



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

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Lieutenant Governor

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Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

Background Check Instructions

Background checks for the Registered Marijuana Dispensary application process will be conducted by the Massachusetts Department of Public Health's contracted vendor, Creative Services Inc. (CSI).

The Background Check Authorizations Cover Sheet, Background Check Authorization Forms (three forms per individual), and payment must be submitted *in a sealed envelope with the name of the Corporation and marked "authorization forms"*.

Background Check Authorizations Cover Sheet

Enter each individual and corporate entity requiring a background check into the Background Check Authorizations Cover Sheet.

Background Check Authorization Forms

All individuals requiring a background check will need to complete the Background Check Authorization Forms listed below. Corporate entities requiring a background check are not required to complete the Background Check Authorization Forms.

1. Release & Authorization Form

- Ensure the form is completed in its entirety.
- If you do not have a Social Security Number please indicate this on the bottom of the form.
- Page 2 must be notarized.
- A wet signature is required on the bottom of Page 1. Electronic signatures will not be accepted.

2. Disclosure and Acknowledgment Form

- This form only needs to be signed by the individual consenting to the background check – no notary signature is required.
- A wet signature is required on this form. Electronic signatures will not be accepted.

3. CORI Acknowledgement Form

- Sign and date page 1 – A wet signature is required. Electronic Signatures will not be accepted.
- Complete all portions of page 2 with an * next to them.
- Provide the last **SIX** digits of your Social Security Number.
- This form must be notarized.

Instructions for Payment

Payment of \$395.00 for each individual submitted for a background check and \$250.00 for each corporate entity submitted for a background check must be included with the above referenced forms. Please make a check for the total amount payable to Creative Services, Inc.