



TRANSPORT PERMIT APPLICATION

<p>Type of Application</p>	<p><input type="checkbox"/> New application</p> <p><input type="checkbox"/> Renewal: License Number: _____</p> <p><input type="checkbox"/> Replacement of Lost Permit: License Number: _____</p>	<p style="text-align: right;"><u>Fee</u></p> <p style="text-align: right;">\$25.00</p> <p style="text-align: right;">\$25.00</p> <p style="text-align: right;">\$25.00</p>
<p>Cultivation Center</p>	<p>_____</p> <p>Name of Cultivation Center</p> <p>_____</p> <p>Street City Zip Code</p>	
<p>Vehicle Information</p> <p>*A separate application must be filled out for each vehicle</p>	<p>_____</p> <p>Vehicle Identification Number State of Registration</p> <p>_____</p> <p>License Number Vehicle Color</p> <p>_____</p> <p>Make Model Year</p>	
<p>Contracted Agent Information</p>	<p>Are you contracting an agent to provide transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, skip this box)</p> <p>_____</p> <p>Legal Name</p> <p>_____</p> <p>Trade Name</p> <p>_____</p> <p>Street Apt/Suite</p> <p>_____</p> <p>City State Zip Code</p> <p>(_____) _____</p> <p>Phone Number Email Address</p> <p>(_____) _____</p> <p>Fax Number Other Phone</p>	



Primary Cultivation Center Contact	_____	_____
	First Name	Last Name

	Title	
Required Attachments	(_____) _____	_____
	Phone Number	Email Address
	(_____) _____	(_____) _____
	Fax Number	Other Phone
Required Attachments	<input type="checkbox"/> Copy of vehicle registration	
	<input type="checkbox"/> Copy of vehicle insurance	
	<input type="checkbox"/> Signed & notarized “Transportation Permit Acknowledgement & Attestation Form”	
	<input type="checkbox"/> \$25.00 fee *NOTE: All registration and permit fees shall be paid by cashier’s check, certified check, or money order payable to the DC Treasurer (DCMR §22C-5103.1).	

NOTE: The “Transport Permit Application” is for cultivation centers to register their vehicles which will be transporting medical cannabis to dispensaries, NOT to register the drivers of the vehicle. All drivers must be registered as employees.

Mail documents to:
 Alcoholic Beverage Regulation Administration
 2000 14th Street, Suite 102A
 Washington, DC 20009
 Attn: Medical Cannabis Program