



# Ohio Department of Commerce Medical Marijuana Control Program

## eLicense Portal User Access Request

**Instructions:** The eLicense Portal User Access Request Form has been created for an **Authorized Requestor** (Owner, Account Manager, or Type 1 Key Employee) to request access for a new user of the eLicense Portal (the Portal).

Please note that all users must have an active [Employee ID Badge](#) for the licensed facility prior to being granted access to the Portal.

If the request will grant the new user Portal access to both a licensed cultivator and processor, a single form may be used if the cultivator and processor have the same business entity name within the Portal. However, a separate form must be submitted for each facility license IF the facility names on record within the Portal are different (and separate email address are required).

For example:

If my cultivator facility name is **Ohio Medical Marijuana** and my processor facility name is **Ohio Medical Marijuana**, I may submit just **one application** for the new user to be granted access in the Portal to both facility licenses. (If my facilities have the same business entity name, then Portal access will be granted for both facilities).

If my cultivator facility name is **Ohio Cultivation** and my processor facility name is **Ohio Processing**, I must submit a **separate application** for each license to which the new user will be granted Portal access with distinct email addresses.

Completed forms must be submitted to [MMCPlicensing@com.ohio.gov](mailto:MMCPlicensing@com.ohio.gov) with the subject line [Business Name - eLicense User Access Request].



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## eLicense Portal User Access Request Form

**Purpose of Request:**

- New User Access       Other \_\_\_\_\_

**Licensee Information:**

<b>Business Name:</b>		<b>Facility License #:</b>	
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**User Details:**

<b>Employee Name:</b>		<b>Employee License #:</b>	
<b>Employee Email:</b>		<b>Employee Phone #:</b>	
<b>Type of Access:</b>	<input type="checkbox"/> Account Manager (full access) <input type="checkbox"/> Human Resources Manager (access to employee applications only)		
<b>User's Role at the Licensed Facility</b> (check all that apply):	<input type="checkbox"/> Owner <input type="checkbox"/> Compliance Manager <input type="checkbox"/> Human Resources Manager <input type="checkbox"/> Marketing/Packaging Manager <input type="checkbox"/> Public/Patient Inquiries <input type="checkbox"/> Legal Representative <input type="checkbox"/> Lab Manager <input type="checkbox"/> Other _____		

**Requested By:**

<b>Authorized Requestor Role at the Licensed Facility:</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Account Manager <input type="checkbox"/> Type 1 Key Employee	<b>Authorized Requestor Name:</b>	
<b>Authorized Requestor Employee License #:</b>			

**Authorized Requestor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_