

**CANNABIS COMPLIANCE BOARD
STATE OF NEVADA**



STEVE SISOLAK
Governor

ccb.nv.gov
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Chair

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TYLER KLIMAS
Executive Director

Agent Registration Card Application Instructions

REQUIREMENTS: You must complete, sign and date your application prior to being fingerprinted. You must be at least 21 years of age, in compliance with any court order for support of a child and provide any additional information required by the CCB by regulation. Applicants must have no criminal record containing excluded felony convictions and not had an Agent Registration Card revoked.

HOW TO APPLY: Submit applications on-line at <https://aca-prod.accela.com/nvccb/>. Sign, date and upload all documents. Print your confirmation page to include with your payment. These documents must be signed and dated prior to fingerprinting. After fingerprinting, you must upload the completed fingerprinting form for your application to be processed.

SYSTEM PROBLEMS: If you experience challenges, write to CCBProgramSupport@ccb.nv.gov

UPLOADING DOCUMENTS: All documents must be uploaded as PDF.

PAYMENT AMOUNT & OPTIONS: The cost of an agent card is \$150 per category (if you need a card to work in a Dispensary and a Cultivation facility, you would need TWO cards at \$150 each.) Taxation offices no longer accept payment. All payments must be received by mail. Include a copy of the confirmation page that you received after submitting your application on-line. Write your name and the category you applied for on the page. Do not include the words "marijuana" or "cannabis" anywhere on your payment. 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	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

RENEWALS: Cards expire 2 years from the date of issue. Renew at least 45 days before expiration to avoid a lapse in employment. To renew, complete a new application at <https://aca-prod.accela.com/nvccb/>

LOST OR STOLEN CARDS: Submit a copy of your "Basic Application" page with a check, cashier's check or money order in the amount of \$150 (if you received a 1 year card, the cost is \$75) payable to State of Nevada for each replacement card. Write "Replacement Request" on the top of the application copy and mail to the address above.

NAME & ADDRESS CHANGES: Complete the Name and Address Change form and follow the instructions here: <https://ccb.nv.gov/industry/#item-3>

ESTABLISHMENT TYPES: 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 of Nevada Business License Number on the application.

AFFIDAVITS: To remain active, Agent Card holder must file an Affidavit with the Cannabis Compliance Board 1 year after the issuance of the card. The Affidavit is available on the CCB website <https://ccb.nv.gov/industry/#item-3>

DENIALS & REVOCATIONS: 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.

TRAINING: Agents must be provided specific training prior to working or volunteering.

PROSECUTION: 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.

Agent Basic Application Document

Instructions: You must complete, **sign and date your application prior to being fingerprinted**
 Enter the required information below, print, **sign & date** where required. Please type or print legibly. Write N/A in fields that do not apply

Name (First Middle Last):		Date of Birth:									
Physical Address:		Mobile Phone Number:									
City, State, Zip Code:		Home Phone Number:									
Mailing Address (If different from above):		Social Security Number (Required):									
Mailing Address (Town, city, province, postal code):		Email:									
If Owner/Officer/Board Member check all that apply: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Board Member <input type="checkbox"/> Prospective Owner/Officer/Board Member		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									
If Owner/Officer/Board member, 4-digit establishment code(s):		If Distributor, list parent company:									
If Owner/Officer/Board member, percent of ownership:		Name of employing establishment if known:									
Country of citizenship:		Other names used:									
Government Identification Type (Driver's License, Passport):		Government Entity (State, Country):		Government ID Number:							
Gender:	Ethnicity:	Race:	Eye color:	Hair Color:	Weight:	Height:					
Which establishment categories are you applying for? Select all that apply and include payment of \$150 per establishment category.											
<input type="checkbox"/>	Cultivation	<input type="checkbox"/>	Dispensary	<input type="checkbox"/>	Distributor	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Production	<input type="checkbox"/>	Contractor
Contractor Business Name & Address:						Contractor State of Nevada Business Lic. No:					
Signature:						Date of Application:					

Government Identification, Agent Photograph & Signature

Complete all three sections below

Color Copy of Government ID

In the space below, place a color copy of the front 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. Upload this page with your application.

Two sets of L-shaped corner markers, each consisting of a vertical line on the left and a horizontal line on the top, positioned to define the placement area for a color copy of a government ID.

Color Photograph for Agent Card

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

A 2x2 grid of L-shaped corner markers, each consisting of a vertical line on the left and a horizontal line on the top, defining a 2-inch by 2-inch area for a color photograph.

Signature in black ink

Sign in the box to the right.

Two sets of L-shaped corner markers, each consisting of a vertical line on the left and a horizontal line on the top, defining a rectangular area for a signature.

Agent Registration Card Applicant Attestation & Pledge

I, _____ (Print Name) the undersigned hereby **attest** 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(s) is/are:

- 3. I have not had a Cannabis Establishment Agent Registration Card revoked;

- 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;

- 6. I **pledge** not to dispense or otherwise divert cannabis to any person who is not authorized to possess cannabis in accordance with Nevada Revised Statute 678B.340.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Applicant: _____ Date: _____



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.

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Fingerprint Background Waiver

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:

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