

Veteran Recognition Program Form

The Veteran Recognition Program (VRP) will help the Cannabis Regulatory Agency (CRA) support the treatment of medical conditions of United States armed services veterans. Licensees who are veteran-owned are eligible for recognition in the CRA Veteran Recognition Program by meeting the qualifying criteria regarding proof of veteran status. This program will be available to Medical Marijuana Facility Licensing Act (MMFLA) and Michigan Regulation and Taxation of Marijuana Act (MRTMA) licensees. License must be majority owned by a veteran with a minimum requirement of greater than 50% veteran ownership.

Licensee Information

Please provide the following information regarding the Licensee seeking to participate in the Veteran Recognition Program:

Establishment Name: _____ Other Names (e.g. DBA): _____

License Number: _____ List Additional Licenses: _____

Mailing Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Person Completing Form

Please provide the following information regarding the person completing the Veteran Recognition Program form.

Full Name: _____
First M.I Last Suffix

Mailing Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Supporting Documentation

Please attach one of the following documents.

- Veterans ID card (started Nov. 2017)
- Military ID card
- DD Form 214 or the amended version is the DD Form 215
- VA-issued card for healthcare
- DD Form 256 or a NGB Form 22 or 22-a for reservists
- Third-party verification certificates for veteran-owned

Consent to Publish

Being duly authorized, I hereby consent to the Cannabis Regulatory Agency (the "CRA") publishing information that was included with the licensee's veteran's recognition form including the name of the licensed establishment, license number(s) provided by the licensed establishment to the CRA's website. I understand the information is to be made available to the public by the CRA on the CRA's website for the purposes of recognizing licensee or for any other lawful purpose.

I acknowledge that my participation is voluntary and that I may decline to participate by not completing and returning this form.

First Name

Last Name

Affiliation with Establishment

Establishment name

Signature

Date

Email this form to:

CRA-SocialEquity@michigan.gov

If you have any questions regarding the Veteran Recognition Program process, please contact us by phone at **(517) 284-8599** or email at CRA-SocialEquity@michigan.gov.