



Department of Health and Human Services
 Licensing and Regulatory Services - MMMP
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Medical Use of Marijuana Program Patient Application/Renewal Form

An application for a Registry Identification Card is *voluntary* for qualifying patients and there is *no fee*. Possession of a Registry Identification Card will assist law enforcement officials to know that you may possess and/or cultivate marijuana for your medical use.

- If you choose not to apply for a Registry Identification Card, please review the instructions regarding the information you must present to law enforcement to verify your lawful participation in the program as a qualified patient.

Section 1. (PATIENT INFORMATION)

Name of patient (last, first, middle initial)

Home Address (not required if homeless)
 (number and street name)

(city, state, zip code)

Mailing Address
 (number and street name)

(city, state, zip code)

Grow Location/Address (if growing own marijuana)
 (number and street name)

(city, state, zip code)

Telephone:
 (207) _____ - _____

Email address:

Date of Birth:

Driver License Number:

- Attach:**
- Copy of Driver License
 - Copy of Physician Certification

Section 2. (If person named in Section 1 is a minor, or an adult with a court-appointed guardian or a durable power of attorney, Section 2 must be completed.)

Name of parent, guardian, or other as it appears on driver's license (last, first, middle initial)	Telephone (207) _____ - _____
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Mailing Address
(number and street name)

(city, state, zip code)

Check all that apply:

<input type="checkbox"/> Parent with legal authority to make medical decisions	Attach Copy of Driver License
<input type="checkbox"/> Legal Guardian (attach copy)	Driver License Number: _____
<input type="checkbox"/> Durable Power of Attorney (attach copy)	Date of Birth: _____

Section 3. Patient Declaration

- **I UNDERSTAND and acknowledge my duty as a patient.**
- **If I CHOOSE A CAREGIVER, I will provide a caregiver designation form to that individual.**
- **If I CHOOSE ANOTHER PRIMARY caregiver, I will notify the original caregiver of my decision and request return of the caregiver designation form.**
- **I DECLARE under penalty of perjury that the information provided on this form is true and correct.**
- **I CERTIFY that I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes, except as provided under the Maine Medical Use of Marijuana Act, and its rules.**

Print name of patient: _____

Signature of patient: _____

Date: _____

Print name of person legally responsible: _____

Signature of person legally responsible: _____

Date: _____