



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENSING AND REGULATORY SERVICES**

**Medical Use of Marijuana Program  
Patient Application**

<b>SECTION 1A: Patient Information</b>			New Application <input type="checkbox"/>	Renewal Application <input type="checkbox"/>
Legal Name:				
Date of Birth:	Driver's License No.:	Telephone No.: (     )		
Home Address:				
City:	State:	Zip:		
Mailing Address:				
City:	State:	Zip:		
Grow Location Address (if growing own marijuana):				
City:	State:	Zip:		
Email Address:				

<b>SECTION 2: Fees</b>
<b>APPLICATION FOR PATIENT</b>
<p>An application for a Registry Identification Card is <b>voluntary</b> for qualifying patients. There is <b>no fee</b> to register. Possession of a Registry Identification Card will assist law enforcement officials in verifying that you may possess and/or cultivate marijuana for your medical use.</p> <ul style="list-style-type: none"> <li>If a patient chooses not to register, <b>non-registered patients</b> must be able to present to law enforcement upon request: (1) the original physician certification form, and (2) a Maine driver's license or other Maine-issued photo identification card.</li> <li>A Maine driver's license or other Maine-issued photo identification card is required to be provided for both registered and non-registered patients.</li> </ul>

*For questions regarding this program and/or application, please contact the following:*

Department of Health and Human Services  
Licensing and Regulatory Services  
Maine Medical Use of Marijuana Program  
41 Anthony Ave  
11 State House Station  
Augusta, ME 04333-0011

Tel: (207) 287-4325                      Fax: (207) 287-2671  
Toll Free: 1-800-791-4080            TTY users call Maine relay 711  
Email: [medmarijuana.dhhs@maine.gov](mailto:medmarijuana.dhhs@maine.gov)

<i>Office Use Only:</i>				
Check# _____	MO # _____	Amount \$ _____	Initials: _____	License# _____

**SECTION 3: For completion when the patient named in Section 1 is a minor, or an adult with a court-appointed guardian or a durable power of attorney.**

Legal Name of parent, guardian, or other:

Date of Birth:	Driver's License No.: (Attach copy)	Telephone No.: (      )
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Mailing Address:

City:	State:	Zip:	County:
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- Check all that apply:**
- Parent with legal authority to make medical decisions
  - Legal Guardian (Attach documentation)
  - Durable Power of Attorney (Attach documentation)

**SECTION 4: Submission**

Remember to submit the following documents with your completed application:

- Copy of the Patient's current Maine Driver's License or Other Maine Issued Photographic Identification Card
- Copy of the Patient's Physician Certification
- Copy of the legally responsible person's (as identified in Section 3) current Maine Driver's License or Other Maine Issued Photographic Identification Card
- Copy of the Legal Guardian and/or Durable Power of Attorney documentation (as identified in Section 3)

**SECTION 5: Declaration**

- I UNDERSTAND and acknowledge my duties 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 UNDERSTAND that I must submit a new patient application each time I apply for a card and/or renew a card.
- 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.

_____	_____	_____
<b>Print name of patient</b>	<b>Signature of patient</b>	<b>Date</b>

_____	_____	_____
<b>Print name of person legally responsible</b>	<b>Signature of person legally responsible</b>	<b>Date</b>