

1025 Union Ave SE

PO Box 43085

Olympia, WA 98504-3085

(360) 664-1600

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| **For Office Use Only** |
| Date rec’d |  |
| Rec’d by |  |

**CCRS System Access Application**

**This application is required to obtain approved access to the Washington State Liquor and Cannabis Board’s Cannabis Central Reporting System (CCRS).**

This application outlines the information and material required for integrators to obtain access to the CCRS system. Once completed, please return application and all materials to Examiner@lcb.wa.gov.

 Materials required prior to approval for access to CCRS test environment for development purposes:

 [ ]  Integrator contact information

 [ ]  Statement of developmental purpose

Materials required prior to approval for access to CCRS:

[ ]  Integrator contact information

[ ]  Statement of services offered

[ ]  Complete list of your LCB licensee clientele under contract

[ ]  Blank template of your contract terms and agreements

**Integrator contact information**

|  |  |
| --- | --- |
| **Trade Name**Click or tap here to enter text. | **UBI**Click or tap here to enter text. |
| **Business URL**Click or tap here to enter text. | **Business Phone**Click or tap here to enter text. |
| Primary Point of Contact |
| First NameClick or tap here to enter text. | Last NameClick or tap here to enter text. | EmailClick or tap here to enter text. | PhoneClick or tap here to enter text. |
| Secondary Point of Contact (Optional) |
| First NameClick or tap here to enter text. | Last NameClick or tap here to enter text. | EmailClick or tap here to enter text. | PhoneClick or tap here to enter text. |
| CCRS Admin.1 Email - may be same as point of contact | Click or tap here to enter text. |
| CCRS Admin.2 Email - may be same as point of contact | Click or tap here to enter text. |

**Statement of services offered**

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| Click or tap here to enter text. |

**LCB licensee clientele**

|  |  |  |  |
| --- | --- | --- | --- |
| NameClick or tap here to enter text. | License #Click or tap here to enter text. | NameClick or tap here to enter text. | License #Click or tap here to enter text. |
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NOTE: For additional licensees, please attach a separate page, ensuring the content is accurate and complete.

I understand the following:

[ ]  The files uploaded to CCRS must contain the required data as specified in the

CCRS Data Model File Specification Manual

[ ]  The data uploaded to CCRS must be accurately reflect the data submitted to you by your clients

[ ]  Access to CCRS is a privilege according to the business need for reporting on behalf of a licensee

[ ]  Access to CCRS is a privilege which may be removed if conditions warrant such, including but not limited to the following:

 [ ]  Failure to upload any data to CCRS on behalf of a licensee

 [ ]  Failure to report accurate information to CCRS

 [ ]  Failure to maintain accurate information in CCRS

[ ]  As a third party integrator we may only upload information for licensees who have granted our business entity reporting permissions

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Signature | Title | Date |
| Click or tap here to enter text. |  |  |
| Please print name |  |  |