

License Maintenance Section | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517-284-8599 CRA-Applications@Michigan.gov

REQUEST TO HIRE PROSPECTIVE EMPLOYEE FORM

This form is for those licensed under the Medical Marihuana Facilities Licensing Act (MMFLA) that are requesting to hire an employee with a pending charge or controlled-substance related felony conviction in the last 10 years pursuant to section 405 of the MMFLA.

General Information	
Main Applicant/Licensee Legal Name:	Main Applicant/Licensee Prequalification Record Number (e.g., ERG-000000):
Name of Requestor:	Name of Prospective Employee:
Provide the assumed name or DBA being used at the location (if applicable):	Provide the license number (e.g., PC-000000):
Required Documents:	
 A copy of the arrest report that resulted in the employee's conviction or pending charge. A copy of the employee's conviction docur. Request to Hire Prospective Employee Form A written statement from the licensee that i Request to Hire Prospective Employee Form The prospective employee's job title. A description of the prospective employee's foll-linei Prospective An explanation of the steps the license by the license by the license by the license by the facility's operations if the conduct were to reoccur. If the prospective employee's conduct that resulted in the conviction is totally unrelated to the job duties that he or she will be performing, include a statement to that effect. *If documentation does not exist, provide a detailed explanation stating why the documentation is not available. 	
Provide a Description of the Request:	explanation stating why the documentation is not available.
Signature & Declaration	
I attest the information I provided on this Request to Hire form is true and accurate and that I will comply with the requirements of the Medical Marihuana Facilities Licensing Act (MMFLA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA and associated rules.	
Signature: Date: Printed Name:	

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