



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Medical Cannabis Dispensing Organization
Dispensary Agent - Attestation Form

*The dispensary agent applicant must complete, sign and date this form. One form must be submitted per individual agent. In order for your agent application to be evaluated, the agent applicant must respond to each of the following questions truthfully. **NOTE:** Your answers must match the results of your fingerprint based criminal history record background check. An applicant or registrant who knowingly signs a fraudulent document commits perjury as defined in Section 32-2 of the Criminal Code of 2012 and for the purpose of this Section shall be guilty of a Class A misdemeanor. (20 ILCS 2105/2105-25).*

	YES	NO
<p>1. Have you ever been charged with or convicted of an "excluded offense" as defined under 410 ILCS 130/10(l) of The Compassionate Use of Medical Cannabis Pilot Program Act ("Act")?</p> <p>The Act defines an excluded offense as:</p> <p>(1) A violent crime defined in Section 3 of the Rights of Crime Victims and Witnesses Act or a substantially similar offense that was classified as a felony in the jurisdiction where the person was convicted; or</p> <p>(2) A violation of a state or federal controlled substance law that was classified as a felony in the jurisdiction where the person was convicted, except that the registering Department may waive this restriction if the person demonstrates to the registering Department's satisfaction that his or her conviction was for the possession, cultivation, transfer, or delivery of a reasonable amount of cannabis intended for medical use.</p> <p>Section 3(c) of the Rights of Crime Victims and Witnesses Act defines Violent Crime as:</p> <p>"Violent Crime" means any felony in which force or threat of force was used against the victim, or any offense involving sexual exploitation, sexual conduct or sexual penetration, or a violation of Section 11-20.1, 11-20.1B, or 11-20.3 of the Criminal Code of 1961 or the Criminal Code of 2012, domestic battery, violation of an order of protection, stalking, or any misdemeanor which results in death or great bodily harm to the victim or any violation of Section 9-3 of the Criminal Code of 1961 or the Criminal Code of 2012, or Section 11-501 of the Illinois Vehicle Code, or a similar provision of a local ordinance, if the violation resulted in personal injury or death, and includes any action committed by a juvenile that would be a violent crime if committed by an adult. For the purposes of this paragraph, "personal injury" shall include any Type A injury as indicated on the traffic accident report completed by a law enforcement office that requires immediate professional attention in either a doctor's office or medical facility. A Type A injury shall include severely bleeding wounds, distorted extremities, and injuries that require the injured party to be carried from the scene.</p>		
<p>2. I understand that if I am convicted of an excluded offense as defined under the Act, I must alert the dispensing organization Agent-in-Charge and the Division immediately upon conviction. I understand that if I do not alert the Division of a conviction of an excluded offense, the dispensary registration may be revoked. 410 ILCS 130/115(f)(4), Section 1290.210(n).</p>		

	YES	NO
<p>3. Have you ever been charged with any criminal offense in any domestic or foreign jurisdiction?</p> <p><i>If yes, please explain the charges and nature of the circumstances in the space provided below. Add pages if necessary. Include all charges regardless of whether the charges were dismissed or you were found not guilty.</i></p> <p>Comments:</p>		
<p>4. Have you been convicted of any criminal offense in any domestic or foreign jurisdiction?</p> <p><i>If yes, please list the offense information in the section below and attach the document(s) supporting the resolution of any criminal offense. Include all convictions regardless of the class of the crime. Include the following: the disposition of the crime (felony, misdemeanor or petty offense), whether there was injury to another, the conviction date, court case number, courthouse name and arresting police authority name.</i></p> <p>Comments:</p>		
<p>5. In accordance with 20 ILCS 2105-15(a)(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? If yes, please provide an explanation in the comment section below.</p> <p>Comments:</p>		

	YES	NO
<p>6. In accordance with 20 ILCS 2105-15(g) “The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied.”</p> <p>Are you delinquent in the filing of state or federal taxes? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>		
<p>7. In accordance with 5 ILCS 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than thirty (30) days delinquent in complying with a child support order.</p> <p>Are you more than thirty (30) days delinquent in complying with a child support order? If yes, provide an explanation in the comment section below.</p> <p>Comments:</p>		
<p>8. I agree that I will not divert medical cannabis to any individual or person who is not allowed to possess medical cannabis pursuant to the Act.</p>		

	YES	NO
<p>9. I attest to and accept the limitations of liability and the requirement to indemnify, hold harmless and defend the State of Illinois, including:</p> <p>Limitation of Liability- the State of Illinois shall not be liable to the Dispensing Organization, Dispensing Organization employees, agents, family members or guest(s), qualifying patients or caregivers, qualifying patients' or caregivers' employer or employees, family members or guest(s) for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from the registrant's participation in the Act, including, but not limited to, the following: arrest, seizure of persons or property, prosecution pursuant to federal laws by federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty, or the actions of any other registrants or persons. This Limitation of Liability provision shall survive expiration or the early termination of the Registration if the Registration is granted, and I acknowledge that as an applicant in the Medical Cannabis Pilot Program, I have actual notice that, notwithstanding any State Law:</p> <ul style="list-style-type: none"> • Cannabis is a prohibited Schedule I controlled substance under federal law; • Participation in the Medical Cannabis Pilot Program is permitted only to the extent provided by the strict requirements of the Act and the Division's Administrative Rules; • Any activity not sanctioned by the Act or the Division's Administrative Rules may be a violation of State or federal law and could result in arrest, prosecution, conviction, or incarceration; • Growing, distributing, or possessing cannabis in any capacity, except through an approved research program, is a violation of federal law and could result in arrest, prosecution, conviction, or incarceration; • Use of medical cannabis may affect an individual's ability to receive federal or State licensure in other areas; • Use of medical cannabis, in tandem with other conduct, may be a violation of State or federal law and could result in arrest, prosecution, conviction, or incarceration; • Participation in the Medical Cannabis program does not authorize any person to violate federal law or State law and, other than as set out in 410 ILCS 130/25, does not provide any immunity from or affirmative defense to arrest or prosecution under federal law or State law; and • Participants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the Medical Cannabis Pilot Program. 		
<p>10. I understand that I have a duty to promptly disclose to the Division any material changes to dispensary or personal information as required by my license as outlined in the Act and the Division's Administrative Rules. <i>Section 1290.110 (d)</i>.</p>		

	YES	NO
11. If I am/was an Agent-in-Charge or manager of a registered cannabis dispensary in another State, and that dispensary's registration or my Agent-in-Charge or manager license was revoked, I must immediately disclose the revocation to the Division. I understand this duty continues throughout the registered period. <i>410 ILCS 130/115(f)(5)</i> .		
12. I attest that I will visibly display my agent identification card issued by the Division at all times while at the dispensary.		
13. I attest that I will immediately return my dispensing organization agent identification card to the dispensing organization upon termination of employment.		
14. I attest that if I lose my dispensing organization agent identification card, I will ensure the loss is reported to the Illinois State Police and the Department of Financial and Professional Regulation immediately upon discovery.		
15. I attest that I am over the age of 21.		
16. I understand that by signing this form, all the attestations and information I have provided herein are true and correct.		

Dispensary Agent Printed Name

Signature

Date