



**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:	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:				

SECTION 2: Fees
APPLICATION FOR PATIENT
<p>An application for a Registry Identification Card is voluntary for qualifying patients. There is no fee 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"> • If a patient chooses not to register, non-registered patients 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. • 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

<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.: ()

Mailing Address:

City:

State:

Zip:

County:

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 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