



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Medical and Adult Use Cannabis Dispensing Organization
Agent Termination Notification Form

NAME OF PERSON SUBMITTING NOTIFICATION	CREDENTIAL NUMBER OF PERSON SUBMITTING NOTIFICATION 28
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LIST PERSONS BEING TERMINATED	CREDENTIAL NUMBER	TERMINATION DATE	WAS THE PERSON TERMINATED FOR THEFT OF DIVERSION?	
			YES	NO

This form needs to be e-mailed to FPR.MedicalCannabis@Illinois.gov (for medical cannabis agent cards) or FPR.CannabisAdministration@Illinois.gov (for adult use cannabis agent cards) with the subject line "Agent Termination."

Send Adult Use Cannabis agent cards to:
Illinois Department of Financial and Professional Regulation
 Cannabis Control Section
 320 W. Washington St. 2nd Floor
 Springfield, IL 62767

Send Medical Cannabis agent cards to:
Illinois Department of Financial and Professional Regulation
 Medical Cannabis Section
 100 W. Randolph St., 9th Floor
 Chicago, IL 60601

If any person was terminated due to theft or diversion, please describe the circumstances below: