



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

**Medical Use of Marijuana Program
Patient Application**

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

SECTION 2: Fees
APPLICATION FOR PATIENT
An application for a Registry Identification Card is voluntary for qualifying patients. There is no fee to register. <ul style="list-style-type: none"> If a patient chooses not to register, non-registered patients must be able to present to law enforcement upon request: (1) the original provider certification form, and (2) a Maine driver's license or other Maine-issued photo identification card. A Maine driver's license or other Maine-issued photo identification card is required to be provided for both registered and non-registered patients.

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
Website: <http://www.maine.gov/dhhs/dlrs/mmm/index.shtml>

<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 or guardian:

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 Provider 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.

_____	_____	_____
Print name of patient	Signature of patient	Date

_____	_____	_____
Print name of person legally responsible	Signature of person legally responsible	Date