

**Montana Marijuana Program
REGISTERED CARDHOLDER (PATIENT) APPLICATION**

Complete all sections of this form in order to comply with the registration requirements of the Montana Marijuana Program.

Any applicant for the marijuana registry must be a Montana resident with a Montana address.

REVIEW THE CHECKLIST BELOW BEFORE SENDING APPLICATION MATERIALS TO THE DEPARTMENT

→ New or renewal patient application packets must include:

- ✓ This application form
- ✓ Applicable fee (check or money order only, applications with cash will be denied). If your renewal application is received after the expiration date, you must pay \$25. Make checks payable to: DPHHS/MMP
- ✓ Photocopy of valid Montana driver's license or Montana state issued ID of patient applicant
- ✓ Applicable Physician Statement
- ✓ If the patient applicant is requesting a provider or marijuana infused products provider (MIPP), the provider/MIPP *must* sign page two of this application form. (If the individual requested is not yet registered with the department as a provider/MIPP, they will be sent a provider/MIPP application packet).
- ✓ Landlord Permission Form (if applicable)

→ Packets must be mailed to: DPHHS/MMP, PO BOX 202953, HELENA MT 59620-2953

Check One: RENEWAL APPLICATION enclose a \$10 fee NEW APPLICATION enclose a \$25 fee

APPLICANT (PATIENT) INFORMATION

Current card number (renewals only): _____ Expiration date (renewal only): _____

Legal Name (Last): _____ (First): _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Montana Driver's License number or State of Montana issued ID number: _____

Phone Number: _____

Street Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

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Initial and complete one **or** two below, indicating how you will obtain marijuana:

1. I will be cultivating and manufacturing marijuana for my own use: _____
Applicant's initials

If you are cultivating and manufacturing marijuana for your own use, you must provide the physical address of the place where you will be cultivating and manufacturing marijuana:

Physical address City Zip

Do you rent or lease this property?* Yes No

*If you rent or lease this property you must include a LANDLORD PERMISSION FORM with this application.

2. I will be obtaining marijuana from a provider/MIPP: _____
Applicant's initials

If you will obtain marijuana from a provider or MIPP they must provide their full name, mailing address and DOB to the department.

Legal Name (Last): _____ (First): _____ MI: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ DOB: _____

I agree to be the provider for the above named applicant:

Signature of provider/MIPP or provider/MIPP applicant Date

In signing this form, I attest:

- a. I will not divert to any other person, the marijuana that I cultivate, manufacture or obtain for my debilitating medical condition.
- b. I am not in the custody of or under the supervision of the department of corrections or a youth court.

Applicant Signature **Date**