



Ohio Department of Commerce Medical Marijuana Control Program

eLicensing Self-Service Portal User Access Request

Instructions: The eLicensing self-service portal user access request form has been created for a **primary business owner/account manager designee** to request/modify access for a new or existing user for the portal **ONLY**. Once completed, this request form should be submitted to mmcp@com.state.oh.us with a subject line including the business name and the phrase 'User Access Request'.

For new user access requests, all fields must be populated. For access removal requests, the "requested by" and "purpose of" request sections must be populated. Please note that all users must be licensed through the Ohio Medical Marijuana Control Program prior to being given account access for the eLicensing self-service portal.

Purpose of Request:

- New User Access
- Update an Existing Users Access
- Remove User Access

Type of Portal Access (check all that apply):

- No Portal Access
- Full Portal Access
- Facility License Access
- Manage Employees Access
- Manage Payments Access

User Account Details:

Employee Name:		Employee License #:	
Employee Email:			
Employee Relationship to Account:	<input type="checkbox"/> Owner <input type="checkbox"/> Consultant <input type="checkbox"/> Facility Manager <input type="checkbox"/> Financial Representative <input type="checkbox"/> Human Resource Manager <input type="checkbox"/> Inspection Representative <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other	Primary Account Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Requested By:

Owner Name:		Facility License #:	
Owner Phone #:		Business FEIN:	

Authorized Representative Signature: _____ **Date:** _____