

How to Submit a Medical Cannabis Agent Card Renewal Application

Make sure you have all required materials before starting your application.

If you experience system issues, email cannabischeck@utah.gov with:

- First Last name
- UtahID/email address
- Description of steps taken up to error
- Screenshot of error received

1

Navigate to agbusiness.utah.gov, click "Log In", and follow the prompts to log in using your UtahID



2

Click "Medical Cannabis"



3 Click "Agent Card Application"



4 Click "Continue"

Privacy Statement

Your Personally Identifiable Information (name, address, contact, etc.) is being collected to create an account with the Department of Agriculture and Food for purposes of determining eligibility for a license, permit, certification, or registration as administered by the Department. This information may be shared with other entities on a need-to-know basis or as applicable by law.

Steps

- Privacy Statement
- Application Type

5 Select "Renewal Application" and the type of agent registration you are renewing

Application Type

Type of Application New Application Renewal Application Change Request

Type of Agent Registration Cultivator/Processor Laboratory Pharmacy Courier

Account Name

Steps

- Privacy Statement
- Application Type
- Select Application Sections

6 Click "Next"

Application Type

Type of Application
 New Application Renewal Application Change Request

Type of Agent Registration
 Cultivator/Processor Laboratory Pharmacy Courier

Account Name
Agent Sam Leaf

Are you licensed as a pharmacist, APRN, physician, or physician assistant under Title 58? Yes No

Previous Next

Steps

- Privacy Statement
- Application Type
- Select Application Sections

7 Select the agent card you are renewing

Select Application Sections

Previously Submitted Applications

Cannabis Application Na...	Registration ID	Status	Submission Date	Account Name
<input checked="" type="radio"/> CAN-000004251	PROD-24-00032	Application Approved	2024-08-27	Agent Sam Leaf

Please select the sections that are applicable. If this is a renewal application and your appearance has changed since you submitted the application above, select "Personal User Information".

Personal User Information Work Facility Proof of Identity

Select All Sections

Previous Next

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Signature
- Confirmation

i The renewal process opens 60 days prior to the agent card expiration date.

If no applications appear on this page, select "Previous" and verify you selected the correct agent type.

8 Select application sections

- "Work Facility" and "Proof of Identity" are required
- "Personal User Information" is optional to update your photo

Select Application Sections

Previously Submitted Applications

Cannabis Application Na...	Registration ID	Status	Submission Date	Account Name
<input checked="" type="radio"/> CAN-00004251	PROD-24-00032	Application Approved	2024-08-27	Agent Sam Leaf

Please select the sections that are applicable. If this is a renewal application and your appearance has changed since you submitted the application above, select "Personal User Information".

Personal User Information Work Facility

Proof of Identity

[Select All Sections](#)

[Previous](#) [Next](#)

Steps

- Privacy Statement
- Application Type
- Select Application Sections**
- Personal User Information
- Work Facility
- Proof of Identity
- Signature
- Confirmation



If you are completing a Pharmacy or Courier application for the first time in AIMS, please select "Personal User Information" to provide us with a photo for your agent card. Your application may be delayed if a photo is not provided.

Cultivator/Processor and laboratory agent renewals only need to select this section if your appearance has substantially changed since your initial application.

9 Click "Next"

Select Application Sections

Previously Submitted Applications

Cannabis Application Na...	Registration ID	Status	Submission Date	Account Name
<input checked="" type="radio"/> CAN-00004251	PROD-24-00032	Application Approved	2024-08-27	Agent Sam Leaf

Please select the sections that are applicable. If this is a renewal application and your appearance has changed since you submitted the application above, select "Personal User Information".

Personal User Information Work Facility

Proof of Identity

[Select All Sections](#)

[Previous](#) [Next](#)

Steps

- Privacy Statement
- Application Type
- Select Application Sections**
- Personal User Information
- Work Facility
- Proof of Identity
- Signature
- Confirmation

Personal User Information Section

10

If you selected "Personal User Information", please upload a photo that meets requirements and enter height, eye color, and hair color fields

The screenshot shows a user profile form. At the top, there is a photo of a woman with long blonde hair. Three callout boxes point to the photo with the following text: "No hat or sunglasses", "Good contrast (not too light or too dark) and no filter", and "Plain, neutral background". Below the photo is an "Upload Files" button, which is highlighted with an orange box. To the right of the button is a text input field containing "Or drop files" and an "Attach" checkbox. Below the photo and upload button are several input fields: "First Name" (Sam), "Last Name" (Leaf), "Suffix" (empty), "Date of Birth" (08-12-1990), "Height" (5 ft 7 in), "Eye Color" (Black), and "Hair Color" (Bald). The "Height", "Eye Color", and "Hair Color" fields are highlighted with an orange box. Below these fields are "Mailing Address" (1234 S Leaf St), "Apt/Suite #" (empty), "Country" (United States), "State" (Utah), "City" (Salt Lake City, Salt Lake), and "Zip Code" (84129).



Make sure your photo meets requirements before uploading!

- Clear image
- Full face in frame
- In color, no filters
- No hats, sunglasses, or other people in frame



If you need to edit name, mailing address, or email address you will need to submit a change request by navigating to your profile and editing the information.

Please email cannabisccheck@utah.gov for assistance with change requests.

11 Click "Next"

UDAF Cannabis.png

First Name: Sam, Last Name: Leaf, Suffix: []

Date of Birth: 08-12-1990

Height: 5 ft 7 in

Eye Color: Black, Hair Color: Bald

Mailing Address: 1234 S Leaf St

Apt/Suite #: []

Country: United States, State: Utah

City: Salt Lake City, Salt Lake, Zip Code: 84129

County: Salt Lake

Email Address: agentsamleaf@gmail.com

Previous Next

Work Facility Section

12 Verify your Work Facility information is correct

- If work facilities are accurate, continue to training certificate
- If you no longer work at a facility listed, select the arrow, enter your "End Date" (last day at facility), and save
- If you need to add a work facility, select "Add Work Facility", select work facility from dropdown list, and press save

Work Facility

Your Application Number is: CAN-000004688

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility**
- Proof of Identity
- Signature
- Confirmation

Work Facility

WORK FACILITY	END DATE
PROD TEST ACCOUNT - 7002-000000001	[]

Add Work Facility

Proof of Agent Training

Upload your agent training certificate. Please note certificates must be dated 3 months from date of application and be signed by the applicant and trainer.

Upload Files Or drop files Attach

Previous Next



You can add multiple work facilities on one application. Please verify with your employer which work facilities to add.

- 7001: Cultivators
- 7002: Tier 1 Processors
- 7003: Tier 2 Processors

13

Click "Upload Files" to upload your training certificate

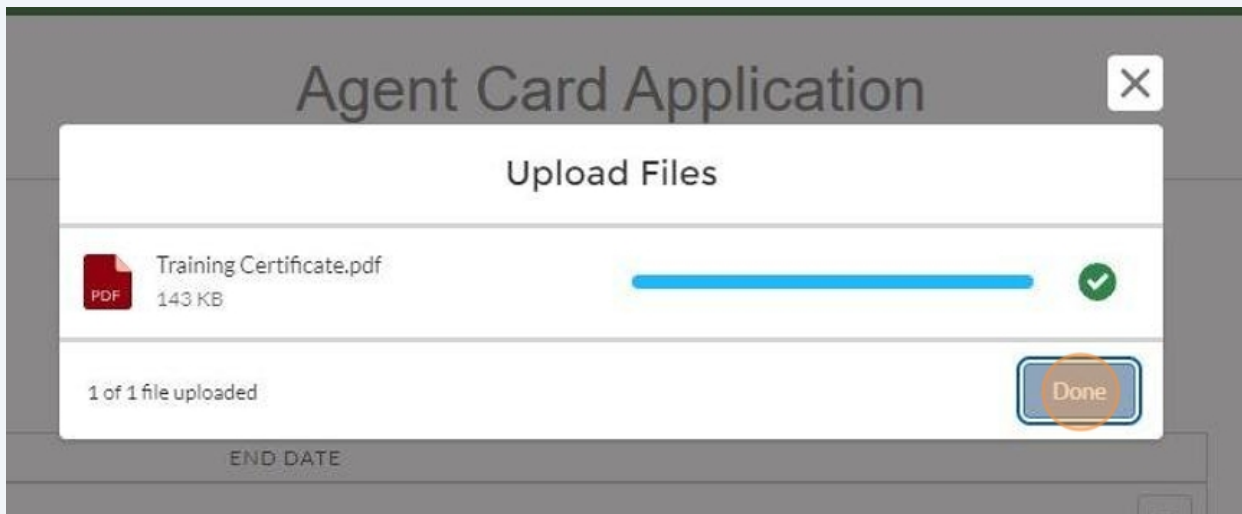
The screenshot shows a web application interface. On the left, there is a 'Work Facility' section with a table containing one row: 'PROD TEST ACCOUNT - 7002-000000001'. Below this is the 'Proof of Agent Training' section, which includes a text box with an 'Upload Files' button (highlighted with an orange circle) and an 'Attach' checkbox. On the right, there is a sidebar with the application number 'CAN-000004688', a progress indicator for 'Steps' (Privacy Statement, Application Type, Select Application Sections, Personal User Information, Work Facility, Proof of Identity, Signature, Confirmation), and 'Previous' and 'Next' buttons.



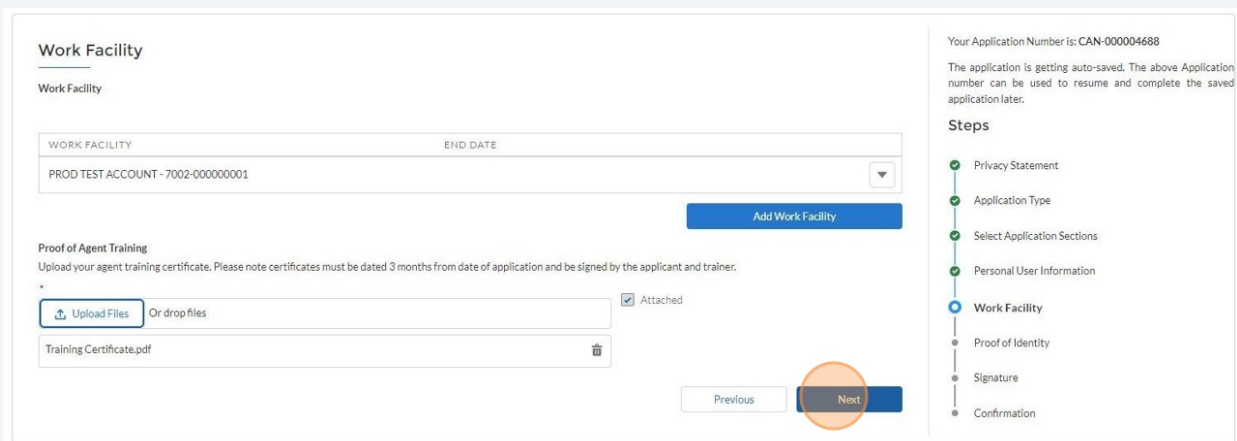
Make sure your training certificate meets requirements before uploading!

- Dated within the last 3 months
- Signed by you and the trainer

14 Click "Done"



15 Click "Next"



Proof of Identity Section

16 Verify your ID information is accurate and up to date, select "Next"

Proof of Identity

ID Type: International Passport

Issuing Body: France

ID Number: 123456789

ID Expiration Date: 08-12-2037

Previous Next

Your Application Number is: CAN-00004688

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity**
- Signature
- Confirmation

Signature Section

i If you need to make any changes to the application, please do that before completing the signature section.

To go back, you can select the green checkmark next to the section needed.

Your Application Number is: CAN-00004251

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature**
- Confirmation

17 Draw signature and click "Capture Signature"

Signature

Applicant Signature

☺

Capture SignatureClear

The signature has been captured successfully.

<small>Signed By Name</small> <input type="text" value="Sam Leaf"/>	<small>Title</small> <input type="text"/>	<small>Date</small> <input type="text" value="10-21-2024"/>	<small>Time</small> <input type="text" value="01:34 pm"/>
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*To review or edit your application, click on the green checkmark next to the selected sections to the right and proceed through each section prior to signing and submitting. You cannot view or edit your application after you press "Submit" on this page.
By signing and submitting this application, you are agreeing to the agent acknowledgments and certifying that all information provided is accurate.*

Previous Submit

Your Application Number is: CAN-00004688

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Signature**
- Confirmation

18 Enter name and click "Submit"

Agent Card Application

Signature

Applicant Signature

☺

Capture SignatureClear

The signature has been captured successfully.

<small>Signed By Name</small> <input style="border: 2px solid #28a745;" type="text"/>	<small>Title</small> <input type="text"/>	<small>Date</small> <input type="text" value="08-27-2024"/>	<small>Time</small> <input type="text" value="06:40 am"/>
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*To review or edit your application, click on the green checkmark next to the selected sections to the right and proceed through each section prior to signing and submitting. You cannot view or edit your application after you press "Submit" on this page.
By signing and submitting this application, you are agreeing to the agent acknowledgments and certifying that all information provided is accurate.*

Submit

Your Application Number is: CAN-00004251

The application is getting auto-saved. The above Application number can be used to resume and complete the saved application later.

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature**

Payment Options

19 To pay online, select "Credit Card" and follow steps provided on screen

Agent Card Application

Confirmation

Agent Card Application is successfully submitted!. Your Application Number is : CAN-000004251

Complete the payment of \$150 for your Cultivator/Processor Agent Card Application.

Your application will be subject to a review once the payment is made. If your payment is not received within 30 days, your application will become inactive and you will need to reapply. Payments are non-refundable.

Please select the Payment Mode:

Credit Card E-Check Offline Payment

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature
- Confirmation

20 To pay over the phone, select "Offline Payment" > "Cash" > "Next"

Agent Card Application

Confirmation

Agent Card Application is successfully submitted!. Your Application Number is : CAN-000004251

Complete the payment of \$150 for your Cultivator/Processor Agent Card Application.

Your application will be subject to a review once the payment is made. If your payment is not received within 30 days, your application will become inactive and you will need to reapply. Payments are non-refundable.

Please select the Payment Mode:

Credit Card E-Check Offline Payment

Please select Offline Payment Method:

Cash

Check (We do not accept Demand draft payments)

Money Order

Wire Transfer (Please contact UDAF)

An offline payment is a payment that is paid either by mail or in-person; such as a check, money order, cash, or in-person credit card payment at the UDAF office. Please note: by selecting this method of payment, the application process may take longer for processing than online payments via credit card or Echeck.

[Next](#)



When making payment over the phone, have your application number ready for reference.

Agent Card Application

Payment Notice

Application Number: CAN-000004251

Payment Instructions

Please print this page and mail with your payment, or bring it with you for In-person payments.

Payment Option 1: Mail

Regular Mail: P.O. Box 146500	Salt Lake City, UT 84114-6500
Overnight/Courier Mail: 4315 South 2700 West TSOB South, Floor 2	Taylorsville, UT 84129

Payment Option 2: In-person

4315 South 2700 West TSOB South, Floor 2	Taylorsville, UT 84129
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Phone
(801)982-2200

[Finish](#)

Steps

- Privacy Statement
- Application Type
- Select Application Sections
- Personal User Information
- Work Facility
- Proof of Identity
- Agent Acknowledgments
- Signature
- Confirmation
- Payment Notice