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# Office of Cannabis Regulation (OCR) Registry Identification Card QRG

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## PURPOSE

The purpose of this Quick Reference Guide (QRG) is to assist licensees in applying, renewing, and submitting change requests for Registry Identification Cards.

**TABLE OF CONTENTS**

|  |           |
|--|-----------|
| <b>STATUTORY AUTHORITY</b>   | <b>3</b>  |
| <b>WHO NEEDS A REGISTRY IDENTIFICATION CARD?</b>                                 | <b>4</b>  |
| <b>INITIAL REGISTRY IDENTIFICATION CARD APPLICATION</b>                          | <b>5</b>  |
| <b>REGISTRY IDENTIFICATION CARD RENEWAL</b>                                      | <b>11</b> |
| <b>REMOVAL OF A TERMINATED EMPLOYEE</b>  | <b>15</b> |
| <b>REQUESTING CHANGES TO REGISTRY IDENTIFICATION CARDS</b>                       | <b>16</b> |
| <b>ATTACHMENT 1 – TERMINATION OF REGISTRY IDENTIFICATION CARD EMAIL TEMPLATE</b> | <b>22</b> |

## STATUTORY AUTHORITY

Requirements for, and distribution of, Registry Identification Cards by OCR are pursuant to the Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, R.I. Gen. Laws Chapter [21-28.6-12\(c\)\(6\)](#) and [21-28.6-16\(b\)](#), and the Rules and Regulations Related to the Medical Marijuana Program Administered by the OCR at the Department of Business Regulation, [230-RICR-80-05-1.4](#), as well as the Hemp Growth Act, R.I. Gen. Laws Chapter [2-26-5](#) and [2-26-6](#), and the Rules and Regulations Related to the Rhode Island Industrial Hemp Program Administered by the OCR at the Department of Business Regulation, [230-RICR-80-10-1.10](#).

## WHO NEEDS A REGISTRY IDENTIFICATION CARD?

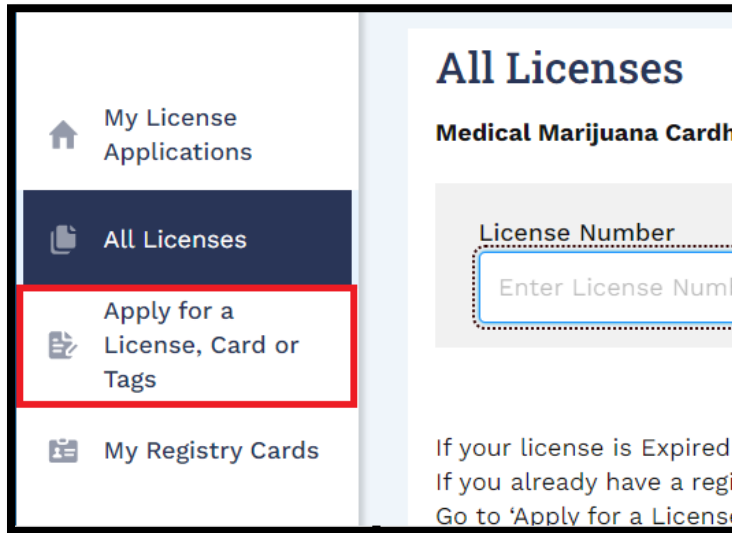
The following individuals are required to apply for and receive a Registry Identification Card before commencing work in Rhode Island's cannabis, hemp, and CBD industries:

- Owners
- Officers
- Shareholders (excluding those owning less than 5% of the outstanding shares of publicly traded companies)
- Directors
- Board Members
- Managers
- Employees (excluding those employed by a Licensed CBD Retailer)
- Agents
- Volunteers

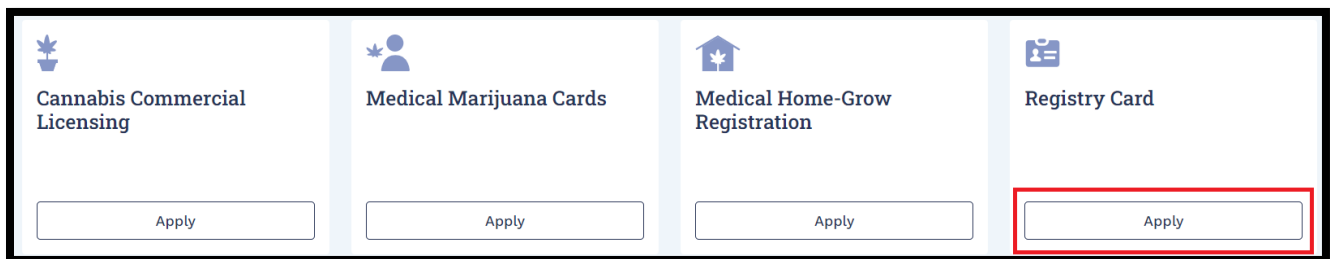
Additionally, all the above individuals, with the exception of Employees and Volunteers, are required to complete a National Criminal Background Check at their local law enforcement office with the results forward to the Rhode Island Office of the Attorney General. **The Registry Identification Card will not be issued until OCR receives the results of this background check.**

## INITIAL REGISTRY IDENTIFICATION CARD APPLICATION

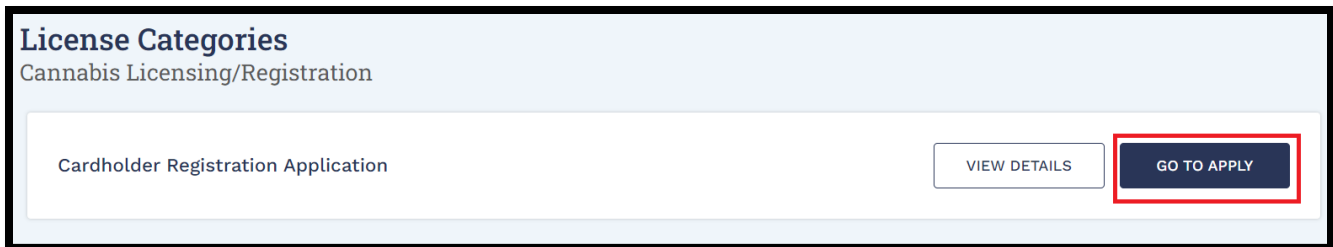
1. Once you have logged into the Cannabis Licensing Portal (Portal), select “Apply for a License, Card, or Tags” from the menu on the left.



2. Select “Apply” under the “Registry Card” box, the option furthest to the right.



3. Select “Go to Apply” on the following screen.



4. Enter the complete License Number for the licensed entity **exactly as it appears on the business' License Certificate** in the upper box. Any deviation will prevent the system from pulling the correct license information.



5. Select "No" from the drop-down menu underneath "Do you have an existing registry card?"

A screenshot of a form titled "Instructions and Documentation". It contains the following text:

- \* Indicates required field
- \* License Number (Example: MMPCC####, IHP####, CV####, LCR####, LCD####, LTM####)

Below the text is a text input field containing "MMPCC037". Below that is a question: "\* Do you have any existing registry card?". Underneath the question is a drop-down menu with "No" selected. The drop-down menu is highlighted with a blue dashed border.

**\*\*Note\*\* If you are completing this section to renew a PAPER REGISTRY IDENTIFICATION CARD, select "Yes" on the drop-down menu above and enter the Registry Badge Number exactly as it appears on the card.**

6. Select "Next" at the bottom of the page.
7. Select the "Add New" from the "Select Contact" drop-down menu.

8. Select the relevant position for the Applicant from the following drop-down menu. In this example the applicant is an Owner of the licensed entity.

**Cardholder Registration Form**

\* Indicates required field

\* Select Contact

Add New

\* Select position of Applicant

Owner

9. Enter the Applicant's personal information and mailing address in the relevant boxes.

\* First Name: John

\* Last Name: Smith

\* DOB: Jul 10, 1990

\* Email: testcolc123@gmail.com

**MAILING ADDRESS**

\* Street Address: 420 W Main St

\* City: Providence

\* State: Rhode Island

\* Zip code: 02909

\* Telephone Number: (555) 555-5555

Date of Most Recent Background Check (Both 'Employees' and 'Volunteers' are Exempt from this Requirement): Apr 1, 2024

10. Enter the date the Applicant's background check was submitted in final box.

**\*\*Note\*\* Applicant's classified as Employees or Volunteers do not need to**

**complete a background check and may leave this box blank.**

11. Select "Next" at the bottom of the page.
12. Select "Next" at the bottom of the following "National Criminal Information Center" page.
13. Upload the Applicant's Government Issued Photo ID and Photograph in the labeled boxes by selecting "Upload/Choose file" in the relevant row.

| SECTION NAME | DOCUMENT NAME            | STATUS | ACTION             |
|--------------|--------------------------|--------|--------------------|
| Attachments  | * Govt issued photo ID ⓘ | -      | Upload/Choose file |

**\*\*Note\*\* The Photograph must meet the following specifications to be accepted for use on a Registry Identification Card:**

- Be in a commonly accepted digital format such as .jpeg and .png
- Is on a plain background
- Is from the shoulders up
- Does not include hats
- Does not include non-prescription glasses or sunglasses
- Is unfiltered
- Is taken in upright, rather than landscape, orientation

14. Select "Next" at the bottom of the page once the documents have been

### Attachments

\* Indicates required field

There is a Maximum 25 MB file upload size limit.

| SECTION NAME | DOCUMENT NAME  | STATUS   | ACTION                      |
|--------------|--|----------|-----------------------------|
| Attachments  | * Govt issued photo ID ⓘ<br>Govt Issued ID_John Smith.jpg<br>4/3/2024, 2:24 PM | Uploaded | 🗑 Delete Upload/Choose file |
| Attachments  | * Photograph ⓘ<br>Digital Photograph_John Smith.jpg<br>4/3/2024, 2:24 PM       | Uploaded | 🗑 Delete                    |



uploaded.

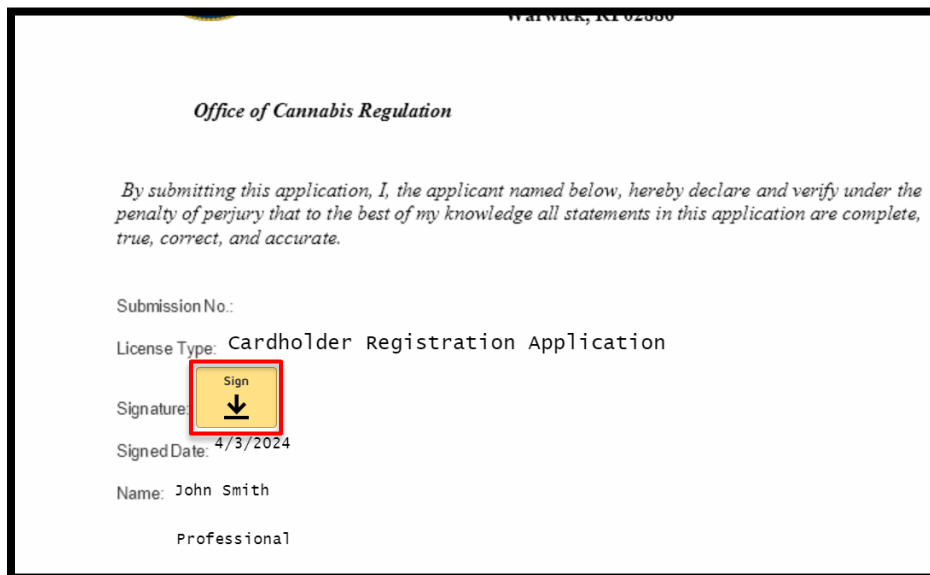
15. Select "Sign the Document" and "OK" on the pop-up warning to be brought to DocuSign where you must affirm the truthfulness of the information entered in the application.

**\*\*Note\*\* It may take up to two minutes for DocuSign to load. While this is happening DO NOT navigate away from or refresh the Portal page or you may lose your progress.**

16. Select the yellow "Continue" box at the top of the page to access the signable document.



17. Select the yellow "Sign" box on the signature line of the document.



18. Enter your full name and initials in the pop-up box and select "Adopt and Sign."

**\*\*Note\*\* If you have previously completed a DocuSign signature, this may auto populate with the last used signature. If a different person is completing this application, you must select the signature, click “Change” and then “Add” so that the signature matches the person completing the**

**application.**

19. Once the document is signed, select “Finish” at either the top or bottom of the page.
20. Select “Next” when you have been brought back to the Portal.
21. Select “Pay and Submit” on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

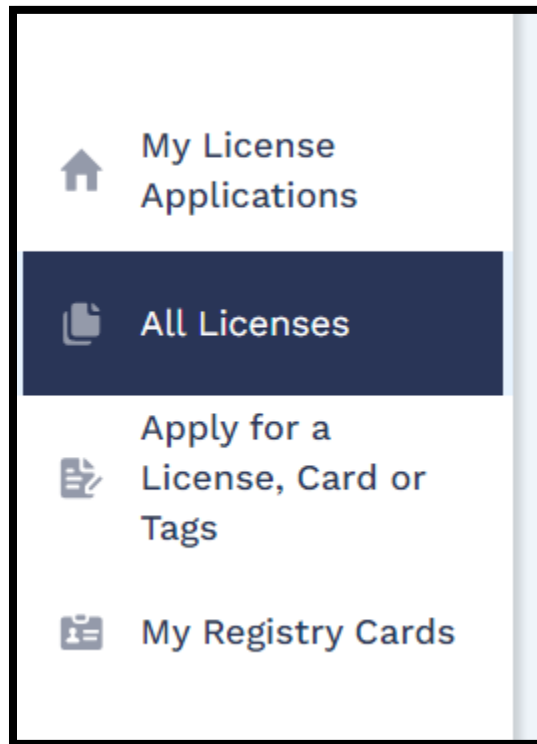
| DESCRIPTION | AMOUNT   | PAYMENT STATUS |
|-------------|----------|----------------|
| License Fee | \$100.00 | Pending        |

**\*\*Note\*\* You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

22. After payment has been completed the application will be submitted and reviewed by OCR.

## REGISTRY IDENTIFICATION CARD RENEWAL

1. You may renew a Registry Identification Card within sixty (60) days of its expiration date. Begin by referring to the “All Licenses” section of the Portal to confirm the confirming the identity of individuals whose cards needs to be renewed. **No changes may be made to the Registry Identification Card during this renewal period. Any changes of mailing address or name must be made either prior to this period or following renewal.**



**\*\*Note\*\* If you are attempting to renew PAPER REGISTRY IDENTIFICATION CARD, please go to the Initial Registry Identification Card Application section of this guide and follow instructions there.**

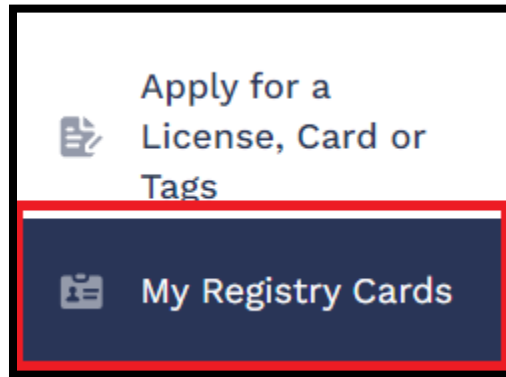
2. Select the heading marked “Expiration Date” to sort the list by which Registry Identification Cards will require the soonest renewals.



3. Note the “License Number” of the expiring card you wish to renew.

| ACTIONS                                  | LICENSE NUMBER ↑ | LICENSE TYPE ↑               | STATUS ↑ | BUSINESS LEGAL NAME ↑ | ISSUED DATE ↑ | EXPIRATION DATE ↓ |
|--|------------------|------------------------------|----------|-----------------------|---------------|-------------------|
| <a href="#">Renew</a><br>More Options: ▾ | RCH567           | Registry Card Holder License | Active   | TestCo, LLC           | 4/15/2023     | 4/15/2024         |

4. Navigate to the “My Registry Cards” section of the Portal.



5. Match the “License Number” from the “All Licenses” section with the “Issuance” record displayed in the “My Registry Card” section to confirm the individual to whom the expiring card belongs.

| SALESFORCE REFERENCE # ↑ | REGISTRY BADGE NUMBER ↑ | STATUS ↑ | ISSUANCE ↑ | CARDHOLDER FIRST NAME ↑ | CARDHOLDER LAST NAME ↑ | ACTIONS                |
|--------------------------|-------------------------|----------|------------|-------------------------|------------------------|------------------------|
| RC-3352                  | MMPCC037-501            | Active   | RCH568     | John                    | Smith                  | <a href="#">Remove</a> |
| RC-3351                  | MMPCC037-500            | Active   | RCH567     | Linda                   | Proudfoot              | <a href="#">Remove</a> |

6. After confirming the individual’s identity, return to the “All Licenses” section to complete the renewal.

**\*\*Note\*\* If you have previously terminated an employee who still appears in this section you *must* deactivate them in the Portal and return their Registry**

Identification Card to OCR within ten (10) days of termination.

| ACTIONS   | LICENSE NUMBER ↑↓ |
|---|-------------------|
| <a href="#">Renew</a><br>More Options: ▼          | RCH567            |
| <a href="#">Change Request</a><br>More Options: ▼ | RCH568            |

- Once a card is within the 60-day renewal period, you will see the option to “Renew” the card under “Actions.” Begin by selecting this option.
- Select “Next” at the bottom of the pages titled “Instructions and Documentation,” “Cardholder Registration Form,” and “National Criminal Information Center
- Upload the Applicant’s Government Issued Photo ID and Photograph in the labeled boxes by selecting “Upload/Choose file” in the relevant row.

**\*\*Note\*\* The Photograph must meet the following specifications to be accepted for use on a Registry Identification Card:**

- Be in a commonly accepted digital format such as .jpeg and .png
- Is on a plain background
- Is from the shoulders up
- Does not include hats
- Does not include non-prescription glasses or sunglasses
- Is unfiltered
- Is taken in upright, rather than landscape, orientation.

You may reuse the picture from the previous year.

### Attachments

\* Indicates required field

There is a Maximum 25 MB file upload size limit.

| SECTION NAME | DOCUMENT NAME   | STATUS   | ACTION                     |
|--------------|---|----------|----------------------------|
| Attachments  | * Govt issued photo ID ⓘ<br><a href="#">Govt Issued ID_Linda Proudfoot.jpg</a><br>4/3/2024, 3:28 PM | Uploaded | Delete  Upload/Choose file |
| Attachments  | * Photograph ⓘ<br><a href="#">Digital Photograph_Linda Proudfoot.jpg</a><br>4/3/2024, 3:28 PM       | Uploaded | Delete                     |

10. Select “Next” at the bottom of the page once the documents have been uploaded.

11. Type the name of the individual completing the application in the box labeled “Signature” and then select “Next” at the bottom of the page.

### Signature

\* Indicates required field

The undersigned attests that Applicant organization understands and will adhere to all the requirements of the Act and the Regulations, including but not limited to those within the Application, and that they have the authority to bind Applicant organization to all requirements.

The undersigned Authorized Signatory of Applicant hereby acknowledges and agrees that Applicant/Licensee has a continuing obligation to disclose any changes to the entirety of this Application and shall submit to DBR a written request for a variance for any proposed change of the information provided herein including all Forms, Annexes, Exhibits, Documents, and Deliverables submitted in connection with or as part of the application process at least sixty (60) calendar days prior to the proposed effective date of the change.

Under penalty of perjury, the undersigned hereby declares and verifies that all statements on and information contained in this Application including all Forms, Annexes, Exhibits, Documents and Deliverables submitted herewith, are complete, true, correct, and accurate.

\* Signature Date

John Smith Apr 3, 2024

12. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

The screenshot shows a 'Payment' page with the following elements:

- Title: **Payment**
- Selected License Type: Compassion \$100.00 (dropdown menu)
- Table with columns: DESCRIPTION, AMOUNT, PAYMENT STATUS
- Table Row 1: License Fee, \$100.00, Pending
- Text: Additional Processing Fee Will Apply
- \*Select payment option
  - Pay Online
- Buttons: BACK, PAY & SUBMIT

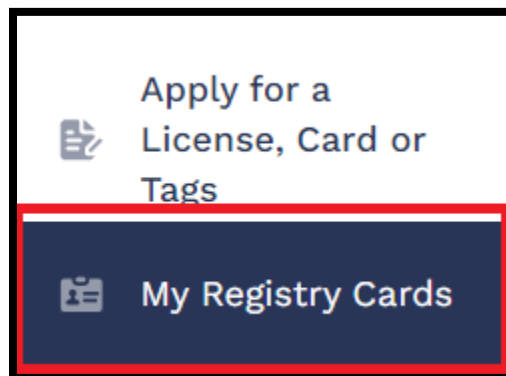
**\*\*Note\*\* You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

13. After payment has been completed the application will be submitted and reviewed by OCR.

## REMOVAL OF A TERMINATED EMPLOYEE

You must remove an employee in the portal within ten (10) days of when they cease to be employed by the licensee. To do this:

1. Navigate to the My Registry Cards section of the Portal.



2. Locate the employee who has ceased employment with the business and select "Remove" on the right side of the screen and then again in the popup box.

| SALESFORCE REFERENCE # | REGISTRY BADGE NUMBER | STATUS | ISSUANCE | CARDHOLDER FIRST NAME | CARDHOLDER LAST NAME | ACTIONS |
|------------------------|-----------------------|--------|----------|-----------------------|----------------------|---------|
| RC-3352                | MMPC037-501           | Active | RCH568   | John                  | Smith                | Remove  |
| RC-3351                | MMPC037-500           | Active | RCH567   | Linda                 | Proudfoot            | Remove  |

**\*\*Note\*\* Licensees *must* notify OCR upon termination of an individual’s employment with their business and destroy their Registry Identification Card. In accordance with Medical Marijuana Program Bullet 2023-3, this requirement may be met by sending a monthly email, as applicable, to [dbr.mmpcompliance@dbr.ri.gov](mailto:dbr.mmpcompliance@dbr.ri.gov) using the template included at the end of this guide as Attachment 1.**

## REQUESTING CHANGES TO REGISTRY IDENTIFICATION CARDS

Registry Identification Cardholders seeking to change the mailing address or name associated with their Registry Identification Card, as well as those requesting a replacement for a lost card must submit a Change Request through the Portal.

Regardless of the type of change requested, Applicant’s will begin by selecting “Change Request” in the “Actions” column of the “All Licenses” page of the Portal before selecting the change type from the drop-down list.



CHANGE OF NAME

1. Select "Change of Name" from the drop-down list and then select "Apply."

**Select a Change Request** ✕

\* indicates required field

\* Change of Name

Exit
Apply

2. Select "Next" on the following page.
3. Enter the *NEW* name for the applicant in the boxes labelled "First Name" and "Last Name"
4. Select "Upload/Choose file" and upload a copy of the Applicant's Government Issued Photo ID that shows the new name.

**Change Request**

\* Indicates required field

\* First Name \* Last Name

Linda Forbin

There is a Maximum 25 MB file upload size limit.

| SECTION NAME   | DOCUMENT NAME   | STATUS   | ACTION   |
|----------------|---|----------|--|
| Change Request | * Copy of Government Issued ID<br><a href="#">Govt Issued ID - Linda Forbin.jpg</a><br>4/4/2024, 10:42 AM | Uploaded | <span style="background-color: #ff0000; color: white; padding: 2px 5px; border-radius: 3px;">🗑 Delete</span> <span style="background-color: #003366; color: white; padding: 2px 5px; border-radius: 3px; margin-left: 10px;">Upload/Choose file</span> |

**\*\*Note\*\* The name on the uploaded ID must match the new name that was typed above.**

5. Select "Next" at the bottom of the page.
6. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

**Payment**

\* Indicates required field

| DESCRIPTION                          | AMOUNT  | PAYMENT STATUS |
|--------------------------------------|---------|----------------|
| License Fee                          | \$10.00 | Pending        |
| Additional Processing Fee Will Apply |         |                |

\* Select payment option

Pay Online

BACK PAY & SUBMIT

**\*\*Note\*\* You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

7. After payment has been completed the application will be submitted and reviewed by OCR.

CHANGE OF MAILING ADDRESS

1. Select "Change of Mailing Address" from the drop-down list and then select "Apply."

2. Select "Next" on the following page.
3. Enter the *NEW* address for the applicant in the relevant boxes.
4. Select "Upload/Choose file" and upload a copy of the Applicant's Government Issued Photo ID.

| SECTION NAME   | DOCUMENT NAME  | STATUS   | ACTION                    |
|----------------|--|----------|---------------------------|
| Change Request | * Copy of Government Issued ID<br>Govt Issued ID - John Smith.jpg<br>4/4/2024, 1:44 PM | Uploaded | Delete Upload/Choose File |

5. Select "Next" at the bottom of the page.
6. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

**Payment**

\* Indicates required field

| DESCRIPTION                          | AMOUNT  | PAYMENT STATUS |
|--------------------------------------|---------|----------------|
| License Fee                          | \$10.00 | Pending        |
| Additional Processing Fee Will Apply |         |                |

\* Select payment option

Pay Online

BACK PAY & SUBMIT

**\*\*Note\*\* You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

7. After payment has been completed the application will be submitted and reviewed by OCR.

## REPLACING LOST CARDS

1. Select "Lost Card Request" from the drop-down list and then select "Apply."

Select a Change Request

\* indicates required field

\* Lost Card Request

Exit Apply

2. Select "Next" on the following page.
3. Select "Pay and Submit" on the following page to be brought to the payment platform where you may elect to pay using either a Credit/Debit Card or an Electronic Check.

Payment

\* Indicates required field

| DESCRIPTION                          | AMOUNT  | PAYMENT STATUS |
|--------------------------------------|---------|----------------|
| License Fee                          | \$10.00 | Pending        |
| Additional Processing Fee Will Apply |         |                |

\* Select payment option

Pay Online

BACK PAY & SUBMIT

**\*\*Note\*\* You must scroll to the bottom of the terms and conditions section of the payment platform prior to selecting the check box and completing payment.**

4. After payment has been completed the application will be submitted and a new Registry Identification Card will be issued by OCR.

**ATTACHMENT 1 – TERMINATION OF REGISTRY IDENTIFICATION CARD EMAIL  
TEMPLATE**

**REGISTRATION IDENTIFICATION CARD CERTIFICATION**

I, [NAME AND TITLE OF CERTIFIER], certify that on

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

[DATE], [CARDHOLDER NAME]

ceased work with [NAME OF LICENSEE] and that their Registration Identification Card(s) issued by the Office of Cannabis Regulation was/were destroyed on [DATE].

\_\_\_\_\_ Date: \_\_\_\_\_

Name:

Title: