



Cannabis Control Division METRC Access Request

V3 3/2023

Complete form and send to the Department of Revenue (DOR) Cannabis Control Division (CCD):
Email: DORCCD@mt.gov, FAX: (406) 444-4110, Mail: PO Box 5835, Helena, MT 59604

Section 1: Add or Terminate Access

Add Access Terminate Access

Legal Name of Individual _____

Employer _____

Job Title _____

Work Address _____

_____ City _____ State _____ County _____

Work Phone _____ Work Email _____

Employee ID#: _____ or Badge # _____

Section 2: Confidentiality

Applicant agrees to protect the confidentiality of any information obtained from DOR in accordance with the laws of Montana and the United States.

Applicant agrees not to release or disclose any confidential information received through this access to others except for the purpose that is directly connected to the administration of the program.

Applicant agrees that any information received from DOR will be secured so that no unauthorized person may have access to said information.

Applicant agrees to immediately notify DOR CCD if there is an unauthorized disclosure of information.

Section 3: Logon and Access

Previous Log-on ID (if applicable) _____

Once approved, applicant will receive an email with login instructions from Metrc.

Your Log-on ID and password are unique to you. Do not reveal them to anyone.

Section 4: Requesting Authority

Supervisors: I authorize and acknowledge that access for this individual will be allowed until terminated. I understand that it is my responsibility to notify DOR CCD when the user has been terminated or no longer requires access by resubmitting this form and checking the "Terminate Access" check box at the top of the form.

Supervisor's Signature _____ Date _____

Printed Name _____ Phone _____

Email _____

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.