



CANNABIS CONTROL DIVISION

MONTANA

Applying for a New Medical Marijuana Card (Adult Application)

December 2021

Overview

Step 1: Access the TransAction Portal (TAP)

Step 2: Click "Apply for a New Card" on the more options screen.

Step 3: Select Application Type

Step 4: Provide Your Cardholder Information

Step 5: Provide Your Address Information

Step 6: Designate Purchasers

Step 7: Provide Your Physician Information

Step 8: Select Your Debilitating Conditions

Step 9: Answer the Cultivation Questions

Step 10: Read and Acknowledge the Divert Statement

Step 11: Provide Required Documents as Attachments

Step 12: Review Fees

Step 13: Provide Payment Information

Step 14: Affirm and Sign

Step 15: Confirmation Screen and Records

Step 1: Access the TransAction Portal

1. Access the TransAction Portal (TAP) at <https://tap.dor.mt.gov>
2. Scroll down to the Cannabis Control card and click on **“Apply for or Manage a Medical Marijuana Card.”**



Cannabis Control

Apply for cannabis licenses, permits and medical cards.

- [Apply for or Manage a Cannabis Business License](#)
- [Apply for or Manage a Marijuana Worker Permit](#)
- [Apply for or Manage a Medical Marijuana Card](#)

Step 2: Apply for a New Card

You will now be on a second navigation screen with more options.

1. Scroll to the Medical Marijuana Registry card and click “**Apply for a New Medical Marijuana Card.**”

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TRANSACTION
PORTAL

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Medical Marijuana Card Holder

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Medical Marijuana Registry

Apply for, renew, or replace a card holder identification card.

- > **Apply for a New Medical Marijuana Card**
- > Renew an Existing Card
- > Replace a Lost or Destroyed Card
- > Update Card Holder Information

Step 3: Application Type

You should now be on the Application Type Screen.

MONTANA.GOV
OFFICIAL STATE WEBSITE

V12 Testing

SERVICES

TRANSACTION PORTAL

01-Jun-2022

Medical Marijuana Card Holder

New Medical Marijuana Card

Application

Application Type

Cardholder Application Type

☐ Adult Application *

☐ Minor Application - Under Age 18 *

Cancel Save Draft

Previous Next

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1. Select the type of card you are applying for. Your options are:
 - Adult Application - For cardholders 18 or older
 - Minor Application - For cardholders under 18
2. Click the “Next” button to continue to **Cardholder Information**.

Please Note:

This guide will walk you through the application process for an adult application. Applying for a cardholder on behalf of a minor may include additional steps and require additional documents not shown in this guide.

Step 4: Cardholder Information

You should now be on the Cardholder Information Screen.

1. Complete every required field as marked with a red asterisk (*):

- First and Last Name
- Date of Birth
- Social Security Number (Entered Twice)
- Email Address (Entered Twice)
- Phone Number

2. Click the “Next” button to continue to **Address Information**.

New Medical Marijuana Card

V12 Testing

Application

✓

Application Type

➔

Cardholder Information

Cardholder Information

First Name

JOE

Middle Initial

Last Name

SMITH

Date of Birth

Required

SSN

Required

Phone Number

Required

Email Address

Required

Verify SSN

Required

Verify Email Address

ⓘ

The email address you provide will be used for all your Medical Marijuana Card Holder and Marijuana Worker Permit correspondence unless you have explicitly opted out of electronic correspondence.

Cancel

Save Draft

< Previous

Next >

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Step 5: Address Information

You should now be on the Address Screen.

1. Fill out your complete physical address information.
2. If your mailing address is different than your physical address, answer “No.” This will provide you with a form to enter your mailing address. Both mailing and physical address are required.
3. Click “Next” to continue to **Designated Purchasers**.

The screenshot displays a multi-step form titled "Address Information". At the top, a progress bar shows three steps: "Application Type" (completed with a checkmark), "Cardholder Information" (completed with a checkmark), and "Address" (current step, highlighted with a blue circle and arrow). Below the progress bar, the "Location Address" section contains the following fields: "Street" (125 N ROBERTS ST), "Street 2" (empty), "Unit Type" (dropdown menu), "Unit" (empty), "City" (HELENA), "State" (MONTANA), "Zip" (59601-4558), "County" (LEWIS AND CLARK), and "Attention" (JOE SMITH). A status message at the bottom of this section reads "Address has been verified" with a checkmark icon. Below the address section, a green-bordered box contains the question "Is your mailing address the same as your location address?" with "Yes" and "No" radio button options. The "No" option is selected. At the bottom of the form, there are buttons for "Cancel", "Save Draft", "Previous", and "Next". A green callout box points to the "No" radio button.

Please be sure to mark this question “No” if your mailing address is different than your physical address.

Step 6: Designated Purchasers

You should now be on the Designated Purchaser(s) Screen

With a *new* medical marijuana card or a *renewal* card, the cardholder may designate up to two other individuals to acquire and deliver medical marijuana to the cardholder.

All designated purchasers must be 21 years of age or older.

1. Complete the required fields shown on the screen for each purchaser.
2. Click the “Next” button to continue to **Physician Information**.

The screenshot shows the 'Designated Purchaser(s)' screen within a 'New Medical Marijuana Card' application. At the top, there's a navigation bar with a back arrow, 'Medical Marijuana Card Holder', and a 'V12 Testing' button. Below this is the title 'New Medical Marijuana Card' and a progress bar with four steps: 'Application Type', 'Cardholder Information', 'Address', and 'Designated Purchaser(s)'. The 'Designated Purchaser(s)' step is currently active. A note explains that designated purchasers are authorized individuals who can acquire and deliver marijuana products, must be 21 or older, and their information won't be on the temporary card. Below the note is a question: 'Do you want to add designated purchasers to your medical registration card?' with 'Yes' and 'No' buttons. The 'Yes' button is selected. There are two sections for entering purchaser information: 'First Purchaser' and 'Second Purchaser (Optional)'. The 'First Purchaser' section has fields for First Name (JAKE), Middle Initial, Last Name (SMITH), and Date of Birth (01-Jan-1981). The 'Second Purchaser (Optional)' section has similar fields but is currently empty. At the bottom, there are 'Cancel' and 'Save Draft' buttons on the left, and '< Previous' and 'Next >' buttons on the right. The 'Next' button is highlighted in blue.

< Medical Marijuana Card Holder V12 Testing

New Medical Marijuana Card

Application

Application Type Cardholder Information Address Designated Purchaser(s)

Designated Purchaser(s)

① Designated purchasers are individuals who are authorized to acquire and deliver marijuana or marijuana products to the cardholder from a licensed dispensary. Designated purchasers are required to be age 21 or older. Documentation of proof of age will be required at the attachment step of this application. Designated purchaser(s) will not be listed on the temporary medical card.

Do you want to add designated purchasers to your medical registration card? Yes No

First Purchaser

First Name Middle Initial Last Name
JAKE SMITH

Date of Birth
01-Jan-1981

Second Purchaser (Optional)

First Name Middle Initial Last Name

Date of Birth

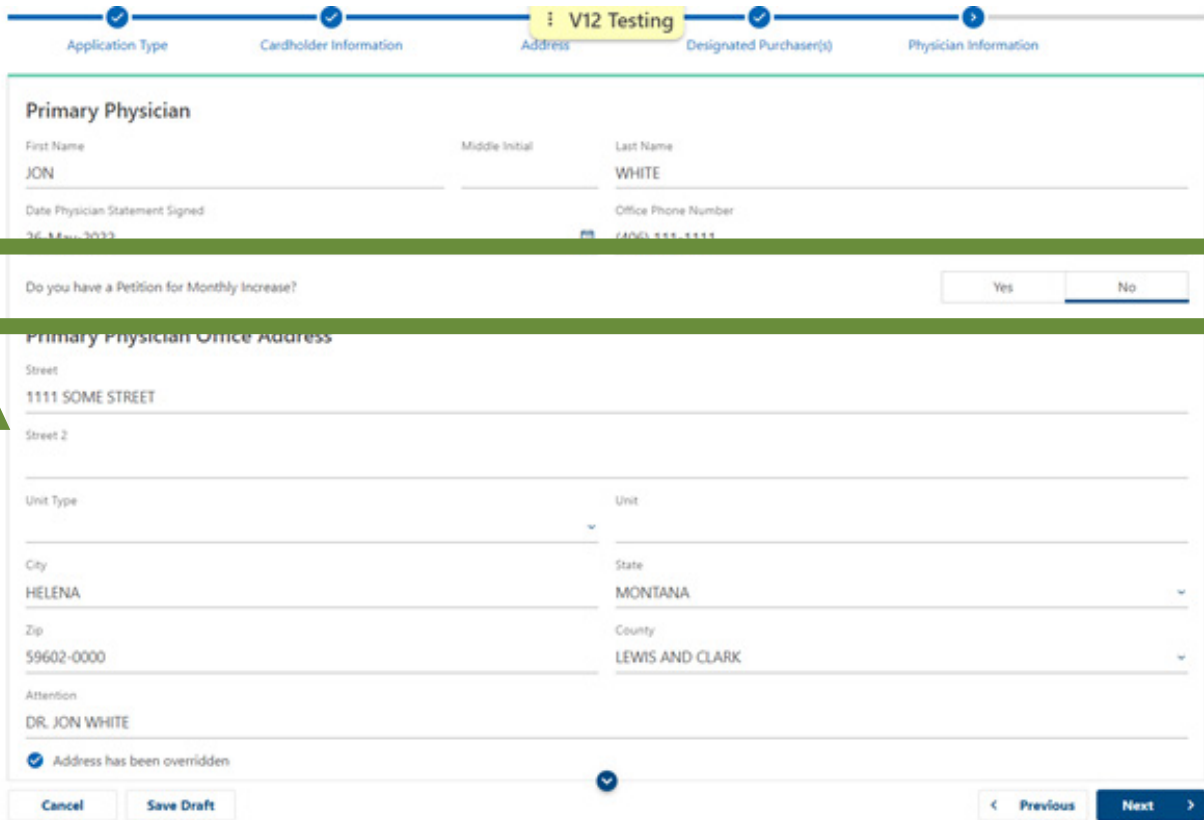
Cancel Save Draft < Previous Next >

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Step 7: Physician Information

You should now be on the Physician Information Screen

1. Complete all of the required fields on this screen.
2. Click the “Next” button to continue to **Debilitating Conditions**.



The screenshot shows the 'Physician Information' screen in a multi-step process. The progress bar at the top indicates the following steps: Application Type (checked), Cardholder Information (checked), Address (checked), **V12 Testing** (active), Designated Purchaser(s) (checked), and Physician Information (current step). The 'Primary Physician' section contains fields for First Name (JON), Middle Initial, Last Name (WHITE), Date Physician Statement Signed (30 May 2022), and Office Phone Number (406) 555-1111. A green box highlights the question 'Do you have a Petition for Monthly Increase?' with 'Yes' and 'No' radio buttons. Below this is the 'Primary Physician Office Address' section with fields for Street (1111 SOME STREET), Street 2, Unit Type, Unit, City (HELENA), State (MONTANA), Zip (59602-0000), County (LEWIS AND CLARK), and Attention (DR. JON WHITE). A checkbox 'Address has been overridden' is checked. At the bottom are 'Cancel', 'Save Draft', 'Previous', and 'Next' buttons.

If you have a petition from your doctor for a monthly increase, you will mark “Yes.”

You will attach the required documents later in this application.

Step 8: Debilitating Conditions

You should now be on the Debilitating Conditions Screen

1. Mark *each* condition referenced in the statement provided by your physician.
2. Click the “Next” button to continue to **Cultivation Questions**.

Debilitating Conditions

Please mark each condition referenced in the statement provided by your physician.

- ☐ Cancer, glaucoma, positive status for human immunodeficiency virus, or acquired immune deficiency syndrome when the condition or disease results in symptoms that seriously and adversely affect the cardholder's health status.
- ☐ Cachexia or Wasting syndrome.
- ☐ Severe chronic pain that is persistent pain of severe intensity that significantly interferes with daily activities as documented by the patient's treating physician.
- ☐ Intractable nausea or vomiting.
- ☐ Epilepsy or an intractable seizure disorder.
- ☐ Multiple sclerosis.
- ☒ Crohn's disease.
- ☐ Painful peripheral neuropathy.
- ☐ A central nervous system disorder resulting in chronic painful spasticity or muscle spasms.
- ☐ Admittance into hospice care in accordance with rules adopted by the department.
- ☐ Post-traumatic stress disorder.

[Cancel](#) [Save Draft](#) [< Previous](#) [Next >](#)

Step 9: Cultivation Questions

You should now be on the Cultivation Questions Screen

Here, you will indicate if you are cultivating your own marijuana. If you are cultivating your own marijuana, you will need to indicate if you own the location where you intend to cultivate or manufacture marijuana products.

If you do not own the location, you will need the property owner to fill out a permission form as it will be a required attachment.

1. Answer each of the questions “Yes” or “No.”
2. Click the “Next” button to continue to **Divert Statement**.

New Medical Marijuana Card

Application



Cultivation Questions

Will you cultivate marijuana or manufacture marijuana products for your own use? ☐ Yes ☒ No

Do you own the location you intend to cultivate or manufacture marijuana products at? ☐ Yes ☒ No

Is the location the same as your physical address? ☐ Yes ☒ No

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In our example, we are not intending to cultivate our own marijuana.
Therefore, no additional questions need to be completed in this section.

Step 10: Divert Statement

You should now be on the Divert Statement Screen

The statement on this screen reads:

“I will not divert to any other person the marijuana that I cultivate, manufacture, or obtain through the system of licensed providers for my debilitating medical conditions.”

1. Carefully read the statement on the screen and mark if you agree with the statement. If you do not agree with this statement, you will not be able to complete your application.
2. Click the “Next” button to continue to **Attachments**.

The screenshot shows the Montana Transaction Portal interface. At the top, there's a header with "MONTANA.GOV OFFICIAL STATE WEBSITE", a "V12 Testing" badge, and "SERVICES AGEN". Below this is a dark blue navigation bar with the "TRANSACTION PORTAL" logo and a date "01-Jun-2022". The main content area is titled "New Medical Marijuana Card" and shows a progress bar with six steps: Information, Address, Designated Purchaser(s), Physician Information, Self Cultivation, and Divert Statement. The "Divert Statement" step is currently active. The statement text is: "I will not divert to any other person the marijuana that I cultivate, manufacture, or obtain through the system of licensed providers for my debilitating medical condition." Below the statement, there's a question: "The cardholder and designated persons agree to not divert as listed above?" with two radio buttons: "I agree" (selected) and "I do not agree". At the bottom, there are "Cancel" and "Save Draft" buttons on the left, and "Previous" and "Next" buttons on the right. A footer note states: "Your online session will timeout after 45 minutes of inactivity. Save your work if you will be away from your computer. Department of Revenue | DOR Online Services | Department of Justice | Contact Us | Request Support ID | Help".

Step 11: Attachments

You should now be on the Attachments Screen.

You must upload all required attachments at this time. All applicants must attach:

- A photo of the applicant
- Your Physicians Statement
- Documentation of Montana Residency

You may also need to attach additional documents. To see a list of potential required documents, please visit our website <http://mtrevenue.gov/cannabis/cardholder-information/>

The screenshot shows the 'Attachments' step of a multi-step application process. At the top, a progress bar indicates the following steps: Dress, Designated Purchaser(s), Physician Information, Self Cultivation, Divert Statement, and Attachments (the current step). Below the progress bar, the 'Attachment Instructions' section provides guidance on how to use the table of required attachments. The 'Required Attachments' table lists four items: Photo of Applicant, Physician Statement, Documentation of Montana Residency, and Documentation of Designated Purchaser's Date of Birth. Each item has columns for 'Number Required' and 'Number Attached', both showing 0, and an 'OK' checkbox which is checked for all items. Below this table is an 'Attachments' section with a table for adding new attachments, including columns for Type, Name, Description, and Size. At the bottom, there are 'Cancel', 'Save Draft', 'Previous', and 'Next' buttons.

Attachment Instructions

Instructions: The table below contains all of the items required to submit your application.

- The first column contains the item name.
- The second column contains the number of items that are required.
- The third column contains the number of items that are attached.

Step 1: Attach an item by clicking the Add Attachment button or by clicking the Item Name from the list.

Step 2: Select the item type from the drop-down list and add a description.

You may attach additional items if necessary.

For additional information on required attachments visit the CCD web page: [Click here](#)

Required Attachments

Item Name	Number Required	Number Attached	OK
Photo of Applicant	0	0	<input checked="" type="checkbox"/>
Physician Statement	0	0	<input checked="" type="checkbox"/>
Documentation of Montana Residency	0	0	<input checked="" type="checkbox"/>
Documentation of Designated Purchaser's Date of Birth	0	0	<input checked="" type="checkbox"/>

Attachments [Add](#)

Type	Name	Description	Size
There are no attachments.			

[Cancel](#) [Save Draft](#) [Previous](#) [Next](#)

Once you have attached all of the required documents, click the “Next” button to continue to **Fees**.

Step 12: Review Fees

You should now be on the Fees Screen

1. Complete all of the required fields on this page.
2. Click the “Next” button to continue. If you answered “Yes” to “Would you like to submit an e-Check payment with your application?”, you will be taken to **Payments** otherwise, you will be taken to the **Affirmation and Signature**.

TRANSACTION PORTAL 01-Jun-2022

Medical Marijuana Card Holder

New Medical Marijuana Card

Application

Purchaser(s) Physician Information Self Cultivation Divert Statement Attachments Fees

Fees Due

Application Fee 20.00

Would you like to submit an e-Check payment with your application? ☒ Yes ☐ No

Payment can also be submitted electronically, by mail, or in-person after submission. All cardholder applications with the Cannabis Control Division require full application fee payment with submission before the application is reviewed. The application fee is non-refundable regardless of application approval or denial.

Save Draft Previous Next

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PRIVACY & SECURITY ACCESSIBILITY MONTANA

If you choose not to make a payment at this time, you may make a payment at a later date electronically, by mail, or in-person.

All cardholder applications require the full application fee before the application is reviewed.

The application fee is non-refundable regardless if the application is confirmed or denied.

Step 13: Payment

You should now be on the Payment Screen.

If you are not making a payment with your application, continue to the next step.

1. Complete all of the required fields on this page.
2. Click the “Next” button to continue to **Affirmation and Signature**.

The screenshot displays the 'Payment' step in a multi-step process. A progress bar at the top shows six steps: Conditions, Self Cultivation, Divert Statement, Attachments, Fees, and Payment. The 'Payment' step is currently active, indicated by a yellow highlight and a blue circle with a right-pointing arrow. Below the progress bar, the form is divided into two columns. The left column, titled 'Payment Source', contains fields for Bank Account Type (radio buttons for Checking and Savings), Name on Account, Routing Number, Bank Name, Account Number, and Confirm Account Number. The right column, titled 'Payment', contains a text area for the payment purpose, a Payment Date field, and Amount and Confirm Amount fields. At the bottom of the form, there are 'Cancel' and 'Save Draft' buttons on the left, and 'Previous' and 'Next' buttons on the right. The 'Next' button is highlighted in blue.

Step	Conditions	Self Cultivation	Divert Statement	Attachments	Fees	Payment
Progress	✓	✓	✓	✓	✓	→

Payment Source

Bank Account Type

☒ Checking
☐ Savings

Name on Account
JOE SMITH

Routing Number
113122804

Bank Name
SOUTHSIDE BANK

Account Number
12345

Confirm Account Number
12345

Payment

Pay a Statement of Account, Notice of Assessment, or account liability not associated with a return.

Payment Date
01-Jun-2022

Amount
20.00

Confirm Amount
20.00

CancelSave Draft< PreviousNext >

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Step 14: Affirm and Sign

You should now be on the Affirmation and Signature Screen.

1. Carefully read the affirmation statement.
2. Check the box next to “By checking this box, I agree to the above statement, ” to indicate you understand and agree to the statement.
3. Type your full name into the “Full Name” field.
4. Click the “Submit” button to submit your application. You will be prompted to complete a reCaptcha and confirm your submission.

< Medical Marijuana Card Holder

New Medical Marijuana Card

Application



Affirmation and Signature

I declare under penalty of false swearing that the information provided in this report is true, correct, and complete.

☒ By checking this box, I agree to the above statement.

Full Name *

Required

Date

01-Jun-2022

Cancel

Save Draft

< Previous

Submit

Your online session will timeout after 45 minutes of inactivity. Save your work if you will be away from your computer.

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TRANSACTION
PORTAL

01-Jun-2022



< Medical Marijuana Card Holder

New Medical Marijuana Card

Application



Affirmation and Signature

I declare under penalty of false swearing that the information provided in this report is true, correct, and complete.

☒ By checking this box, I agree to the above statement.

Full Name

JOE SMITH

Cancel

Save Draft

< Previous

Submit

Your online session will timeout after 45 minutes of inactivity. Save your work if you will be away from your computer.

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PRIVACY & SECURITY ACCESSIBILITY

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Confirmation

This action will send your application to the Cannabis Control Division (CCD).

Please ensure all information is correct before continuing.

Once your submission has been processed, you will be unable to make changes to it without contacting the CCD.



I'm not a robot



Cancel

OK

Step 15: Confirmation Screen

You should now be on the Confirmation Screen.

This screen will provide you with:

- Proof your application was submitted
- Your Confirmation Number
- The email address used to submit your application
- Your Retrieval Code
- An additional opportunity to make an online payment

We highly recommend you print a copy of this confirmation for your records using the “Print Temporary Card” button. This will provide a printable view.

Medical Marijuana Card Holder

Confirmation

Your Application has been submitted and your confirmation number is **1-081-442-304**.

Note the email address and retrieval code below. You will need this information if you choose to revisit this site to retrieve your application. An email will also be sent to you with your retrieval code.

To access your submission, from the TAP home page navigate to the Quick Links section and select **Search for an Existing Submission**.

The email address used to submit this application is: **jsmith@mail.com**

The retrieval code associated with this application is: **byh6vd**

If you have any difficulties and would like some help, please call us at (406) 444-6900.

Print Temporary Card

OK

Pay Online

If you have difficulties or questions regarding the application process, please contact the Cannabis Control Division at (406) 444-0596.