



OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

MAINE ADULT USE MARIJUANA INDIVIDUAL IDENTIFICATION CARD APPLICATION

<p>Notice: This Individual Identification Card (IIC) application form is an official document. Providing false information and/or failing to disclose all required information is grounds for denial of a Maine Adult Use IIC.</p>	Office of Marijuana Policy Use Only	
	Payment Information:	Cash No.: _____
	Check No.: _____	Amount: _____
		Maine IIC No.: _____

Section 1: Applicant Information.

Legal Last Name (Please Print)		Legal First Name		Full Legal Middle Name	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)			Previous Names Used (Full Name) (Attach separate sheet if necessary)		
Date of Birth	Social Security Number		Driver's License or Identification Card Number		Issuing State

You must attach one color photo with your IIC Application.

Requirements: Use a clear image of your face. Do not use filters commonly used on social media. Do not digitally change your photo. Have someone else take your photo. Use a plain white or off-white background. A high-resolution photo that is not blurry, grainy, or pixelated. Photo must be 2 x 2 inches.

Physical Address (include unit or apartment number)		City	State	ZIP
Mailing Address (include unit or apartment number)		City	State	ZIP
Primary Phone Number		Secondary Phone Number		
General Correspondence, Email Address (Required)		Track & Trace, Email Address (Required) (This email address can be the same as the "General Correspondence, Email Address.")		

Have you ever applied for or held a Maine Adult Use Marijuana Individual Identification Card? If "yes," you may not apply for an additional Maine Adult Use Marijuana Individual Identification Card. If you need a replacement card, you must complete the Reissuance of an Individual Identification Card (IIC) application.

Yes No

Section 2: Criminal History Records Check.

1. Have you submitted to have your fingerprints taken?

Yes No

2. Have you submitted to have a criminal history record check?

Yes No

Section 3: Prior Drug Convictions.

1. Have you ever been convicted for a violation of a state or federal controlled substance law that is a crime punishable by imprisonment for one year or more?

Yes No

2. If you answered "yes" to question 1 above, has at least 10 years elapsed from the completion of any resulting term of probation, incarceration or supervised release?

Yes No

3. If you answered "yes" to question 1 above, was the offense regarding conduct that is now authorized under Maine Revised Statutes Title 28-B, Chapter 3, Personal Adult Use of Marijuana and Marijuana Productions; Home Cultivation of Marijuana for Personal Adult Use.

Yes No

Section 4: Character and Fitness Requirements.

1. Have you been convicted or are you currently facing prosecution for any state or federal offense involving dishonesty, deception, misappropriation, or fraud?

Yes No If "yes," explain here:

2. Have you ever faced penalties under the Adult Use Marijuana Program?

Yes No If "yes," explain here:

3. Have you had an individual identification card issued under the Adult Use Marijuana Program revoked within the previous two years?

Yes No If "yes," explain here:

4. Have you been subject to two or more individual identification card revocations that were issued under the Adult Use Marijuana Program?

Yes No If "yes," explain here:

5. Have you had a registry identification card or registration certificate issued under the Maine Medical Use of Marijuana Act subject to revocation, suspension, limitation, or any other penalization?

Yes No If "yes," explain here:

6. Have you ever been subject to an enforcement action in the adult use or medical use of any state's marijuana programs?

Yes No If "yes," explain here:

7. Do you have outstanding court-ordered payments?

Yes No If "yes," explain here:

Section 5: Fees.

Individual Identification Card: \$50

Cash and personal checks are not accepted by the Office of Marijuana Policy. Please submit a bank/cashier's check or money order made payable to "Treasurer, State of Maine." **All fees are non-refundable.**

Application Fee: _____ \$50

Total Enclosed: _____

Section 6. Affirmation

I, _____, affirm that the entire Maine Adult Use Individual Identification Card (IIC) Application, statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed good cause for denial to issue an Individual Identification Card by the Department.

Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial or revocation of the Individual Identification Card. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Marijuana Policy, and hereby authorize the Department to conduct a complete investigation into the truthfulness of the responses, using whatever legal means they deem appropriate.

I understand I am responsible for knowing and complying with all state laws and regulations governing Adult Use Marijuana pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder. I understand I am being made aware of the laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my IIC.

I understand that I must pay a fee to obtain an Individual Identification Card, as well as at the time of an annual renewal.

I understand the Department does not mail out a renewal application; and therefore, I am responsible for obtaining and submitting an application to renew my Adult Use Individual Identification Card prior to its expiration. I understand that in order to avoid unnecessary delays in issuance of a renewal license, the renewal application should be submitted no later than 30 days prior to the expiration date.

I understand that Individual Identification Cards are valid for one year from the date of issuance. The Individual Identification Card shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Individual Identification Card to expire for even one day and then reapply, I must submit a new application along with the original application fee.

I understand I am responsible for notifying the Office of Marijuana Policy, in writing, upon any change in name, residence address, mailing address, or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Marijuana Policy could result in not receiving my physical license, legal notices, and other correspondence.

I understand that I shall not by any means interfere with, obstruct, or impede, the Office of Marijuana Policy or its employees or investigators in exercising their official duties pursuant to the authority in Title 28-B and rules promulgated thereunder.

I understand that an Individual identification Card issued by the Office of Marijuana Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for an Individual Identification Card se rests at all times with the Applicant.

I understand in order to access or input data into the State's inventory tracking system, I must possess a valid Individual Identification Card and agree to follow all the rules and guidelines set forth for the use of this system.

I understand that this application is not complete and will not be processed until all required parties submit to have fingerprints taken and to a criminal history record check.

I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375.

Signature – This application cannot be accepted without a signature.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

If I have given incorrect information, my application may be denied, and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those related to drug offenses correct and complete.

Applicant's Signature

Date

Printed Name:

Email Address:

Phone Number: