



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Maine Center for Disease Control and Prevention
Medical Use of Marijuana Program
Temporary Primary Caregiver Designation

SECTION 1: Registered Primary Caregiver Information		
Legal Name:		
Date of Birth: (Must be at least 21)	Telephone Number: ())	
Cultivating Address:		
City:	State:	Zip:

SECTION 2: Temporary Registered Primary Caregiver Information		
Legal Name:		
Date of Birth: (Must be at least 21)	Telephone Number: ())	
Home Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:

SECTION 3: Specific Time-Limited Dates	
Start Date: _____	End Date: _____
State the reason for temporary designation:	

SECTION 4: Declaration		
<ul style="list-style-type: none">• I UNDERSTAND this designation is only for the care of the marijuana plants in the cultivating primary caregiver's enclosed locked facility. (2.7.3.2)• I UNDERSTAND that this designation term is without pay.• I UNDERSTAND this designation is temporary and for a specific time-limited date.		
_____	_____	_____
Print name of Caregiver	Signature of Caregiver	Date
_____	_____	_____
Print name of Designated Caregiver	Signature of Designated Caregiver	Date

Department of Health and Human Services
Maine Medical Use of Marijuana Program
286 Water Street 11 State House Station
Augusta, ME 04333-0011
Tel: (207) 287-8016 Fax: (207) 287-2671 TTY users call Maine relay 711
Email: DHHS.MMMP@maine.gov
Website: www.mainepublichealth.gov/mmm