



www.ThamesValleyRelief.com | Help@ThamesValleyRelief.com | 860-848-0865 ext. 3

Open: Monday-Thursday 9-6 | Fridays: 9 -7 | Saturdays 9-3

Please read through this check-list to make sure that you are prepared to complete your application. If you feel comfortable doing your application at home and have the tools needed, you are able to do so. If you prefer, you can call the dispensary you are registering with for help completing your application.

1. **After being entered into the State's system by your doctor as a patient with a Qualifying Condition, you will receive the Patient Certification email. When you receive this email, you should create an account on BIZNET.CT.gov – If this is a renewal, and you are using the same email, you do not need to create or activate your account again.**
 - a. Please note: It is best to use the same login every year. There is no need to change your password or use a different email each year.
 - b. You will need to enter your First and Last Name, the email address you provided at the Doctor's office and a password. Be sure to make note of your password so that we can access your application. Your password *can be* as simple as your name or four numbers.
 - c. Please write your email here: _____
 - d. Please write your password here: _____
 - e. If you cannot create your account before visiting the dispensary, be sure that you have the password to your email account or access to your personal email on your phone.
 - f. The Patient Certification email is sent to you as soon as your provider enters you into the State's system—the Patient Certification emails are automatically generated, and should be in your Inbox almost immediately after the Doctor finishes their part of the application. You may need to check your Junk or Spam Folders if you do not see the email in your Inbox.
2. **After creating your account on DAS BIZNET, you will receive an email asking you to activate your account. You can activate the account by opening that email, and [clicking on the link](#).**
3. **You must upload ONE of the following to your application as your Proof of Identity. Please make sure that it has not expired.**

<ul style="list-style-type: none">○ US Passport or Passport Card○ Permanent Resident Card○ Connecticut or out-of-state Issued Driver's License	<ul style="list-style-type: none">○ Connecticut Issued ID, Certificate of Naturalization○ Certificate of Citizenship○ Connecticut Pistol or Firearm Permit
--	--

4. **You must submit ONE document from the following list in your application to prove that your home is in Connecticut. PLEASE NOTE: The document must show your name and your Connecticut residence address, be dated within the last 90 days (unless stated otherwise below), and be computer-generated. Acceptable documents include:**
- Computer generated bill or statement from a bank or mortgage company, utility company, doctor or hospital
 - Pre-Printed pay stub showing both your name and address and your employer's name and address
 - Current valid homeowner's, renters, or motor vehicle insurance policy dated within the last year
 - W-2 form, property, or excise tax bill, or Social Security Administration or other pension or retirement annual benefits summary statement, and dated with in the current or prior year.
 - Current motor vehicle loan statement for a motor vehicle registered in your name
 - Residential mortgage or similar loan contract, lease or rental contract showing signatures from all parties needed to execute the agreement and dated within the last year
 - First-class mail addressed to your home address
 - Connecticut voter registration card
 - Survey of your Connecticut property issued by a licensed surveyor
 - Connecticut handgun permit
 - Medicaid or Medicare Benefit Statement
 - Motor vehicle registration
5. **If you are a patient that has a Caregiver on your application, please note that the Caregiver will also need to upload a Proof of Identity to their application.**
6. **Towards the end of the application, there is a payment due to the State of CT Medical Marijuana Program. The fee for your application and yearly registration is \$100. If you have a caregiver, the fee for their application is \$25.** You can bring a debit card or credit card (except American Express) to pay the registration fee, OR you can mail a money order or check payable to: Treasurer, State of CT to the address below:

NO CASH CAN BE ACCEPTED AT THE DISPENSARY FOR THIS FEE.

Please note, mailing in a payment can delay your application by 10 or more business days.

- a. Department of Consumer Protection
Attn: Medical Marijuana Program
450 Columbus Boulevard, Suite 901
Hartford, CT 06102
7. **The state allows themselves 30 days to review your application. The 30 days begins on the day that the CT Medical Marijuana Program receives both your finished application AND the \$100.**
8. **As soon as the state approves your application, you will get an email which includes your Temporary Registration Certificate. When you receive this email, please call the dispensary you have chosen to make your Orientation Appointment which includes a Consultation and your First Purchase. You should receive your license in the mail before your Temporary Registration Certificate Email print-out expires. Please note, you are not required to schedule an orientation appointment when renewing your registration, however if you wish to schedule a follow-up consult with one of our Pharmacists, we would be happy to help you!**