**CONNECTICUT MEDICAL MARIJUANA PROGRAM**
**CAREGIVER REGISTRATION PROCESS**

<table>
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<th>Step</th>
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<th>Details</th>
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<tr>
<td>1</td>
<td>Start Here</td>
<td>Register Log in</td>
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<tr>
<td>2</td>
<td>Log in</td>
<td><a href="https://www.biznet.ct.gov/dcp-mmrp">https://www.biznet.ct.gov/dcp-mmrp</a></td>
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| 3    | Required Documentation and Photo | Select and either mail or upload one (1) of the following:  
• Proof of Identity  
• Photo  
If mailing documents, please send to: Connecticut Department of Consumer Protection Medical Marijuana Program 165 Capitol Ave, MS# 88MMP Hartford, CT 06106-1630  
Certifications: Caregivers must read and affirm each statement on the webpage by selecting “Yes”. |
| 4    | Fees | The caregiver application fee is $25.00.  
If mailing in the fee, please make check or money order payable to:  
• Treasurer, State of CT  
The Department will not accept cash payments.  
Applicants paying by personal check will be subject to a holding period on their application until the check clears.  
A registration certificate expires one (1) year from the patient physician’s certification date. |