



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

SECTION 1: Applicant Information				<input type="checkbox"/> Dispensary	<input type="checkbox"/> New	<input type="checkbox"/> Assistant
				<input type="checkbox"/> Caregiver	<input type="checkbox"/> Renewal	<input type="checkbox"/> Director
						<input type="checkbox"/> Officer
Legal Name:						
Date of Birth: (Must be at least 21)				Telephone Number: ()		
Home Address:						
City:		State:		Zip:		
Mailing Address:						
City:		State:		Zip:		

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

SECTION 3: Employer Information		
Legal Name of Licensed Dispensary or Legal Name of Registered Caregiver:		
Mailing Address:		
City:	State:	Zip:
Telephone Number: ()	Caregiver Employer DOB:	

SECTION 4: Submission
Submit the following documents with your completed application:
<input type="checkbox"/> A cashier's check or money order made payable to "Treasurer, State of Maine." All fees are non-refundable.
<input type="checkbox"/> 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, director or officer 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, director, or officer, 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
Website: <https://www.maine.gov/dafs/omp/medical-use/>