



Registered Agent Application Instructions

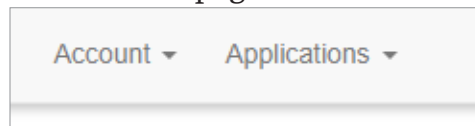
Registered agents are only required to register under certain circumstances. Please refer to the registering page on the CCA website for more information.

Before you get started

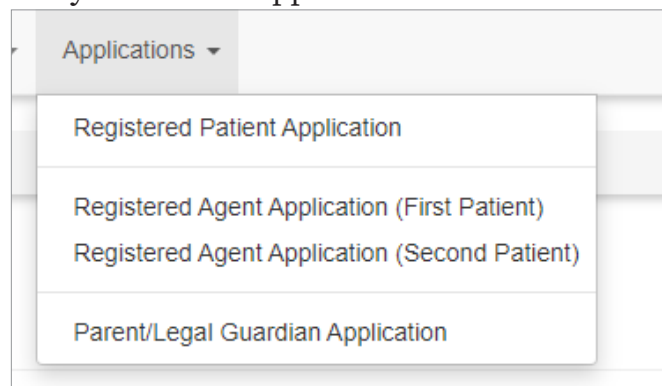
Before creating an account, gather all necessary documents, including your government-issued identification (e.g., driver’s license or ID card), the patient’s written certification (physical or digital copy), and the patient’s proof of identity and residency.

Submitting a Registered Agent Application

- ▶ Once you have logged into your account, click on the dropdown menu named “Applications” on the top left-hand side of the page.



- ▶ In the dropdown menu, click on the “Registered Agent Application” and first or second patient. This will take you to a new application.



- ▶ Complete the following:
 - ▶ First name
 - ▶ Last name
 - ▶ Date of birth
 - ▶ Phone number
 - ▶ Email address
 - ▶ Social Security Number or Virginia DMV driver's license number

Registered Patient Information			
First Name	<input type="text"/>	Last Name	<input type="text"/>
Middle Name	<input type="text"/>	Date of Birth	<input type="text" value="MM-DD-YYYY"/>
Phone	<input type="text" value="()_-_-"/>	Email	<input type="text"/>
Social Security Number or Virginia DMV Control Number		<input type="text"/>	

▶ Current mailing address

Mailing Address			
Address	<input type="text"/>		
Apt #., Suite #	<input type="text"/>	ZIP Code	<input type="text"/>
		State	VA <input type="text"/>
City	<input type="text"/>		
County	<input type="text"/>		



- ▶ Upload your government-issued identification and answer the questions provided. Please read the questions carefully.

Have you had a registration of a Patient, Parent/Legal Guardian or Registered Agent for medical cannabis denied, suspended or revoked by the board in the previous six months?

At least one option should be filled
 Yes No

By entering my initials, I understand that I must submit proof of the identity and provide a number of the patient's written certification for the use of medical cannabis signed by a registered practitioner.

Upload Drivers License or Government Issued Identification

+ Upload

NOTE: A person may act as the registered agent for no more than 2 registered patients.

Has a Patient or Parent/Legal Guardian of a Patient who is a Minor or Vulnerable Adult, designated you to serve as the patient's registered agent?

At least one option should be filled
 Yes No

Does the patient have a valid, unexpired written certification from a practitioner to possess medical cannabis products? (A valid, unexpired written certification is required to obtain medical cannabis from a medical cannabis dispensary. A copy of the patient's written certification must be submitted with this application.)

At least one option should be filled
 Yes No

- ▶ If you answer yes to the previous question, you must complete the following patient information:
 - ▶ First name
 - ▶ Last name
 - ▶ Date of birth
 - ▶ Written certification number
 - ▶ Patient's license number (if the patient is registered)
 - ▶ First and last name of the person designating you as a registered agent
 - ▶ Patient's current mailing address

First Name	<input style="width: 90%;" type="text"/>	Last Name	<input style="width: 90%;" type="text"/>
Middle Name	<input style="width: 90%;" type="text"/>	Date of Birth	<input style="width: 90%;" type="text" value="MM-DD-YYYY"/>
		Written Certification Number	<input style="width: 90%;" type="text"/>
Patient's License Number (If the patient has registered with the Board)		<input style="width: 90%;" type="text"/>	



Person designating you to serve as registered agent:

First Name Last Name

Person designating you is the Patient Parent/Legal Guardian

Mailing Address

Address

Apt #., Suite # ZIP Code State

City

County

- ▶ Upload the patient’s written certification and patient’s proof of identity and residency.

Upload Patient Written Certification

Upload Patient Proof of Residency - A valid, unexpired Virginia driver's license or DMV identification card will fulfill the requirements for proof of age, identity and residency

- ▶ Sign (with your mouse) and date at the bottom of the application.

Signature

Printed Name of Applicant Date

Signature of Applicant

- ▶ Click save/submit.
- ▶ You will be notified by email of application approval or denial.

Note: Applications submitted are not immediately approved. Allow approximately 10 days for application approval.

