

Agent Card Application

Quick Guide

Thank you for your interest in applying for a Cannabis Establishment Agent Registration Card from the Cannabis Compliance Board (CCB). This will guide you through the steps and common challenges.

HOW TO APPLY: Applications must be submitted on-line at <https://aca-prod.accela.com/NVCCB/>. Applications can be downloaded here: <https://ccb.nv.gov/industry/#item-2>. For more information, go to: <https://ccb.nv.gov/industry/#item-3>

PAYMENT AMOUNT: The cost of a cannabis establishment agent card is \$150 per category. If you are applying for multiple categories of cards such as cultivation, production, and dispensary, you must apply for a card for each category at \$150 each.

PAYMENT OPTIONS: Taxation offices will no longer accept walk-in payments. All payments for Agent Cards must be mailed to the CCB address below. Do not mail to other Taxation offices, and do not leave agent card payments or applications in the drop boxes. When mailing, include the confirmation page you printed from the portal. If you did not print the confirmation page, include a note with the name on your application, the categories for which you applied, and the date you applied. All payments must be in the form of a check, cashiers' check, or money order payable to STATE OF NEVADA, and mailed to:

-Standard Mail-

CCB Agent Cards
P.O. Box 1948
Carson City, NV 89701

-Overnight Delivery-

CCB Agent Cards
1550 E. College Pkwy Ste., 142
Carson City, NV 89706



STATE OF NEVADA CANNABIS COMPLIANCE BOARD

www.ccb.nv.gov
1550 College Parkway, Suite 142
Carson City, Nevada 89706
Phone: (775) 687-6299

HON. MICHAEL DOUGLAS
Chair

STEVE SISOLAK
Governor

Grant Sawyer Office Building, Suite 4200
555 E. Washington Avenue
Las Vegas, Nevada 89101

TYLER KLIMAS
Executive Director

CANNABIS AGENT REGISTRATION CARD APPLICATION

INSTRUCTIONS

- Agents must be at least 21 years of age.
- Agents must not have a criminal record containing excluded felony conviction(s).
- Agents must not have any previous Agent Registration Card revoked.
- Applicants must be in compliance with any court order for support of a child.
- Applicants must provide any additional information requested by the CCB by regulation.

COMPLETION OF APPLICATION & CONTACT: All required Agent Registration or Renewal application forms must be filled out completely and legibly. Incomplete applications will result in a notice by email or mailing address provided by the applicant. For questions, write to CCBLicensing@ccb.nv.gov

A complete application includes:

✓	Item	Details
	Agent Basic Information Document,	Pg. 4
	Color copy of the front and back of a government issued ID	Pgs. 5, 6
	Attestation Form	Pg. 7
	Dispense/Divert Pledge Form	Pg. 8
	Passport Photo & Signature	Pg. 9
	Payment	\$150 per type
	Fingerprint Background Waiver	Pgs. 10 & 11

PAYMENT AMOUNT: All Fees collected by the CCCB are non-refundable. The cost of a cannabis establishment agent card is \$150 per category. If you are applying for multiple categories of cards such as cultivation, production, and dispensary, you must apply for a card for each category at \$150 each. All payments must be in the form of a check, cashiers' check, or money order payable to STATE OF NEVADA. Do not write "cannabis" or "marijuana on the check or money order.

PAYMENT SUBMISSION: Taxation offices will no longer accept walk-in payments. All payments for Agent Cards must be mailed to the CCB addresses below. Do not mail to other Taxation offices and do not leave agent card payments or applications in drop boxes. When mailing, include the confirmation page you printed from the portal. If you did not print the confirmation page, include a note with the name on your application, the categories for which you applied, and the date you applied and mailed to:

STANDARD MAIL	OVERNIGHT
CCB Agent Cards P.O. Box 1948 Carson City, NV 89701	CCB Agent Cards 1550 E. College Pkwy., Ste. 142 Carson City, NV 89706

FINGERPRINTING: Once you have submitted your application on-line, a Fingerprint Submission Form and Instructions will be emailed to you. Applicants in Nevada will complete fingerprinting using a LiveScan facility, return to the online Portal, delete the uploaded fingerprinting document and replace with the completed Fingerprint Submission Form. Applicants that will be fingerprinted outside Nevada will mail their fingerprinting documents according to the instructions.

TEMPORARY REGISTRATION AS A CANNABIS ESTABLISHMENT AGENT: A Temporary Registration Approval letter will be emailed to you shortly after your application has been submitted online and payment has been received and processed.

DUTIES OF AGENT REGISTRATION CARD HOLDER & ESTABLISHMENT

- Cards expire 2 years from the date of issue. Apply for renewal at least 45 days before expiration to avoid a lapse in employment. Renew by completing a new application at [TaxAgentPortal.nv.gov](https://taxagentportal.nv.gov).
- In order to maintain an active Agent Card, an Affidavit must be filed with the Cannabis Compliance Board 1 year after the issuance of your card. The Affidavit is available on the CCB website [CCB.nv.gov](https://ccb.nv.gov).
- Denials or revocations of Agent Registration Cards will include a notification to the applicant of the specific reasons for the action and will be mailed to the mailing address listed on the application.
- To replace a lost or stolen card, write to CCBLicensing@ccb.nv.gov within 3 working days of the loss.
- With the exception of Independent Contractor Agents, persons may only work for or volunteer at the establishment type(s) for which he or she is registered. Independent contractors must insert business name, address and State Business License Number on the application.
- Agents must be trained prior to working or volunteering. Training is specific for each category of licensing and includes security, emergency procedures and confidentiality.
- Issuance of a Cannabis Agent Registration Card does not exempt the holder from Federal law. Nevada Revised Statutes do provide exemptions from state prosecution in some cases. The CCB can not provide legal advice regarding prosecution.
- Name and Address changes must be registered with the CCB. Complete the Name and Address Change form and follow the instructions here: <https://ccb.nv.gov/industry/#item-3>



Cannabis Compliance Board

Agent Basic Information Document

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 ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)	SOCIAL SECURITY NUMBER
MAILING ADDRESS1 (IF DIFFERENT FROM ABOVE)	APPLICANT ROLE (CHECK ALL THAT APPLY) <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OWNER/OFFICER/BOARD MEMBER
MAILING ADDRESS2	IF OWNER/OFFICER/BOARD MEMBER (CHECK ALL THAT APPLY) <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> BOARD MEMBER
MAILING CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)	IF OWNER/OFFICER/BOARD MEMBER, LIST 4-DIGIT ME CODE:
EMAIL	IF DISTRIBUTOR, LIST PARENT COMPANY:
SIGNATURE	DATE OF APPLICATION

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

If Owner, Officer or Board Member percent of ownership in the entity: _____%

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

Other Information

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

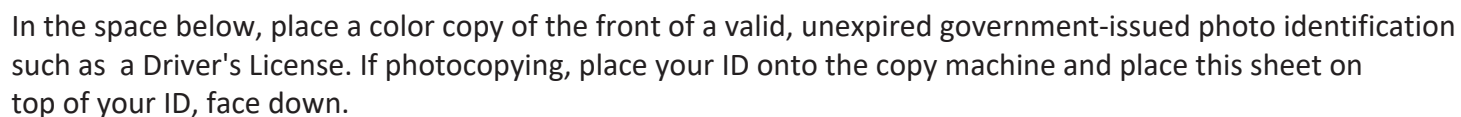
Establishment Category: You may apply for more than one category of agent card, but must include \$150 for each category you are applying for. Check the categories you wish to apply for.

☐ Cultivation ☐ Production ☐ Dispensary ☐ Laboratory ☐ Distributor

☐ Contractor Business Name: _____ State Busn. Lic. No.: _____

Business Address: _____





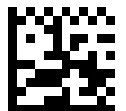
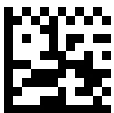


Cannabis Compliance Board

Color Copy of Back of Identification



In the space below, insert a color copy of the back of a valid, unexpired government-issued photo identification such as a Driver's License. If photocopying, place your ID onto the copy machine and place this sheet on top of your ID, face down.





Cannabis Compliance Board

Applicant Required Attestation Form

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 Cannabis 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.
5. I am 21 years of age or older.

Signature of Applicant: _____ Date: _____





Cannabis Compliance Board

Applicant Dispense/Divert Pledge Form

Name of Applicant: _____ DOB: _____ SSN: _____

Mailing Address of Applicant: _____

City: _____ State: _____ Zip: _____

I, the undersigned applicant, pledge not to dispense or otherwise divert cannabis to any person who is not authorized to possess cannabis in accordance with provisions of Nevada Revised Statute 678B.340.

Signature of Applicant: _____ Date: _____





Cannabis Compliance Board

Agent Color Photograph and Signature

Affix agent photograph and sign in the appropriate boxes below.

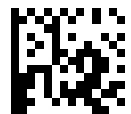
Photograph

Attach a standard United States Passport photograph (2 inches x 2 inches) in the box to the right. See [Passport Photo Requirements](#). Passport Photos can be obtained at many United States Post Offices and private businesses such as Walgreens. Glue the photograph, do not use tape.

Glue Photograph Here

Signature

Sign in the box to the right using black ink. The box is defined by the horizontal and vertical marks so that the signature can be scanned without a black border. The box is 1 inch x 3 inches.





Nevada Department of **Public Safety** Fingerprint Background Waiver

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. 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.

1. You must be notified by **The Cannabis Compliance Board** that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. 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. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.



6. 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> .
7. 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.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for 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.
9. I hereby authorize the **Cannabis Compliance Board** to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. 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:

PLEASE PRINT

Last Name

First Name

Middle

Applicant's Signature: _____

Date: _____

