

MCP License Identification Card Request



Please print clearly - This form will be returned to the business without further processing if any portion is left blank or if required forms are not provided.

THIS FORM MUST BE COMPLETED BY THE BUSINESS AND APPLICANT

Applicant First Name: _____ Last: _____ MI: _____
Employee Date of Birth: (for verification in case of duplicate names) ____/____/____ (MM/DD/YY)
Date of Hire: ____/____/____ (MM/DD/YY)
Status of Applicant: _____ Paid Employee _____ Board Member _____ Volunteer
Position/Job Duty: (Board member, sales, CDP, testing, etc.) _____
Business Name: _____
Business Representative Completing Application: _____
Mailing Address of Business: _____
Contact Number: _____

MCP ID Checklist

Please ensure all items are included when submitting application

- Photocopy of Identification**
 - State Criminal Background Check**
 - Nationwide Criminal Background Check**
 - HIPAA Certification**
 - Food handler safety certificate- if applicable**
- If the applicant represents, consults, works, volunteers, or contracts with another Licensed business, list the name of each below:**
- _____
- _____
- _____

After application has been filled out, send to:
Department of Health
Medical Cannabis Program
5301 Central Ave N.E. Ste. 204
Albuquerque, NM 87108

Employee candidates are NOT authorized to work or perform any services for LNPP, laboratory, manufacturer or courier until application has been approved and ID card has been issued to employee by the DOH/MCP. NMAC 7.34.4.8 (H)

By signing below the business accepts :

- 1. acknowledgment that the employee will NOT begin work until ID card has been issued.**
- 2. the identification card is the property of the Medical Cannabis Program**
- 3. the ID card will be immediately returned to the MCP upon separation from the business.**

Applicant Signature: _____ Date: _____

Authorized Business Representative: _____ Date: _____

NMDOH USE ONLY

Review Date: _____

Approved Not Approved

MCP Staff Member / Manager Signature: _____ Date: _____

Revised:
04/09/2018