

Applying for a New Marijuana Worker Permit (**Does Not Include Testing Laboratory Workers**)

<u>Reminder:</u> Your online session will timeout after 45 minutes of inactivity. Save your work if you will be away from your computer.

Step 1: Navigate to https://tap.dor.mt.gov/_/



<u>Step 2:</u> Scroll down to the **Cannabis Control** icon and click the option named **Apply for or Manage a Marijuana Worker Permit**.



<u>Step 3:</u> You will be directed to a new screen: Marijuana Worker Permit. Click on the option, Apply for a New Worker Permit.



<u>Step 4:</u> You will be taken to the **Application Information** screen.

First Name *	Middle Initial	Last Name *
Required		Required
Date of Birth *		
Required		
SSN *		Re-enter SSN *
Required		Required
* Phone Number		
Required		
Email Address *		Re-enter Email Address *
Required		Required
① The email address you provide will be used correspondence.	l for all your Marijuana Worker Permit and Me	dical Marijuana Card Holder correspondence unless you have explicitly opted out of electronic

You **must** enter the following information:

- First and last name
- Date of Birth
- Social Security number (you will be required to re-enter it to confirm it is correct)
- Phone number
- Email address (you will be required to re-enter it to confirm it is correct)

<u>Step 5:</u> Enter in your Location Address. Be sure to click on the unit type if you live in a dwelling that is not a single residence (e.g., apartment, basement, etc.) to ensure accurate delivery of your marijuana worker permit.

<u>NOTE</u>: You will also need to indicate if your mailing address is the same as your location address. If your mailing address is not the same, you will mark "No". You will then enter your mailing address.

You will be required to verify your address. Click on the **red statement "Address needs to be verified".**

Marijuana worker permits will be sent to your Mailing Address.

Location Address	
Street	
Street 2	
Unit Type	Unit
City	State
HELENA	MONTANA
Zip	County
59601-0000	
Attention	
Address needs to be verified	
* * Is your mailing address the same as your location address?	Yes

<u>Step 6:</u> You will be re-directed to the Address Search screen. *Select the address that is verified.

Address Search	∎ ⑦ ×
Verified	Select this address
As Entered	Select this address
	Cancel Save

Hit Save in the bottom, right corner.

Step 7: The next screen is the Questions portion of the application. You must answer Yes/No or I agree/I do not agree. After you answer all the questions or provide affirmations, and then you will hit Next in the bottom, right-hand corner.

luestions			
/ill you be working in a Testing Laboratory facility?	*	Yes	No
understand a valid Marijuana Worker Permit is required before performing any work for or on behalf of a licensed premises 116-12-226 (1), MCA).	*	l agree	l do not agree
understand a background check is required prior to worker permit application approval to work for a licensed marijuana esting laboratory and I may be required to respond to conviction history questions requested by the department (\$16-12-206 a) and \$16-12-226 (3),MCA).	*	l agree	I do not agree
understand my application requires annual proof of having passed training that includes identification, prevention, and eporting for human trafficking, rules and regulations for legal sales of marijuana in Montana, and any other training required y the department (\$16–12-226 (3)(c), MCA).	*	l agree	l do not agree
have not had a Marijuana License or Worker Permit revoked for a violation of statute or administrative rule within two (2) ears of this application (\$16-12-226 (5)(b), MCA).	*	l agree	l do not agree
understand an employee of a licensee shall carry the employee's Worker Permit at all times when performing work on behalf f a marijuana business (\$16-12-226 (6), MCA).	*	l agree	l do not agree
understand a person who holds a Marijuana Worker Permit must notify their employer in writing within 10 days of a onviction for a felony, the issuance of any citation for violating a marijuana law imposed under this chapter or the marijuana aws of any other state, or the issuance of any citation for selling or dispensing alcohol or tobacco products to a minor (\$16- 2-226 (7), MCA).	*	l agree	I do not agree
understand communications from the Department of Revenue Cannabis Control Division will come via email by default and I m responsible for checking the registered email address. Applicants can opt out of email communications by contacting the epartment.	*	l agree	l do not agree

<u>Step 8:</u> The next screen is **Instructions**. It will require the applicant to upload the required documents.

The application will list the required attachments that must be uploaded. The applicant will be required to **add** the following documents and provide a description of them. The applicant will hit **Next** when completed.

Required Attachments:

- A recent photograph of the applicant (taken in the last 6 months or less). It should be similar a driver's license photograph (i.e. no hats, no sunglasses or filters, emojis, etc.)
- A photo ID to provide proof of date of birth (a driver's license, a state issued ID card, a passport).

*For accepted forms of identification, click <u>here</u>

- The two (2) education certificates from Moodle
- Allowable file types are: .jpg,.png,.jpeg,.heic,.heif

Instructions: The table b	pelow contains all of the items requi	ired to submit your application.				
 The first column con 	tains the item name.	ica to sublink your application.				
 The second column The third column on 	contains the number of items that are	are required.				
Step 1: Attach an item b ⁱ	y clicking the Add Attachment butt	on or by clicking the Item Name from the list.				
Step 2: Select the item ty	ype from the drop-down list and ad	d a description.				
You may attach additiona	al items if necessary.					
(i) For additional inform	nation on required attachments visit	the CCD web page: Click here				
	· · · · · · · · · · · · · · · · · · ·	, , ,				
Required Attach	ments					
Item Name				Number Required	Number Attached	ОK
Photo of Applicant				1	0	
Photo ID				1	0	
Education Certificates				1	0	
Attachments						
Туре	Name	Description	Size			
There are no attachmen	its.					
🖉 Add Attachment						

After adding the required documents, hit Next.

Steps 9 & 10: The next screen is the Fees. Currently, marijuana worker permits are \$50.00 US dollars.

Application Fee Would you like to submit an e-Check payment with your application?	50.00 Yes No	 Payment can also be submitted after submission. Additional Payment Options: Electronic Credit Card Payment via Pay Online on the confirmation screen By physical mail In-person to the Department of Revenue All worker permit applications with the Cannabis Control Division require full application payment with submission before the application is reviewed. The application payment, and any previous account balance, must be made within 10 days or the application will be denied. Note, your payment may take up to three business days to post. The application fee is non-refundable regardless of application approval or denial.
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You can submit an **e-Check** payment with your application. This option will be the **Payment** screen.

If you choose this option, you will be required to enter:

- Your bank account type (checking or savings)
- The name on the account
- The routing number
- The account number
- Type in the payment amount due (\$50)

Name on Account * Required Routing Number * Required Populate Routing Number Account Number * Required Confirm Account Number * Required Bank Account Type * Checking Savings	Pay a Statement of Account, Notice of Assessment, or account liability not associated with a return. Payment Date 02-Jan-2024 Amount 50.00 Confirm Amount * Required
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You will then proceed to the next screen by clicking on **Next** in the bottom, right-hand corner. The **Payment Source** screen will appear.

You can also make a payment **after** your application is submitted:

- Electronic Credit Card Payment via <u>Pay Online</u> on the confirmation screen
- You may call Cannabis Control at 406.444.0596 and press option #1 to make a payment
- <u>By physical mail to:</u> MT DOR-CCD PO Box 5835 Helena, MT 59604-5805
- In-person at the <u>Department of Revenue</u>

Payments:

All worker permit applications with the Cannabis Control Division require **full payment** with submission before the application is reviewed.

The application payment must be made <u>within 10 days</u>, or the application will be denied. The application fee is non-refundable, regardless of application approval or denial. **Step 13:** The next screen is the **Affirmation** screen. Here, the applicant will enter their full name (first and last) and **check the box** that they agree to the statement, and click **submit**:

Questions	Attachments	Fees	Payment	Affirmation
n and Signature				
enalty of false swearing that the ir	nformation provided in this application	n is true, correct, and complete.		
this box, I agree to the above stat	ement(s).			
		Date		
		02-Jan-2024		
	Questions and Signature in and Signature in a state in a	Questions Attachments 1 and Signature penalty of false swearing that the information provided in this applicatio this box, I agree to the above statement(s).	Questions Attachments Fees n and Signature renalty of false swearing that the information provided in this application is true, correct, and complete. this box, I agree to the above statement(s). * Date 02-Jan-2024	Questions Attachments Fees Payment n and Signature renalty of false swearing that the information provided in this application is true, correct, and complete. this box, I agree to the above statement(s). Date 02-Jan-2024

<u>Step 14:</u> After clicking the submit button, the <u>Confirmation</u> screen will appear. You must click on the box and click on **OK**:

Γ	Confirmation	×
I	This action will send your application to the Cannabis Control Division (CCD).	
I	Once your submission has been processed, you will be unable to make changes to it without contacting the CC	D.
T	I'm not a robot	
	Cancel	

Step 15: The Confirmation screen:

ľ	Confirmation
I	Your Application has been submitted and your confirmation number is
	Note the email address and retrieval code below. You will need this information if you choose to revisit this site to retrieve your application. An email will also be sent to you with your retrieval code.
I	To access your submission, from the TAP home page navigate to the Quick Links section and select Search for an Existing Submission.
	The email address used to submit this application is: The retrieval code associated with this application is:
L	You can print a copy of this confirmation page by using the Printable View button. Your copy will include the confirmation number and retrieval code.
L	If you have any difficulties and would like some help, please call us at (406) 444-6900.
l	Printable View
L	OK

This screen will provide:

- Your submitted application's confirmation number
- Your email and the retrieval code in the event you revisit the site to retrieve your application (an email will also be sent to the applicant with this information)
- You can print a copy of this confirmation page by using the **Printable View** button, which will provide a copy of the confirmation number and retrieval code

<u>NOTE</u>: First time approvals only, the department will provide a temporary worker identification card in your <u>TransAction Portal account</u> that you must print out and always carry with you at work until your hard copy arrives in the mail. This option is not available for worker permit renewals.

For further assistance with new marijuana worker permits, please contact Cannabis Control Division at 406-444-0596.

Resources:

- <u>Cannabis Control Worker Permits-General Information</u>
- Montana TransAction Portal