



**COLORADO**  
Department of Revenue

**Natural Medicine Division**

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# **Natural Medicine Handler Application**

**Colorado Natural Medicine Division**  
Natural Medicine Handler Application Instructions

**Application Checklist**

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**1. License Type**

**Handler** - Any natural person who is 21 years of age or older, who is not an Owner, who has unrestricted access to Regulated Natural Medicine or Regulated Natural Medicine Product or handles Regulated Natural Medicine or Regulated Natural Medicine Product

**Facilitator** - A natural person who is 21 years of age or older, has the necessary qualifications, training, experience, and knowledge to perform and supervise natural medicine services for a participant, and is licensed by the Director of the Division of Professions and Occupations (DORA-DPO) to engage in the practice of facilitation.

**\*\*** A Facilitator may obtain a Natural Medicine Handler License if he, she, or they intend to work in a Natural Medicine Business. (See Rule 2115(B)(2)). (You will need to provide your facilitator license number).

**Notice:** You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

**2. Application Completed & Signed–Applicable Documents Must Be Signed Prior to Submission to the Natural Medicine Division (NMD)**

Type or clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. **Sign and date every page of the application where applicable, even if the page is blank.**

**3. Proof of Identity**

Attach a copy of your state issued or Government ID (i.e. passport) or driver's license (or see website for additional forms of ID accepted).

**4. Application and Compliance Fees**

See fee table on website: <https://DNM.Colorado.gov>

Application fees paid to the State Licensing Authority and/or the Department of Revenue are non-refundable.

Compliance fees will be paid at the time of conditional approval.

Checks (in the name of the applicant or applicants attorney's trust account), money orders and major credit cards (subject to service charge), are acceptable forms of payment.

Mail-in applications can only be paid by check or money order.

**Colorado Natural Medicine Division**  
Natural Medicine Handler Application Instructions  
**Application Checklist (Continued)**

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**5. Application Submittal**

**All Applications and documentation submitted must be single-sided and on 8.5x11 inch paper.**

Mailing Address:

Attn: NMD / Natural Medicine  
COLORADO DEPARTMENT OF REVENUE  
P.O. BOX 17087  
DENVER CO 80217-0087

Physical Address:

1707 Cole Blvd., Suite 300,  
Lakewood, CO 80401

General Questions about the program, please visit: <https://DNM.Colorado.gov>

Application Submission Questions, please contact: dor\_nmd\_licensing@state.co.us

**Note: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood office prior to the end of the next business day after being notified of the application being incomplete.**

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**Mandatory Disqualifier Questions**

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Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name		
1. Are you under 21 years of age at the time of this application?.....			Yes	No
2. Are you delinquent in the payment of any Colorado child support? If so, you must provide an agreement to pay. (Select "No" if you can provide an agreement to pay.) .....			Yes	No
3. Have you been subject to an action from another regulatory entity or any criminal Court related to the unlawful marketing, manufacturing, or sale of Natural Medicine? .....			Yes	No
4. Have you had a conviction for the unlawful manufacturing with an inherently dangerous substance or commercial sale of any Natural Medicine related conduct after 2023?.....			Yes	No
5. Have you been a DOR employee with regulatory oversight responsibilities for individuals or Natural Medicine Businesses licensed by the State Licensing Authority in the six months immediately preceding the date of this application?.....			Yes	No
6. Are you an officer or employee of a Natural Medicine licensing authority in the state of Colorado?.....			Yes	No

**Colorado Natural Medicine Division**  
Natural Medicine Handler Application

**Mandatory Disqualifier Questions (continued)**

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7. Have you been convicted of a felony in the preceding 3 years, or are subject to a sentence for a felony conviction, or are subject to a deferred judgment or sentence for a felony conviction, for any of the following charges?..... Yes      No
- 1. A criminal sexual act;
  - 2. Criminal fraud or embezzlement;
  - 3. Aggravated assault;
  - 4. Aggravated abuse, neglect, or endangerment of a child or an at-risk person;
  - 5. Aggravated robbery;
  - 6. Arson;
  - 7. Manslaughter, homicide, or murder;
  - 8. A violation of the Racketeer Influenced and Corrupt Organizations Act (RICO) or Colorado Organized Crime Control Act (COCCA); or
  - 9. A conviction for the unlawful manufacturing with an inherently dangerous substance or commercial sale of any Natural Medicine related conduct after 2023.

**STOP!** If you answered YES to any of the questions on this or the previous page, by Colorado law you cannot obtain or hold a Colorado Natural Medicine Handler license.

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## Natural Medicine Handler Application

**License Type applying for:**      Handler      Handler/Facilitator

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Legal Last Name (Please Print)      Legal First Name (Please Print)      Full Legal Middle Name

Maiden/Married Names Used (Full Name) (attach separate sheet if necessary)

Nicknames, Aliases, Etc. Used (Full Name) (attach separate sheet if necessary)

**Gender:**      Male      Female      X

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**Race:**      Asian      Mixed Race      Black      Hispanic/Latino      Native American  
                 Caucasian      Native Hawaiian/Pacific Islander      Undisclosed/Unknown

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Date of Birth (MM/DD/YY)      Social Security Number

Other Social Security Numbers Used (If yes attach details.)..... Yes      No

Place of Birth: City      State/Province      Country

Drivers License Number and State

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### Physical Appearance

Height (in feet & inches)      Weight (in pounds)      Hair Color      Eye Color

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U.S. Citizen:      Yes      No

\*If "No", List Country of Citizenship

Alien Registration Number

## Natural Medicine Handler Application Form (Continued)

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### Physical Address

Address (include unit or apartment number)

City County State/Province ZIP Code

Home Phone Number Cell Phone Number

Email Address

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### Mailing Address (if different from Physical Address)

Address (include unit or apartment number)

City State/Province ZIP Code

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### Additional Questions

1. Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of this application. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies - Division of Professions and Occupations..... None

2. Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action (i.e.- denial, surrender, revocation, stipulation or settlement, withdrawn or other penalties or sanctions.) taken against any such license that you have held, that were issued by DOR or DORA-DPO?..... Yes No

## Natural Medicine Handler Application Form (Continued)

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If YES, give details below or on separate sheet, including license number and dates license held. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

3. Do you have a Facilitator, Clinical Facilitator, or a Training License issued by DORA?... Yes No

If "Yes", indicate which license type and license number here:

4. Have you ever been denied a Natural Medicine license, withdrawn a Natural Medicine license application or had any disciplinary action taken against any Natural Medicine license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction?..... Yes No

\*If "Yes", explain here:

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Applicant's Signature

Date (MM/DD/YY)

## Affirmation & Consent

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I,

hereby attest the entire Natural Medicine Handler License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and this statement is executed with knowledge that misrepresentation or failure to reveal information requested may be good cause for denial of a Natural Medicine license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation may be grounds for disciplinary action against the license. I consent to any background investigation(s) necessary to determine my present and continuing suitability to hold a Colorado Natural Medicine license.

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**Print Full Legal Name of Applicant clearly below:**

Legal Last Name (Please Print)

Legal First Name

Legal Middle Name

Signature

Date (MM/DD/YY)

**Confidential Document:** This document is the property of the State Licensing Authority and the Natural Medicine Division, and is provided for Official Use Only. Completed documents submitted to the Natural Medicine Division or the State Licensing Authority are confidential and will not be reproduced outside an express disclosure allowance.



## Applicant's Request to Release Information

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TO: (Leave this Blank)

FROM: (Applicant's Printed Name)

1. I hereby authorize and request all persons to whom this request is presented, having information relating to or concerning the above named applicant, to furnish such information to a duly appointed agent of the Natural Medicine Division, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Natural Medicine Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Natural Medicine Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Natural Medicine Division, my power of attorney with authority to:
  - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request;
  - (c) To place the name of the agent presenting this request in the appropriate location on this request.
5. I grant to the power of attorney full power and authority to do, take, and perform any act requisite, proper, or necessary in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present. I hereby ratify and confirm my consent for all that the power of attorney shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends twenty-four (24) months from the date of execution.
7. I understand and accept that by filing an application for a Natural Medicine license, I am seeking the granting of a privilege and acknowledge the burden of proving my qualifications to hold a Natural Medicine license is at all times on me. I further accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.

### Applicant's Request to Release Information (Continued)

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8. I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his/her/their agents and employees from any and all actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his/her/their agents and employees arising out of or by reason of complying with the request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his/her/their agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
10. A reproduction of this request by photocopying or similar process shall be for all intents and purposes valid as the original.

Applicant's Last Name (Please Print)

First Name

Full Middle Name

Signature

Date (MM/DD/YY)

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## Natural Medicine Handler Licensee Obligations

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I understand I am being made aware of the following regulations and agree to comply with them:

I must pay a fee to obtain a duplicate license. (Rule 2005(c))

I am required to renew my license prior to the expiration date of the license I am being issued. (Rule 2130(C))

The Natural Medicine Division will send a notice of License renewal 90 days prior to the expiration of an existing license to the electronic mail address on file with the Natural Medicine Division. Failure to receive this notice does not relieve the Licensee from the obligation to timely renew the license. (Rule 2130(B))

If I allow my license to expire for even one day, I must submit a new license application along with the new license application fee. (Rule 2130(D))

If the Natural Medicine Division contacts me regarding this license application, I will provide any information the Natural Medicine Division requests within 7 calendar days (unless otherwise instructed). (Rule 2110(F))

I must cooperate with employees and investigators of the Natural Medicine Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to Natural Medicine Code. (Rule 2110(B))

I understand I am responsible to notify the Natural Medicine Division, in writing, when I have a change in physical mailing address, email address, within 28 days, since all correspondence is sent to my last physical mailing address and email address provided to the Natural Medicine Division. Failure to notify the Natural Medicine Division could result in my not receiving my physical license, legal notices, and other correspondence. (Rule 2105(A))

I shall not by any means interfere with, obstruct or impede, the State Licensing Authority or employee or investigator of the Natural Medicine Division, from exercising their duties pursuant to the provisions of the Natural Medicine Code and all rules promulgated pursuant to it. (Rule 9005(A))

I understand that a license issued by the Natural Medicine Division to Natural Medicine Handlers constitutes a revocable privilege. The burden of proving an Applicant's qualifications for licensure rests at all times with the Applicant. (Rule 2155(A))

I have read all of the above information and understand my responsibilities as a Natural Medicine Handler Licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement may be grounds for disciplinary action, including but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

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### Print Full Legal Name clearly below:

Last Name (Please Print)

First Name

Middle Name

Signature

Date (MM/DD/YY)

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