

BUREAU OF MEDICAL MARIJUANA
REPORTING INDIVIDUALS AFFILIATED
WITH A MEDICAL MARIJUANA ORGANIZATION

This form must be submitted by a medical marijuana organization for each financial backer, principal, operator, and employee listed in the initial permit application and for each financial backer, principal, operator, and employee added by the organization after the submission of the initial permit application. See 28 Pa. Code §§ 1141a.29 and 1141a.31. NOTE: This form does not apply to an owner of securities in a publicly traded corporation or an owner of 5% or less in a privately held business entity and who does not have voting rights to elect or appoint one or more members of the board of directors or other governing board. See 28 Pa. Code §§ 1141a.29(b)(6)(ii) and 1141a.31(b).

A medical marijuana organization shall submit this form and any other required documentation electronically to the Department, at the address below, after each financial backer, principal, operator, and employee submits fingerprints for an FBI criminal background check. Please follow the instructions outlined on page 2 to ensure the form and required documents are submitted correctly.

Medical Marijuana Organization (MMO)	
Name of MMO:	Submission Date:
Permit Number:	Region:
Primary Contact:	Phone Number:
Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Classification Information	
The individual listed in this form is one of the following (check all the following that apply):	
<input type="checkbox"/> Financial Backer <input type="checkbox"/> Principal <input type="checkbox"/> Operator <input type="checkbox"/> Employee	
<input type="checkbox"/> Medical Professional <input type="checkbox"/> Owner of more than 5% in a privately held business entity	
<input type="checkbox"/> Owner of 5% or less of a privately held business entity and who has voting rights to elect or appoint one or more members of the board of directors or other governing board	
Individual's Information	
Name:	
Mailing Address:	Email address:
	Telephone Number:
	Cell Phone Number:
Please select individual's necessary MJ Freeway Access:	
<input type="checkbox"/> No Access <input type="checkbox"/> General Access <input type="checkbox"/> Admin Access	
<input type="checkbox"/> Proof of employee fingerprint submission attached	
Attestation	
Employees may work in a supervised capacity pending completion of their background check. If unable to be affiliated, the employee must be immediately terminated. By checking the box below, I acknowledge compliance with this statement. <input type="checkbox"/>	
Attestation	

I acknowledge that I am not using this form to effectuate the transfer or sale of a medical marijuana permit from the entity to which the permit was initially issued, as permits are nontransferable pursuant to 35 P.S. § 10231.603(b). I further acknowledge that a false statement made by me in this document is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

Signature

Date

Printed Name

Title in MMO

Submit this form with required attachments to: RA-DHMMOAFFILIATIONS@pa.gov

Email the Original Criminal History Record Report to: RA-DHMMOAFFILIATIONS@pa.gov

Instructions:

All documents must be submitted via email to RA-DHMMOAFFILIATIONS@pa.gov.

When submitting this form and the required documents, the email subject line should use the following naming format: *Permittee Number_Permittee Name_Affiliation* to ensure processing for the correct entity. The email may only include documentation for the one permittee listed in the subject line. Any email containing several permittees will not be accepted or processed.

Please submit the following in one email:

1. Completed Form - REPORTING INDIVIDUALS AFFILIATED WITH A MEDICAL MARIJUANA ORGANIZATION
2. Proof of employee fingerprint submission (receipt)
3. State background check results.
 - a. If the individual resides outside of Pennsylvania, the appropriate state background check must be submitted.

Failure to follow these instructions will result in the return of the documents for correction and delay the processing of your affiliations.

Medical Marijuana Organization (MMO)

Name of MMO: the Permit Name issued by the Department of Health, not the DBA or Management Services Agreement name.

Permit Number: include only **one** permit number per Affiliation Form. If the employee is to be affiliated to several permits, an Affiliation Form is required for each permit and should be submitted via email with all required documents attached.

Primary Contact: name of person who completes this form and can provide information on the contents of this form, if needed.

Entity Type: select the correct box if the entity is publicly owned or privately owned.

Classification Information

Select the correct box(s) to indicate if the individual is a Financial Backer, Principal, Operator or Employee. Further, if the individual is a Medical Professional, select the Medical Professional box. The individual will not be processed as a Medical Professional unless this box is selected.

If the individual is an owner of more than 5% of a privately held business entity, please check that box.

If the individual owns 5% or less of a privately held business entity and has voting rights to elect or appoint one or more board members, please check that box.

Please note: If you need a Medical Professional's affiliation expedited to allow them to consult with patients, the email subject line should use the following naming format: *Permittee Number_Permittee Name_Affiliation_MED PROF URGENT* and the request will be processed accordingly.

If the classification is Financial Backer, Principal, or Operator, proof of completion of the 2-hour mandatory training must be attached to this form.

If the classification is Employee, the employee has 90 days from hire to complete the training. Proof of completion of the 2-hour training must be kept at the employment location and made available upon request during an inspection.

Individual's Information

Name: The Legal name of the individual. Nicknames, aliases, or shortened versions of the legal name is not acceptable. This should match the legal name on the FBI and state background checks.

Mailing Address: This is required for every individual.

MJ Freeway Access: Please specify if the individual needs access to MJ Freeway. Not all employees require access, and it should only be granted to those who require it. General Access is appropriate for all those wishing to access and transact in the system's "normal" operational functions. Admin Access should only be granted to select individual(s) who you wish to name as your custodian of the MJ Freeway system.

Proof of employee fingerprint submission attached: The receipt from the location where the individual submitted fingerprints is acceptable. If the receipt is not attached to the email, do not select this box. Enrollment to be fingerprinted is not an acceptable proof of employee fingerprint submission.

Please Note: If the individual's fingerprints are rejected due to poor quality of prints, the individual has 30 days to be reprinted.

Attestation: Acknowledge by selecting the box, sign, and date. Failure to acknowledge the above form will result in the return of the documents for correction and delay the processing of your affiliations.