Marijuana Establishment Agent Card Application and Checklist

State of Nevada Department of Taxation

For use by Marijuana Establishment Owners, Officers, Board Members, Employees, Volunteers and Contractors

Nevada Marijuana Enforcement Division

Marijuana Agent Card Application Packet Checklist

Please follow these instructions carefully. All fees collected by the Nevada Marijuana Enforcement Division for agent registration cards are non-refundable. All required agent registration or renewal application forms must be filled out completely. Application approval will be provided in person, emailed or mailed to the mailing address provided by the applicant.

A complete application includes:

_____ **Agent Basic Information Document (pg. 4)**
_____ **Front and back of government-issued identification document (pg. 5, 6)**
_____ **Applicant Required Attestation Form (pg. 7)**
_____ **Applicant Dispense/Divert Pledge Form (pg. 8)**
_____ **Photo & signature (pg. 9)**
_____ **Both pages of the Fingerprint Background Waiver (pg. 10,11)**
_____ **Registration fee: Payment to the Department of Taxation in the amount of $75.00 for each Establishment category for which you are applying. All payments must be in the form of a check or money order. Do not write the word "marijuana" on your check or money order.**
_____ **Agent Applicant Fingerprint Submission Form (pg. 13):** A list of fingerprinting locations within the State of Nevada is available here: http://rccd.nv.gov/FeesForms/Fingerprints/.
In-state applicants have two options listed below. Option 1 offers the fastest processing.
Applicants from outside Nevada will need to find an approved fingerprinting agency in their area and can only submit Fingerprint/Ink Cards as outlined in Option 2.

OPTION 1: LiveScan/electronic: Bring completed form (pg.13) to a local fingerprinting agency (see link above). The technician will sign, date, stamp and provide two TCN numbers on the form. Submit the completed form (pg. 13) with your agent card application. This completes the process of the LiveScan/electronic submission. The applicant's background will be sent to the State for review within 45 business days.

OPTION 2: Fingerprint/Ink Card: Complete page 13. Find an approved fingerprinting agency in your area and obtain a fingerprint card. Obtain two fingerprint cards and provide the appropriate NRS code(s) listed under "Reason Fingerprinted" on page 13. Provide the following state-specific information on each card: MNU (Account#): 152108 and ORI: NV0131700. Make a copy of page 13. Obtain a cashier's check or money order payable to The Nevada Department of Public Safety with a fee for each card. Payment amounts are outlined at http://rccd.nv.gov/FeesForms/Fingerprints/. Mail the cashier's check or money order and fingerprint cards to the Department of Public Safety (see Page 12). Mail the completed Page 13 with the rest of the application documents to the Department of Taxation (see Page 12). DO NOT MAIL THE APPLICATION DOCUMENTS TO DEPARTMENT OF PUBLIC SAFETY!

Submission Options:

1. www.TaxAgentPortal.nv.gov provides the most efficient processing and allows applicants to manage agent card profiles. Once you have started your application on the portal, DO NOT SUBMIT PAPER DOCUMENTS. If you encounter a problem, notify the Division at marijuana@tax.state.nv.us
2. Hand carry a paper application and payment to any Department of Taxation office, or mail to:
   Department of Taxation
   Attn: Agent Registration
   1550 College Parkway Suite 115
   Carson City, Nevada 89706

NOTE: Applicants are hereby notified that both state and FBI background checks are required. If only one of these is available, the Department may notify applicants and direct them to submit another set of fingerprints at a later date to meet this requirement.

Nevada Marijuana Enforcement Division

Nevada Marijuana Agent Card Facts

- Agents must be at least 21 years of age.
- Agents must not have a criminal record containing excluded felony conviction(s).
- Applicants must not have had a previous agent registration card revoked.
- Agent registration cards cannot be approved if the applicant is subject to a court order for support of a child and is not in compliance with the court order.
- Denials or revocations of agent registration cards will include a notification to the applicant of the specific reasons for the action.
- With the exception of contractor agents, a person to whom an agent registration card is issued may only be employed by or volunteer at the type of establishment for which he or she is registered. Contractors may contract with any registered Nevada marijuana establishment.
- Establishments must provide agents with training before they begin to work or volunteer. Training topics for all establishment types include security measures, emergency procedures and confidentiality. Further, each establishment type has specific training topics that must be covered.
- Issuance of a Nevada marijuana agent registration card does not exempt the holder from prosecution under federal law. NRS 453A and NRS 453D provide exemption from prosecution under state laws. It is recommended you discuss the limitations and liabilities that are associated with existing federal laws with your personal attorney.
- An agent registration card is valid for one year from the date of issue. Renewals must be submitted at least 30 days in advance of the expiration date to avoid expiration and possible lapse in employment. If your card is lost, please contact the Marijuana Enforcement Division immediately at marijuana@tax.state.nv.us and put "Lost Card" in the subject line.
- Renewals involve the same process as applying for the first time; the cost is $75.00.
- Nevada marijuana agent registration cards are not transferrable.
- Name and/or address changes for an agent registration card must be submitted to the Department.
- To replace a lost, stolen or destroyed card, contact the Department within 3 working days of the loss.
- The Department may, by regulation, require additional information.
- The Department will temporarily register marijuana agents upon receipt of a complete application, which includes payment of required agent registration fees.

Nevada Marijuana Enforcement Division

Agent Basic Information Document

The information on this form is required for all agent registration applications. Enter the required information below, print and sign where required.

Please type or print legibly.

■Applicant

NAME (FIRST MIDDLE LAST)	DATE OF BIRTH
PHYSICAL ADDRESS1 (ADDRESS ON GOVERNMENT ID)	MOBILE PHONE NUMBER
PHYSICAL ADDRESS2	HOME PHONE NUMBER
PHYSICAL CITY, STATE ZIPCODE (TOWN, CITY, PROVINCE, POSTAL CODE)	SOCIAL SECURITY NUMBER (optional)
MAILING ADDRESS1 (IF DIFFERENT FROM ABOVE)	APPLICANT ROLE (CHECK ALL THAT APPLY) ☐EMPLOYEE ☐CONTRACTOR ☐VOLUNTEER ☐OWNER/OFFICER/BOARD MEMBER
MAILING ADDRESS2	IF OWNER/OFFICER/BOARD MEMBER (CHECK ALL THAT APPLY) ☐OWNER ☐OFFICER ☐BOARD MEMBER
MAILING CITY, STATE ZIPCODE (TOWN, CITY, PROVINCE, POSTAL CODE)	IF OWNER/OFFICER/BOARD MEMBER, LIST 4-DIGIT ME CODE:
EMAIL	IF CONTRACTOR OR DISTRIBUTOR, LIST PARENT COMPANY:
SIGNATURE	DATE OF APPLICATION

NAME OF ESTABLISHMENT YOU WILL BE WORKING FOR, IF KNOWN: _____

■Identification

CITIZENSHIP		
GOVERNMENT ENTITY (STATE OR COUNTRY)	GOVERNMENT IDENTIFICATION TYPE	GOVERNMENT ID NUMBER

■Other Information

EYE COLOR	HAIR COLOR	HEIGHT (INCHES)	WEIGHT (LBS)
GENDER	ETHNICITY	RACE	

■ Establishment Category**:** You may apply for more than one category of agent card, but must include $75 for each category you are applying for. Check the categories you wish to apply for.

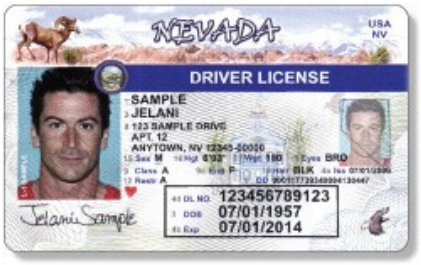
☐Cultivation ☐Production ☐Dispensary ☐Laboratory ☐Distributor

(2/25/19)

NEW

Nevada Marijuana Enforcement Division

Driver's License Front



■Name

NAME
PHYSICAL ADDRESS
PHYSICAL CITY, STATE ZIPCODE

Copy the front of driver's license (or state/federal issued photo identification) into the area below. If photocopying, insert this sheet into the photocopy machine.

(2/25/19)

Nevada Marijuana Enforcement Division

Driver's License Back

■Name

NAME
PHYSICAL ADDRESS
PHYSICAL CITY, STATE ZIPCODE

Copy the back of driver's license (or state/federal issued photo identification) into the area below. If photocopying, insert this sheet into the photocopy machine.

(2/25/19)

Nevada Marijuana Enforcement Division

Applicant Required Attestation Form

All agent applicants must attest to the following:

1. They have not been convicted of an excluded offense. An excluded offense is a crime of violence or a violation of a state or federal law pertaining to controlled substances if the law was punishable as a felony in the jurisdiction where the person was convicted.
2. They do not currently have an establishment agent registration card, or if they do, they must supply the card number of the current card.
3. They have not had a marijuana establishment agent card revoked.
4. They are in compliance with any court order for the support of a child.

Print, sign and submit this form with your agent card application packet.

Name of Applicant: _____ DOB: _____

Mailing Address of Applicant: _____

City: _____ State: _____ Zip: _____

Applicant Attestations

The undersigned hereby attests that:

1. I have not been convicted of an excluded felony offense;
2. I do not currently have an establishment agent registration card, OR I do, and the registration number is :_____;
3. I have not had a marijuana establishment agent registration card revoked; and
4. I am in compliance with my court order for support of a child, OR I am not under any court orders.

Signature of Applicant: _____ Date: _____

(2/25/19)

Nevada Marijuana Enforcement Division

Applicant Dispense/Divert Pledge Form

All new agent registration and renewal applications for establishment agent registration cards must pledge to the following:

1. Not to dispense or divert marijuana or marijuana products to unauthorized persons.

Print, sign and submit this form with your agent card application packet.

Name of Applicant: _____ DOB: _____ SSN (optional): _____

Mailing Address of Applicant: _____

City: _____ State: _____ Zip: _____

I, _____ , pledge not to dispense or otherwise divert marijuana to any person who is not authorized to possess marijuana in accordance with provisions of Nevada Revised Statute 453A and/or NRS 453D.

Signature of Applicant: _____ Date: _____

(2/25/19)

Agent Photograph and Signature

Affix agent photograph and sign in the appropriate boxes below.

Photograph

The applicant will need to obtain a standard United States passport photograph that is 2 inches in both height and width. These can be obtained at many United State Post Offices as well as private establishments (Walgreens, etc.). Glue (or affix in some manner other than tape) the photograph inside of the marks to the right.

Glue Photograph Here

Signature

Applicant signature needs to be entered into the box to the right. The box is defined by the horizontal and vertical marks. This allows the signature to be scanned without a black border. The box is 1 inch high and 3 inches in length. Sign using a black pen.

(2/25/19)

Nevada Department of Public Safety

FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) **State of Nevada Department of Taxation** that your fingerprints will be used to check the criminal history records of the FBI and State of Nevada.

2. If you have a criminal history record the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

   16.34 – Procedure to obtain change, correction or updating of identification records.
   If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it for only authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) **State of Nevada Department of Taxation** to submit a set of fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

   In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information for other charges for which the final court disposition is pending or is unknown to the above referred agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and /or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

   A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.
   In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

   Applicant's Name: _____
   (PRINT: Last, First, Middle)

   Address: _____

   Applicant's Signature: _____

   Date: _____

Nevada Marijuana Enforcement Division

Agent Fingerprint Submission Instructions

1. Complete/print a Marijuana Agent Fingerprint Submission Form to bring to your fingerprinting site. The fingerprint technician will stamp, sign, date and annotate the Transaction Control Number (TCN#), if applicable, in the lower right corner of the form and return it to you.

2. State-specific data for the fingerprint card:

ORI: NV0131700
MNU: 152108
Reason Fingerprinted:

Your role in a MEDICAL marijuana establishment	Reason Fingerprinted
Current owner, officer or board member	NRS 453A.322
Employee, volunteer or contractor	NRS 453A.332
Prospective owner, officer or board member	NRS 453A.334

Your role in a RECREATIONAL marijuana establishment	Reason Fingerprinted
Current owner, officer or board member	NRS 453D
Employee, volunteer or contractor	NRS 453D
Prospective owner, officer or board member	NRS 453D

3. NOTE: If you work, or will work for a "dual licensee" establishment (a facility that is registered and licensed to operate as both a medical and recreational marijuana establishment), you are required to submit two sets of fingerprints. The fingerprints for a medical establishment must cite the appropriate NRS 453A above, and the recreational fingerprints must cite NRS 453D as the Reason Fingerprinted.

4. LiveScan (electronic) submission of fingerprints is REQUIRED for all applicants who will be fingerprinted in Nevada. Instructions for applicants who will be fingerprinted in another state appear in number 6 below.

5. Select a fingerprinting site (Nevada). Fee information and lists of law enforcement and private fingerprinting sites are posted on the DPS Website: http://rccd.nv.gov/FeesForms/Fingerprints/

6. Fingerprinting in states other than Nevada: Obtain physical fingerprint cards (form FD-258) from an authorized fingerprinting site in your state. Complete all required information as indicated above. Mail the fingerprint card(s) and a cashier's check or money order made payable to the Nevada Department of Public Safety (or NV DPS) to:

Department of Public Safety
Records, Communications and Compliance Division
333 West Nye Lane, Suite 100
Carson City, NV 89706

7. Include the completed, signed and stamped Agent Applicant Fingerprint Submission Form with the rest of your agent application to the Department of Taxation Marijuana Enforcement Division.

If any of the required information is missing or incomplete, the request will not be processed by DPS and may cause delays or possible denial of your agent card application.

Nevada Marijuana Enforcement Division

Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

■Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

■Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
PHYSICAL CITY, STATE ZIPCODE (TOWN, CITY, PROVINCE, POSTAL CODE)		HOME PHONE NUMBER
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
ETHNICITY	GENDER	HEIGHT (INCHES)
RACE		
PLACE OF BIRTH		DATE OF BIRTH

■Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
CERTIFICATE	ESTABLISHMENT TYPE

■Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

Medical Marijuana Establishments (Check one)

- ☐ Current Owner/Officer/Board Member — NRS 453A.322
- ☐ Prospective Owner/Officer/Board Member — NRS 453A.334
- ☐ Employee/Contractor/Volunteer — NRS 453A.332

Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☐ Current Owner/Officer/Board Member — NRS 453D
- ☐ Prospective Owner/Officer/Board Member — NRS 453D
- ☐ Employee/Contractor/Volunteer — NRS 453D

NOTE: If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY STAMP
FINGERPRINT REPRESENTATIVE SIGNATURE
TCN#
DATE