

1025 Union Ave SE

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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 return application and all material to [MJExaminer@lcb.wa.gov](mailto:MJExaminer@lcb.wa.gov).

Material 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 Name  Click or tap here to enter text. | Last Name  Click or tap here to enter text. | Email  Click or tap here to enter text. | Phone  Click or tap here to enter text. |
| Secondary Point of Contact (Optional) | | | |
| First Name  Click or tap here to enter text. | Last Name  Click or tap here to enter text. | Email  Click or tap here to enter text. | Phone  Click or tap here to enter text. |

**Statement of services offered**

|  |
| --- |
| Click or tap here to enter text. |

**LCB licensee clientele**

|  |  |  |  |
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| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |
| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |
| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |
| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |
| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |
| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |
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| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |
| Name  Click or tap here to enter text. | License #  Click or tap here to enter text. | Name  Click or tap here to enter text. | License #  Click or tap here to enter text. |

NOTE: For additional licensees please attach separately, ensuring the content is accurate and complete.

I understand the following:

The files uploaded to CCRS must contain the required data

The data uploaded to CCRS must be accurate

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

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