** column
9. To view any files associated 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



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:

- **Approved:** Link has been approved by both the facility and facility agent. Agent is able to work at the facility's sites
  - **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
  - **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
  - **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
  - **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	<ul style="list-style-type: none"> <li>POBMs 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</li> </ul>
Add/Remove PO/BM	<ul style="list-style-type: none"> <li>POBMs 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</li> <li>Legal documentation supporting requested change (may include bylaws, documents filed with Corporation Commission, etc.)</li> </ul>
Approval to Operate	<ul style="list-style-type: none"> <li>FOR EACH POBM: Attestation that all information provided in the application is true and accurate.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>A floor plan drawn to scale of the building where the proposed dispensary is located</li> </ul>

<p>Facility Change Application: Add Cultivation On/Offsite, Location Change, of Dispensary/Cultivation Site. Modify Facility Site</p>	<ul style="list-style-type: none"> <li>• FOR EACH POBM: Attestation that all information provided in the application is true and accurate.</li> <li>• 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.</li> <li>• 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.</li> <li>• A site plan drawn to scale of the proposed dispensary location</li> <li>• A floor plan drawn to scale of the building where the proposed dispensary is located.</li> </ul>
<p>Decertify Cultivation Site Dispense/Sell Edibles</p>	<ul style="list-style-type: none"> <li>• FOR EACH POBM: Attestation that all information provided in the application is true and accurate.</li> </ul>
<p>Dispensary Agent Registration</p>	<ul style="list-style-type: none"> <li>• Electronic copy of photo identification</li> <li>• Current Digital Photo</li> <li>• Electronic copy of completed and signed Dispensary Agent/Member Attestation</li> <li>• Fingerprint Verification Form – Mailed in</li> </ul>

<p>Initial Dispensary Registration Certificate</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Copy of policies and procedures that comply with the requirements in this Chapter</li> <li>• 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</li> <li>• Fingerprint Card (submitted out of the portal)</li> <li>• 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</li> <li>• Documentation from the local jurisdiction where the dispensary’s proposed physical address is located</li> <li>• There are no local zoning restrictions for the dispensary’s location, or</li> <li>• The dispensary’s location is in compliance with any local zoning restrictions</li> <li>• Documentation of: <ul style="list-style-type: none"> <li>○ Ownership of the physical address of the proposed dispensary, or</li> <li>○ 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</li> </ul> </li> <li>• The dispensary’s by-laws</li> <li>• Documentation of Ownership or Owner Permission</li> <li>• 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</li> <li>• Site Plan</li> <li>• Floor Plan</li> <li>• A business plan demonstrating the on-going viability of the dispensary on a not-for-profit basis</li> </ul>
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Dual Application	<ul style="list-style-type: none"> <li>• FOR EACH POBM: Attestation that all information provided in the application is true and accurate.</li> </ul>
New Establishment Application	<ul style="list-style-type: none"> <li>• All owners must have an account created prior to starting the application</li> <li>• All owners must have an active Facility Agent Card. Each POBM can apply for a Facility Agent Card from the ADHS <a href="#">Individual Licensing Portal</a></li> <li>• Each POBM: <ul style="list-style-type: none"> <li>○ An attestation that all information provided in the application is true and accurate. Signed and dated by the POBM. <a href="#">POBM Initial Establishment Attestation</a></li> <li>○ 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;</li> <li>○ 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;</li> <li>○ Documentation of the principal officer's or board member's marijuana facility agent license</li> </ul> </li> <li>• Documentation that the applicant is in good standing with the Arizona Corporation Commission</li> <li>• 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: <ul style="list-style-type: none"> <li>○ Certifying that that the proposed physical address of the marijuana establishment is in compliance with any local zoning restrictions, and</li> <li>○ Including the legal name of the marijuana establishment or identifying at least one principal officer or board member of the marijuana establishment</li> <li>○ <a href="#">Zoning Compliance Form</a></li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>• Documentation, in a Department-provided format, of:<ul style="list-style-type: none"><li>○ Ownership of the physical address of the proposed marijuana establishment, signed and dated within 60 calendar days before the days of application; or</li><li>○ 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</li><li>○ <a href="#">Property Ownership Form</a></li></ul></li><li>• Documentation from an in-state financial institution or an out-of-state financial institution, as defined in A.R.S. § 6-101:<ul style="list-style-type: none"><li>○ 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</li><li>○ 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</li><li>○ <a href="#">Financial Institution Statement</a></li></ul></li></ul>
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## 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.

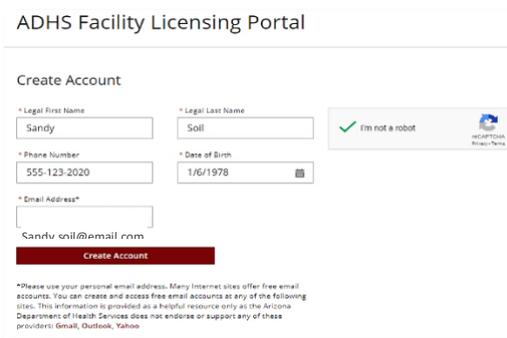
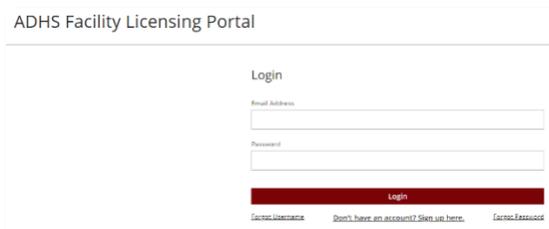
1. Navigate to a Licensing Portal Login screen
2. Click **Don't have an account? Sign Up here:** to create ADHS Licensing System Portal account
3. **Enter required information:** Legal First Name, Legal Last Name, Phone Number, Date of Birth, Email Address

**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

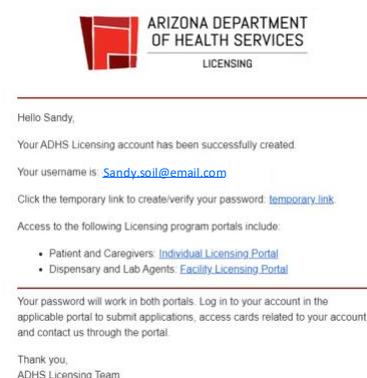
4. Click **reCaptcha box "I'm not a robot"**
5. Click **Create Account**

**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

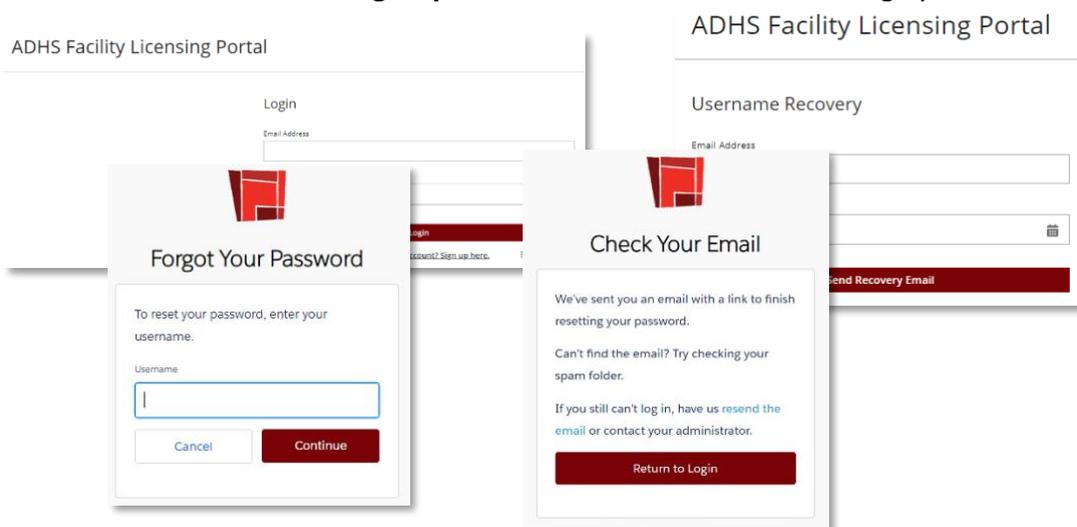
**Overview:** How to setup your user account

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](http://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

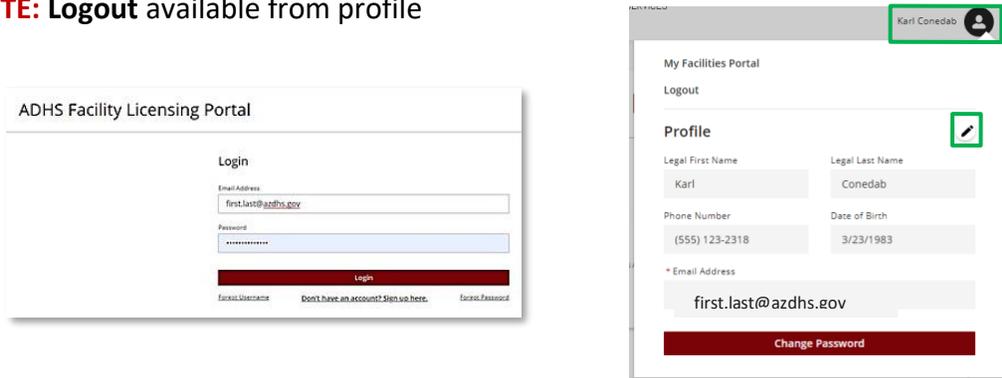
Login to the ADHS Facility Licensing Portal with the portal account information previously created. The profile section of the account has the account holder's personal information. The phone number, email address, and password can be edited from the portal. Remaining profile data (first name, last name,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

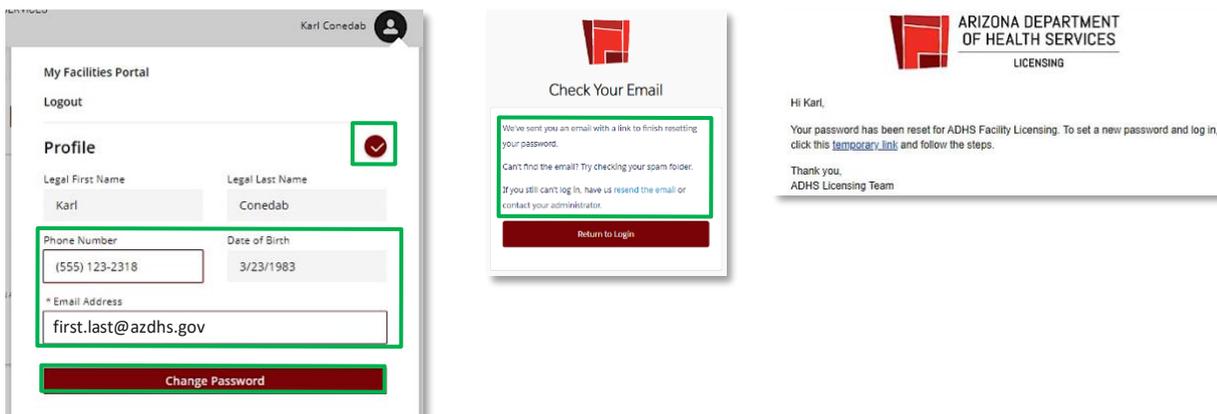
**NOTE:** To return to portal Navigation, click **My Facilities Portal**

**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 personal 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	<a href="mailto:marijuana@azdhs.gov">marijuana@azdhs.gov</a>
Phone	(602) 364-0857
Website	<a href="http://www.azdhs.gov/licensing/medical-marijuana">www.azdhs.gov/licensing/medical-marijuana</a>
Medical Marijuana Forms and Resources:	<a href="https://azdhs.gov/licensing/medical-marijuana/index.php#forms-list">https://azdhs.gov/licensing/medical-marijuana/index.php#forms-list</a>
Adult-Use Marijuana Forms and Resources:	<a href="https://azdhs.gov/licensing/marijuana/adult-use-marijuana/index.php#forms">https://azdhs.gov/licensing/marijuana/adult-use-marijuana/index.php#forms</a>
Dispensary FAQs	<a href="https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary">https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary</a>
Dispensary Agent FAQs	<a href="https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary-agents">https://www.azdhs.gov/licensing/medical-marijuana/#faqs-dispensary-agents</a>
<b>Outside of ADHS business hours:</b> 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 3<sup>rd</sup> 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

# Additional Information: Agent Checklist

## Dispensary and Laboratory Agent Checklist

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

<b>1</b>	<b>Application Information</b>
<input type="checkbox"/>	<b>Dispensary or Laboratory Agent's</b>
<input type="checkbox"/>	First Name, Middle Initial (if applicable), Last Name and Suffix (if Applicable)
<input type="checkbox"/>	Date of Birth
<input type="checkbox"/>	Gender
<input type="checkbox"/>	Social Security Number (for the fingerprint card)
<input type="checkbox"/>	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
<input type="checkbox"/>	Dispensary Agent's residential address and county
<input type="checkbox"/>	Dispensary Agent's phone number
<input type="checkbox"/>	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
<input type="checkbox"/>	Dispensary Agent's mailing address - check box if same as residential address
<b>2</b>	<b>Documents required to upload into online application</b>
<input type="checkbox"/>	Recommended file format
—	File types recommended: PDF, JPG, PNG, or GIF
—	Cannot exceed 2 MB
<input type="checkbox"/>	Current photograph of the Dispensary Agent:
<input type="checkbox"/>	Taken no more than 60 days for the submission of the application
<input type="checkbox"/>	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
<input type="checkbox"/>	Other supporting documents
<input type="checkbox"/>	Copy of the Dispensary Agent's
<input type="checkbox"/>	Arizona driver's license issued on or after October 1, 1996; OR
<input type="checkbox"/>	Arizona identification card issued on or after October 1, 1996; OR
<input type="checkbox"/>	Arizona registry identification card; OR
<input type="checkbox"/>	Photograph page in Dispensary Agent's U.S. passport; OR
<input type="checkbox"/>	An Arizona driver's license or identification card issued before October 1, 1996 AND one of the following:
<input type="checkbox"/>	Birth Certificate verifying U.S. citizenship
<input type="checkbox"/>	U.S. Certificate of Naturalization
<input type="checkbox"/>	U.S. Certificate of Citizenship
<input type="checkbox"/>	Signed and dated Medical Marijuana Dispensary Agent / PO/BM Attestation
<b>3</b>	<b>Fingerprints</b>
<input type="checkbox"/>	Although not part of the ADHS <b>online</b> 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.
<input type="checkbox"/>	Fingerprinting instructions
<input type="checkbox"/>	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<sup>†</sup>
  - 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<sup>††</sup>
  - is employed by or contracted with the laboratory
  - is providing volunteer services at or on behalf of the laboratory

<sup>†</sup> 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.

<sup>††</sup> 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](http://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](http://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

STATE OF ARIZONA  
DEPARTMENT OF PUBLIC SAFETY  
Level One Fingerprint Clearance Card

Name: CARDHOLDER NAME  
MM-DD-YYYY G 000 000 COL COL  
DOB Sex Weight Height Eyes Hair  
Issue Date: MM-DD-YYYY Expiration Date: MM-DD-YYYY  
Card Number: XXXX XXXXXX

Application fee  
\$150

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

APPLICANT: SAMPLE JANE DENISE  
RESIDENCE: 222 SKY WALKER DR, WONDERFUL, AZ 87552  
DATE: 05-05-55  
CITIZENSHIP: USA  
FOUR NO. (FBI): LEAVE BLANK  
ARMED FORCES NO. (MIL): LEAVE BLANK  
SOCIAL SECURITY NO. (SSN): 555-55-5555  
FINGERPRINTS: LEAVE BLANK

1. R. THUMB, 2. R. INDEX, 3. R. MIDDLE, 4. R. RING, 5. R. PINKY, 6. L. THUMB, 7. L. INDEX, 8. L. MIDDLE, 9. L. RING, 10. L. PINKY

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY, RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

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 and inches such as 5'7", not 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>



**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](http://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](http://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>

**MEDICAL MARIJUANA PROGRAM  
DISPENSARY AGENT or PO/BM 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 26, Chapter 28.1.

*Disclosure:*  
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](http://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](http://www.azdps.gov)).

\_\_\_\_\_  
Dispensary Agent or PO/BM Signature

\_\_\_\_\_  
Date Signed

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***The section below applies only to the Dispensary Principal Officers and/or Board Members***

I, \_\_\_\_\_, am designated to submit dispensary agent applications on the  
(Please print name legibly)  
dispensary's behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Revised 03.24.2020

## 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.<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> 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).