

Office of Cannabis Regulation
Department of Business Regulation

560 Jefferson Blvd, Ste. 204,
Warwick, RI 02886

**Cardholder Registration Application for Key Persons,
Interest Holders, and Staff of Industrial Hemp
Licensees, and CBD Retailers/ Distributors**

- **Industrial Hemp Program** requirements for licensure and registration of cardholders are established by the Industrial Hemp Growth Act, R.I. Gen. Laws Chapter 2-26, and the Department's regulations entitled, "Rhode Island Industrial Hemp Program," 230-RICR-80-10-1.
- More information and links to applicable laws are available here:
<https://dbr.ri.gov/divisions/medicalmarijuana/>.
- Should you have any questions regarding the cardholder registration requirements or the completion of the application form, contact the Office of Cannabis Regulation at the Department of Business Regulation, (401) 889-5607, or email at:
- DBR.HempCompliance@dbr.ri.gov for Industrial Hemp Program and CBD Questions.

Application Instructions

1. Complete **all** application materials as instructed. Please answer all questions. **Incomplete questions or incomplete applications will not be processed.** Please mark "NA" on questions that are Not Applicable.
2. Do not detach any full pages from this form.
3. Sign the application and return it with the required documentation described herein and a check or money order payable to the General Treasurer, State of Rhode Island.
4. **Do not submit the application without all applicable information, documentation, and fee(s).**
5. Mail or deliver the completed application to:

**RI Department of Business Regulation
Office of Cannabis Regulation
560 Jefferson Blvd, Ste. 204
Warwick, RI 02886**

Required Documentation

1. **Completed Application:** Completed and signed Application for **each** officer, director, board member, manager, employee agent, or owner.
*CBD Retailers need only designate one person who will supervise, manage, and direct the retail sale of hemp-derived consumable CBD products and obtain a registry card and National Criminal Background Check.
2. **Copy of ID:** Proof that each officer, director, board member, manager, employee, agent or volunteer is at least twenty-one (**21**) years old. (Proof must be in the form of a copy of a Rhode Island or other Government issued photo ID such as a Driver's License, Passport or State ID.)
3. **Fee:** A non-returnable, non-refundable application fee made payable to **General Treasurer, State of Rhode Island** in the amount in the below amount for **each** officer, director, board member, manager, employee, agent, or volunteer.

Industrial Hemp Program: \$50.00
CBD Retailer/ Distributor: \$50.00

4. **National Criminal Background Check*:** All owners, board members, officers, directors, managers, owners and agents of Industrial hemp licensees, or CBD Distributors, shall apply for a national criminal background identification records check that shall include fingerprints submitted to the Federal Bureau of Investigation.
*Employees are not required to get background checks.

To obtain a National Criminal Background Check report, please contact:

- The Rhode Island State Police at (401) 444-1110 and schedule an appointment; or
- The Rhode Island Attorney General's Office, BCI Division, 4 Howard Ave, Cranston, RI 02920, (401) 274-4400. (On the Pontiac Avenue side of the Pastore Complex.)
<http://www.riag.ri.gov/BCI/index.php#>

Cardholder Registration Application Form

Select one:

Initial Application: or Renewal Application:

For (select one): **Industrial Hemp**

CBD Retailer

CBD Distributor

Select position of Applicant:

Officer/ Director **Board Member** **Manager/ Supervisor**

Employee **Agent** **Owner** **Member** **Other** (describe):

Full Name of Applicant

Date of Birth

First	Middle	Last

MM / DD / YYYY

Mailing Address

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Street Address (Street and Number)

Apt/Suite

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City/ Town

State

Zip Code

Contact Information

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Phone Number

Email

Licensee Information

Please write the name, signature and title of the principal officer or authorized designee of the Industrial Hemp Licensee or CBD Retailer/ Distributor who can be contacted to confirm the affiliation of the applicant.

Name of Industrial Hemp Licensee, Or CBD Distributor/ Retailer

Address of Industrial Hemp Licensee, Or CBD Distributor/ Retailer

(The below two lines do not apply to CBD Retailers)

Principal Officer/ Designee Printed Name

Principal Officer/ Designee Signature

Principal Officer / Designee Title

Email address of Principal Officer or Authorized Designee

Applicant

Declaration By signing this application, I, the applicant named above, hereby declare and verify under the penalty of perjury that to the best of my knowledge all statements in this application are complete, true, correct, and accurate.

Printed Name of Applicant

Signature of Applicant

Date Signed

Check Info

Check Number
(Check number is required
for payment verification)

- CBD Retailer/ Distributor **\$50.00**
 Industrial Hemp Grower/ Handler/ Dual **\$50.00**

Select One

Date of Most Recent BCI

"Employees" are Exempt from this Requirement

**PLEASE ATTACH A COPY OF YOUR
GOVERNMENT ISSUED ID ON NEXT PAGE**



State of Rhode Island
DEPARTMENT OF BUSINESS
REGULATION
Office of Cannabis Regulation 1511
Pontiac Avenue, Bldg. 68-1
Cranston, Rhode Island 02920

NATIONAL CRIMINAL INFORMATION CENTER - (NCIC)

In accordance with Rhode Island General Laws, all compassion center, licensed cultivator, licensed lab, licensed hemp grower, licensed hemp handler and licensed dual grower/handler **owners, members, officers, directors, managers and agents**, will be subject to a national criminal background check as part of their application for a registry identification card.

Please obtain a background check (NCIC) from your local police department, the Rhode Island Department of the Attorney General (401-274-4400), or by appointment with the Rhode Island State Police (401-444-1000). Please contact them with questions and fees associated with this process. As part of the NCIC your fingerprints will be taken. Once the check has been processed the results will be sent directly to the Department of Business Regulation/Office of Cannabis Regulation and a copy will be sent to you.

Please bring this to the law enforcement agency and inform them that you are applying to become a **Medical Marijuana Cultivator** so that the results of the check are routed to the correct office. Please note, Medical Marijuana Cultivator is the applicable designation for any of the above listed applicants, including hemp.

Applicant Name: Click or tap here to enter text.

Applicant Date of Birth: Click or tap here to enter text.

Applicant Home Address: Click or tap here to enter text.

TO: LAW ENFORCEMENT AGENCY

Please provide a National Criminal Information Center Check (NCIC) which shall include fingerprints for the above-named Medical Marijuana/Industrial Hemp applicant. Please send the “Qualify/Does Not Qualify” letter to:

The Office of Cannabis Regulation
560 Jefferson Blvd
Warwick, RI 02886
Email: DBR.MMPCompliance@dbr.ri.gov

Out of State National Background Checks

If you live out of state and require a national background check, please download and complete the forms below and submit **with your fingerprints** to the Office of Attorney General.

- BCI fingerprint disclaimer - [Download Here](#) / [descargar aqui](#)
- Certification of Fingerprints - [Download Here](#)
- Fingerprint form - [Download Here](#) / [descargar aqui](#)
- Notice - [Download Here](#) / [descargar aqui](#)

All mail transactions shall be mailed to 4 Howard Avenue Cranston, RI 02920.
For any additional questions, please contact the AG's Office at (401) 274-4400.
<http://www.riag.ri.gov/BCI/index.php#>