Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066
E-mail: dcp.mmp@ct.gov • **Website:** www.ct.gov/dcp/mmp

Production Facility Employment Verification Form

APPLICANT: Complete Sections A and B and forward directly to the production facility owner or designee to complete Section C. All sections of this form must be completed prior to submitting your online application.

IMPORTANT NOTICE: You are required to be at least 18 years of age to be employed by a production facility.

Section A: Personal Information

Name (First, Middle, Last):			Position Title:
Home Address (including Apartment #):			Social Security Number:
City:	State:	Zip Code:	Date of Birth:
Telephone Number:	E-mail Address:		Gender: ☐ Male ☐ Female

Section B: Production Facility Information

Production Facility Name:		
Production Facility Address:		
City:	State: **CT**	Zip Code:

Section C: Production Facility Employment Verification

To Be Completed by the Production Facility Owner or Designee

This is to certify that _____ has been hired as a _____,
Name of Applicant *Position / Title*

pending licensure approval by DCP, by:

Name of Facility: _____

Address: _____

_____

Telephone: _____ Email: _____

Certified By: _____ _____ _____
Printed name of Production Facility Manager *Signature of Production Facility Manager* *Date*

Production Facility License Number: _____