



**STATE OF MAINE**  
**Office of Marijuana Policy**  
**Medical Use of Marijuana Program**  
Assistant Application

<b>SECTION 1: Applicant Information</b>		
<input type="checkbox"/> Dispensary <input type="checkbox"/> New		
<input type="checkbox"/> Caregiver <input type="checkbox"/> Renewal		
Legal Name		
Date of Birth*	Telephone Number (       )	
Home Address:		
City	State	Zip
Mailing Address		
City	State	Zip
Email Address		
* Must be at least 21 years old, unless registering as the assistant of a registered caregiver who is a family member, in which case must be at least 18 years old.		

<b>SECTION 2: Fees</b>	
Applicant Fee \$20	\$20.00 _____
Criminal Background Check \$31 (Required annually)	\$ _____
Make cashier's/bank check or money order payable to "Treasurer, State of Maine". <b>All fees are non-refundable</b> and we are unable to accept personal checks and cash.	
<b>Total cashier's check/money order enclosed: \$</b>	

<b>SECTION 3: Employer Information</b>		
Legal Name of Licensed Dispensary or Legal Name of Registered Caregiver		
Mailing Address		
City	State	Zip
Telephone Number (       )	Caregiver Employer DOB	Dispensary License Number
If applicant under 21, familiar relationship to Registered Caregiver		

## SECTION 4: Submission

Submit the following documents with your completed application:

- A cashier's check or money order made payable to "Treasurer, State of Maine." **All fees are non-refundable.**
- Copy of State of Maine-issued photographic identification

## SECTION 5: Attestation

**I have read and attest to the following:**

- A. All information on this application is true and correct. Misrepresentation on this application may jeopardize my status as a card holder in the Maine Medical Marijuana Program (MMMP).
- B. I have reviewed rule and statute to allow me to execute my duties, rights and responsibilities as an assistant under the laws and regulations governing the MMMP.
- C. In the event that law enforcement, MMMP staff, and/or their representatives question my status as a card holder, I must provide my registry identification card and current government issued photo ID.
- D. As a registered assistant I am not authorized to conduct myself as my employer with all benefits and responsibilities associated with such designation.
- E. If my employer terminates my employment, I am no longer protected under the Act and I must submit my identification card to the MMMP.
- F. I will submit to annual background checks as required in statute or as required by program policy.
- G. I must submit a new application each time I apply for a card and/or renew a card.
- H. If any of my information changes after this application is processed, I must notify MMMP.
- I. I am a Maine resident.
- J. If I do not comply with these requirements, the Department of Administrative and Financial Services may revoke my registry identification card.

## Signature - This application cannot be accepted without a signature.

I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Name (Please print.)	Applicant's Signature	Date
Employer's Name (Please print.)	Employer's Signature	Date

**Submit completed application and applicable fees (personal checks are not accepted) to the following address:**

Medical Use of Marijuana Program  
Office of Marijuana Policy  
162 State House Station  
Augusta, ME 04333-0162  
Tel: (207) 287-3282; Fax: (207) 287-2671; TTY users: Dial 711 (Maine Relay)  
E-mail: [licensing.omp@maine.gov](mailto:licensing.omp@maine.gov)  
Website: <https://www.maine.gov/dafs/omp/medical-use/>