



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation - Cannabis Control Section**

**AUTHORIZATION FOR THIRD PARTY CONTACT**

**Instructions:** Principal Officers (PO) and Agents in Charge (AIC) may use this form to authorize individuals to contact the Division on the dispensing organization's behalf for limited matters affecting the dispensing organization such as changes of ownership or disciplinary matters. Questions regarding day-to-day operations must be submitted by a PO or an AIC.

Name of authorizing PO/AIC:	Phone:
PO/AIC Credential Number (Begins with 281/282 or 285/286):	E-mail:
Dispensing Organization:	Dispensary License/Registration Number:

I, \_\_\_\_\_, hereby authorize the following person to communicate with the Division regarding the below identified matter. I understand that information received from the person or listed below shall be binding and that I will be responsible for the accuracy of all information and documents received as part of the identified matter. This authorization shall expire upon the conclusion of the identified matter. The Division reserves the right to refuse to communicate with an authorized representative on any matter.

Name of Authorized Representative:	
Firm or Business Employing the Authorized Representative:	
Phone:	E-mail:

The authorized representative named above may communicate with the Division regarding the temporary matter listed here:

PO/AIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- All sections MUST be completed when this authorization is submitted
- This authorization will be invalid without PO/AIC signature and date
- Only one representative may be named per temporary matter

**The completed authorization must be emailed to the Division at:**

*FPR.AdultUseCannabis@illinois.gov* or *FPR.MedicalCannabis@illinois.gov*