



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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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.

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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

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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 | Middle Initial | Last Name |
| JOE | | SMITH |
| Date of Birth * | | |
| Required | <input type="checkbox"/> | |
| SSN * | | Verify SSN * |
| Required | | Required |
| Phone Number * | | |
| Required | | |
| Email Address * | | Verify Email Address |
| Required | | |

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 process bar at the top with three steps: 'Application Type' (checked), 'Cardholder Information' (checked), and 'Address' (active). Below the bar is the 'Location Address' form with the following fields:

- Street: 125 N ROBERTS ST
- Street 2: (empty)
- Unit Type: (empty) | Unit: (empty)
- City: HELENA | State: MONTANA
- Zip: 59601-4558 | County: LEWIS AND CLARK
- Attention: JOE SMITH
- Verification: Address has been verified

Below the form is a question: 'Is your mailing address the same as your location address?' with 'Yes' and 'No' radio buttons. The 'No' button is highlighted with a green box. At the bottom, there are buttons for 'Save Draft', '< Previous', and 'Next >'.

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 is a navigation bar with a back arrow, the text 'Medical Marijuana Card Holder', and a yellow 'V12 Testing' button. Below this is the title 'New Medical Marijuana Card' and a progress indicator for the 'Application' process, showing four steps: 'Application Type', 'Cardholder Information', 'Address', and 'Designated Purchaser(s)'. The 'Designated Purchaser(s)' section includes a definition of designated purchasers and a question: 'Do you want to add designated purchasers to your medical registration card?' with 'Yes' and 'No' buttons. Below this are two form sections: 'First Purchaser' and 'Second Purchaser (Optional)'. The 'First Purchaser' form has fields for First Name (JAKE), Middle Initial, Last Name (SMITH), and Date of Birth (01-Jan-1981). The 'Second Purchaser' form has fields for First Name, Middle Initial, Last Name, and Date of Birth. At the bottom, there are 'Cancel', 'Save Draft', 'Previous', and 'Next' buttons.

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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**.

Application Type ✓ Cardholder Information ✓ Address V12 Testing ✓ Designated Purchaser(s) ✓ Physician Information

Primary Physician

First Name: JON Middle Initial: Last Name: WHITE

Date Physician Statement Signed: 26 May 2022 Office Phone Number: (406) 555-1111

Do you have a Petition for Monthly Increase?

Primary Physician Office Address

Street: 1111 SOME STREET

Street 2:

Unit Type: Unit:

City: HELENA State: MONTANA

Zip: 59602-0000 County: LEWIS AND CLARK

Attention: DR. JON WHITE

Address has been overridden

Cancel Save Draft Previous Next

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**.

V12 Testing

Condition Type Cardholder Information Address Designated Purchaser(s) Physician Information Debilitating Conditions

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 is a navigation bar with the Montana State logo, the text "TRANSACTION PORTAL", and a date "01-Jun-2022". Below this, a breadcrumb trail reads "Medical Marijuana Card Holder". The main heading is "New Medical Marijuana Card". A progress bar indicates the current step is "Divert Statement", with previous steps "Information", "Address", "Designated Purchaser(s)", "Physician Information", and "Self Cultivation" marked as complete. The "Divert Statement" section contains the text: "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 this is a question: "The cardholder and designated persons agree to not divert as listed above?" with two radio button options: "I agree" (which is selected) and "I do not agree". At the bottom of the form, there are buttons for "Cancel", "Save Draft", "Previous", and "Next". 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." and provides links for "Department of Revenue", "DOR Online Services", "Department of Justice", "Contact Us", "Request Support ID", and "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/>

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 | <input type="text" value="0"/> | 0 | <input checked="" type="checkbox"/> |

Attachments [Add](#)

| Type | Name | Description | Size |
|---------------------------|------|-------------|------|
| There are no attachments. | | | |

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 MONT

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 shows a multi-step process bar at the top with six steps: Conditions, Self Cultivation, Divert Statement, Attachments, Fees, and Payment. The 'Payment' step is currently active and highlighted in yellow. Below the progress bar are two main form sections:

- Payment Source:** Includes fields for Bank Account Type (radio buttons for Checking and Savings), Name on Account (JOE SMITH), Routing Number (113122804), Bank Name (SOUTHSIDE BANK), Account Number (12345), and Confirm Account Number (12345).
- Payment:** Includes a description 'Pay a Statement of Account, Notice of Assessment, or account liability not associated with a return.', Payment Date (01-Jun-2022), Amount (20.00), and Confirm Amount (20.00).

At the bottom of the form, there are buttons for 'Cancel', 'Save Draft', '< Previous', and 'Next >'. The 'Next' button is highlighted in blue.

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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 *

Date

Required

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

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.



Cancel

OK

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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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.