

# Form A

## Application for Authorization to Possess Marihuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

**OR**

renewal of an authorization if changes since your last renewal or amendment

**Note:** For authorized persons who are applying to renew their authorization, if there have been no changes since last year, **Short Form A–Renewal** can be used instead of **Form A**.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

## A1 Applicant's Information

Mrs.  Miss  Ms.  Mr.

Applicant's full name: last / first / middle

Date of Birth: day / month / year

Address: Apartment Number:

City: Province: Postal Code:

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

Telephone: ( )

Fax: ( )

E-mail:

This address is:  A private residence (E.G., HOUSE OR APT.) or  Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence:

Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

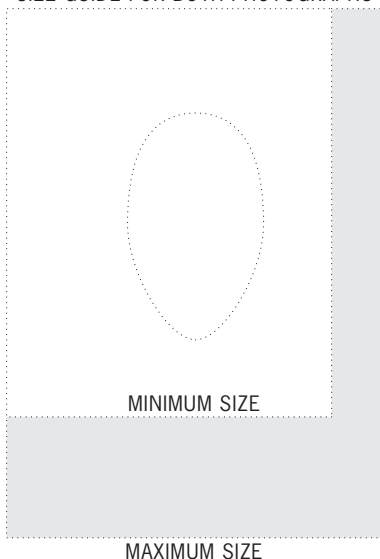
City: Province: Postal Code:

## A2 Photograph of Applicant

I have enclosed two copies of a current photograph that clearly identifies me.

The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS



**IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:**

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

**Note: This section does not need to be completed if a photograph has been provided within the last 5 years.**

## A3 Appointed Representative

### ***This section is optional***

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you **not** provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

### ***Appointed representative (optional):***

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs.  Miss  Ms.  Mr.

Representative's full name: ..... last / first / middle

Mailing Address: ..... Apartment Number: .....

City: ..... Province: ..... Postal Code: .....

Telephone: ( ) .....

Fax: ( ) .....

E-mail: .....

## A4 Proposed Source of Marihuana

### ***You are required to indicate your proposed source of marihuana by choosing one of the following:***

I plan to produce my own marihuana.

You must apply to get licence to grow your own plants and you must fill out  
**Form C: Application for Licence to Produce Marihuana by Applicant.**

To purchase seeds from Health Canada so you can grow your own plants, you must fill out  
**Form E2: Application to Obtain Marihuana Seeds.**

**OR**

I plan to have a designated person grow the marihuana for me.

My designated person will be: .....

You must apply to get a licence for someone to grow plants for you and you must fill out  
**Form D: Application for Licence to Produce Marihuana by a Designated Person.**

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out  
**Form E2: Application to Obtain Marihuana Seeds.**

**OR**

I plan to purchase dried marihuana from Health Canada.

To purchase a supply of dried marihuana from Health Canada, you must fill out  
**Form E1: Application to Obtain Dried Marihuana.**

Name: .....

## A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

## A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
  - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
  - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.

---

APPLICANT'S SIGNATURE

DATE

---

PRINT NAME

### IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until ALL appropriate forms are received.
3. Please retain a photocopy of this form for your files.  
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.



# Form B1

## Medical Practitioner's Form for Category 1 Applicants

**This form is to be completed for *Category 1 applicants* by the applicant's medical practitioner.**

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province **and** who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until **all** appropriate forms are received.
3. Please retain a photocopy of this form for your files.

**If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

**Note:** It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

## B1-1 Information on Medical Practitioner

Medical practitioner's full name: .....

Provincial medical licence number: .....

STAMP (IF AVAILABLE)

Medical specialization (if applicable): .....

Business Address: .....

Suite Number: .....

City: .....

Province: .....

Postal Code: .....

Telephone: ( ) .....

Fax: ( ) .....

E-mail: .....

## B1-2 Medical Condition and Symptoms

Applicant's full name: last / first / middle .....

Date of Birth: year / month / day .....

Telephone: ( ) .....

### **Details on medical condition(s) and symptom(s)**

**Please check (✓) in the table below the medical condition(s) and the symptom(s) that are the basis for the application (if applicable).**

	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANOREXIA	WEIGHT LOSS	SEVERE NAUSEA	SEIZURES
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY							
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS							
EPILEPSY							

**OR**

(continued on next page)

(B1-2 continued)

- If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):**

Medical Condition(s) and Symptom(s): .....

.....

.....

.....

.....

.....

**B1-3 The Proposed Daily Amount**

**Health Canada’s examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.**

- a. The proposed daily amount of dried marihuana is less than or equal to \_\_\_\_\_ grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
- Inhalation       Oral
- .....

**Note to Physicians: For more information on daily amounts, you can refer to the following documents:**

- Information for Health Care Professionals — Marihuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at [http://hc-sc.gc.ca/dhp-mps/marihuana/index\\_e.html](http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html) or by calling toll free at 1-866-337-7705.

**B1-4 Duration**

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

Name: .....

**B1-5 Medical Practitioner's Declaration and Signature**

*Please read, sign and date the document in the space provided below.*

- i. a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
- b. conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- ii. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug.
- iii. I declare that the information contained in this form is correct and complete.

---

MEDICAL PRACTITIONER'S SIGNATURE

---

PRINT NAME

---

DATE

**IMPORTANT:**

1. **Please ensure that you have read and understood the declarations.**
  2. **Please sign and date the declarations.**
  3. **It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.**
  4. **We cannot process the application until *ALL* appropriate forms are received.**
  5. **Please retain a photocopy of this form for your files.**
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**

Name: .....



# Form B2

## Medical Practitioner's Form for Category 2 Applicants

**This form is to be completed for *Category 2 applicants* by the applicant's medical practitioner.**

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province **and** who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until **all** appropriate forms are received.
3. Please retain a photocopy of this form for your files.

**If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

**Note:** It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

**B2-1 Information on Medical Practitioner**

Medical practitioner's full name: .....

Provincial medical licence number: .....

STAMP (IF AVAILABLE)



Medical specialization (if applicable): .....

Business Address: ..... Suite Number: .....

City: ..... Province: ..... Postal Code: .....

Telephone: (     ) .....

Fax: (     ) .....

E-mail: .....

**B2-2 Medical Condition(s) and Symptoms**

Applicant's full name:                      last                      /                      first                      /                      middle .....

Date of Birth:        year        /        month        /        day .....

***Please specify the medical condition(s) and symptom(s) that are the basis for the application.***

Medical Condition(s): .....

.....

.....

.....

.....

Symptom(s): .....

.....

.....

.....

.....

.....

**Note:** You may wish to provide any information that you might consider useful or pertinent for the review of the application.

## B2-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- a. The proposed daily amount of dried marihuana is less than or equal to \_\_\_\_\_ grams (use letters to write amount); and
  - b. the following method and form of administration (please check appropriate box):  
 Inhalation       Oral
- .....

**Note to Physicians: For more information on daily amounts, you can refer to the following documents:**

- Information for Health Care Professionals — Marihuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at [http://hc-sc.gc.ca/dhp-mps/marihuana/index\\_e.html](http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html) or by calling toll free at 1-866-337-7705.

## B2-4 Duration

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

## B2-5 Medical Practitioner's Declaration and Signature

**Please read, sign and date the document in the space provided on Page 3.**

1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);  
b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
2. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marihuana as a drug.
3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or  
b. if you are not a medical specialist, please declare:
  - i. that the applicant's case has been assessed by a specialist;
  - ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
  - iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
  - iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.

**(signature required on next page)**

Name: .....

(B2-5 continued)

**Please complete the following:**

Name of the medical specialist: .....

The medical specialist's area of specialization: .....

Date of the specialist's assessment of the applicant's case: .....

**Note:** Under the *Marihuana Medical Access Regulations*, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the *Narcotic Control Regulations*.

4. I declare that the information contained in this form is correct and complete.

\_\_\_\_\_  
MEDICAL PRACTITIONER'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**IMPORTANT:**

1. Please ensure that you have read and understood the declarations.
2. Please sign and date the declarations.
3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
4. We cannot process the application until **ALL** appropriate forms are received.
5. Please retain a photocopy of this form for your files.  
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: .....

# Form C

## Application for Licence to Produce Marihuana by Applicant

**This form is to be completed by applicants who wish to grow their own marihuana.**

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

## C1 Applicant's Information

Mrs.  Miss  Ms.  Mr.

Applicant's full name: last / first / middle

Date of Birth: day / month / year

Telephone: ( )

E-mail:

If you already hold an *Authorization to Possess* dried marihuana under these *Marihuana Medical Access Regulations*, please indicate the number of that *Authorization*:

**IMPORTANT: If you have not been authorized to possess dried marihuana under the *Marihuana Medical Access Regulations*, you must also submit *Form A: Application for Authorization to Possess Marihuana for Medical Purposes* and the appropriate medical practitioner form (Form B1 or B2).**

## C2 Production Site

**Please choose one of the following options:**

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of *Form A: Application for Authorization to Possess Marihuana for Medical Purposes*).

**If you check the box above, please proceed directly to C3.**

**If not, please check the box below and provide the requested information.**

**OR**

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of *Form A: Application for Authorization to Possess Marihuana for Medical Purposes*).

**If you make this selection, please complete the rest of this page.**

**Proposed production site:**

Address: Apartment Number:

City: Province: Postal Code:

I own, or am part owner of, this site:  Yes  No

**IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete *Form F: Consent of Property Owner*.**

### C3 Mode of Production

**I plan to produce marihuana (please choose only one):**

entirely indoors;

**OR**

entirely outdoors;

**OR**

indoors in the winter and outdoors in the summer.

**IMPORTANT:**

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.**
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.**

### C4 Security Measures for Growing and Storing Marihuana

**IMPORTANT: The *Marihuana Medical Access Regulations* state that “the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession.” (Sec 61(1)).**

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: .....

.....  
.....  
.....  
.....  
.....  
.....

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: .....

.....  
.....  
.....  
.....  
.....  
.....

**Address where the marihuana will be stored:**

Address: ..... Apartment Number: .....

City: ..... Province: ..... Postal Code: .....

**IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.**

Name: .....

## C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

---

APPLICANT'S SIGNATURE

DATE

---

PRINT NAME

**IMPORTANT:**

- 1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.**
  - 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.**
  - 3. We cannot process the application until ALL appropriate forms are received.**
  - 4. Please retain a photocopy of this form for your files.**
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**

# Form D

## Application for Licence to Produce Marihuana by a Designated Person

This form is to be completed by the applicant (the person who has applied for an *Authorization to Possess* marihuana) who wishes to have someone else grow the marihuana for them. This application is to be signed by **both** the applicant and the person who has been designated as the grower.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

## D1 Applicant's Information

Mrs.  Miss  Ms.  Mr.

Applicant's full name: last / first / middle

Date of Birth: day / month / year

Address: Apartment Number:

City: Province: Postal Code:

*If no street address is available, please provide lot and concession number:*

Lot Number:

Concession Number:

Telephone: ( )

Fax: ( )

E-mail:

If you already hold an *Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations*, please indicate the number of that *Authorization*:

**IMPORTANT: If you have not been authorized to possess dried marihuana under the *Marihuana Medical Access Regulations*, you must also submit *Form A: Application for Authorization to Possess Marihuana for Medical Purposes* and the appropriate medical practitioner form (Form B1 or B2).**

## D2 Designated Person's Information

Mrs.  Miss  Ms.  Mr.

Designated person's full name: last / first / middle

Date of Birth: day / month / year

Address: Apartment Number:

City: Province: Postal Code:

*If no street address is available, please provide lot and concession number:*

Lot Number:

Concession Number:

Telephone: ( )

Fax: ( )

E-mail:

*Mailing Address (if different from above):*

Address or P.O. Box: Apartment Number:

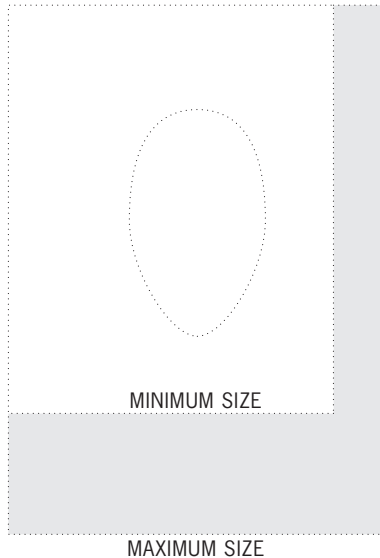
City: Province: Postal Code:

## D3 Photograph of Designated Person

**Please complete and check both boxes:**

- Two copies of a current photograph that clearly identifies the designated person have been enclosed.
- The back of one photograph of the designated person has been signed by the applicant (not the designated person) certifying that it is a true likeness of the designated person.

SIZE GUIDE FOR BOTH PHOTOGRAPHS



**IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted *must* meet the following standards:**

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

**Note: A photograph is required every year.**

## D4 Production Site

**Please choose one of the following three options:**

- As the designated person, I plan to produce marihuana at my ordinary place of residence (the address that was provided on Page 1 of this form).

**OR**

- As the designated person, I plan to produce marihuana at the applicant's ordinary place of residence (the address that was provided by the applicant on Page 1 of Form D).

**If you make either of these two selections, please proceed directly to D5.**

**If not, please check the box on page 3 and provide the requested information.**

**OR**

*(continued on next page)*

Name: .....

(D4 continued)

- As the designated person, I plan to produce marihuana somewhere other than either at my ordinary place of residence or at the ordinary residence of the applicant.

**If you make this selection, please complete the rest of this page.**

**Proposed production site:**

Address: ..... Apartment Number: .....

City: ..... Province: ..... Postal Code: .....

*If no street address is available, please provide lot and concession number:*

Lot Number: .....

Concession Number: .....

This site is owned by either the applicant or the designated person:  Yes  No

**IMPORTANT: If the marihuana is to be produced at a site that is not the ordinary residence of and not owned by the applicant or the designated person, the owner(s) of the production site must complete *Form F: Consent of Property Owner*.**

**D5 Mode of Production**

**The marihuana will be produced (please choose only one):**

- entirely indoors;

**OR**

- entirely outdoors;

**OR**

- indoors in the winter and outdoors in the summer.

**IMPORTANT:**

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.**
- 2. Please be sure to read the declaration on D8 Part B with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.**

Name: .....

## D6 Security Measures for Growing and Storing Marihuana

**IMPORTANT: The Marihuana Medical Access Regulations state that “the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession.” (Sec 61(1)).**

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: .....

.....  
.....  
.....  
.....  
.....  
.....

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: .....

.....  
.....  
.....  
.....  
.....  
.....

**Address where the marihuana will be stored:**

Address: ..... Apartment Number: .....  
City: ..... Province: ..... Postal Code: .....

**IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at the ordinary place of residence of the designated person or the applicant.**

## D7 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your licence, Health Canada will communicate limited licence information to Canadian police in response to a request received from Canadian police in the context of an investigation under the *Controlled Drugs and Substances Act* or the *Marihuana Medical Access Regulations*.

Name: .....

## D8 Part A—Applicant's Declaration and Signature

I, the applicant, declare and confirm that the information contained in this form is correct and complete.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

## D8 Part B—Designated Person's Declaration and Signature

I, the designated person, declare that:

- i. Within the ten (10) year period preceding the date of this application, I have not been convicted as an adult of a designated drug offence committed in Canada and that I have attached a document from a Canadian police force in support of this declaration. **(Note: Please consult the Applicant Guide for explanation of "designated drug offence.")**
- ii. I declare that, within ten (10) years preceding the date of this application, I have not been convicted, as an adult, of an offence committed outside of Canada that, if committed in Canada, would have constituted a designated drug offence.
- iii. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- iv. I declare and confirm that the dried marihuana will be stored indoors.
- v. I declare and confirm that the information contained in this form is correct and complete.

\_\_\_\_\_  
DESIGNATED PERSON'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

### IMPORTANT:

1. Please ensure that D8 Part A has been signed and dated by the applicant, and D8 Part B has been signed and dated by the designated person.
  2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
  3. We cannot process the application until ALL appropriate forms are received.
  4. Please retain a photocopy of this form for your files.
  5. Remember to include the document from a Canadian police force also known as a criminal record check for the designated person.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

# Form E1

## Application to Obtain Dried Marihuana

**This form is to be completed by applicants who wish to obtain dried marihuana only from Health Canada who either:**

hold or have applied for an *Authorization to Possess marihuana* under the *Marihuana Medical Access Regulations*;

**OR**

hold an *Exemption* for marihuana for medical purposes under Section 56 of the *Controlled Drugs and Substances Act*.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

**Note:** If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months.



(E1-3 continued)

To my medical practitioner.

Your medical practitioner's full name (if delivery to be sent to your practitioner):

Business Address:

Suite Number:

City:

Province:

Postal Code:

Telephone: (        )

Fax: (        )

E-mail:

**Note:** Before moving on to Section E1-4, please ensure that:

1. If the marihuana is being delivered to your medical practitioner, that you have checked, in advance, to be sure that your medical practitioner will accept delivery of it for you.
2. If the marihuana is being delivered to your medical practitioner, that you have provided the delivery address of your medical practitioner.

## E1-4 Notice to Applicants, Declaration and Signature

**Please read carefully before using this product.**

It is important for you to be aware of the following risks and recommendations about the product:

- Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the *Food and Drugs Act*.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety, effectiveness or quality of marihuana within the meaning given to those words under the *Food and Drugs Act* and the *Food and Drug Regulations*.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- The use of marihuana carries with it a number of potential health risks, including impaired immune system, interaction with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marihuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you voluntarily accept and assume the risks and dangers associated with the use of this product.
- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the *Criminal Code*, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence, and others.

(continued on next page)

Name:

(E1-4 continued)

- Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not consume marihuana.
  - Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.
- i. I have read Section E1-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
- ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.
- iii. I attest that the information on this form is correct and complete.

---

APPLICANT'S SIGNATURE

DATE

---

PRINT NAME

**IMPORTANT:**

- 1. Please ensure that you have read the Notice to Applicants, Declaration and Signature and have signed the declaration.**
  - 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.**
  - 3. We cannot process the application until ALL appropriate forms are received.**
  - 4. Please retain a photocopy of this form for your files.**
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**

# Form E2

## Application to Obtain Marihuana Seeds

**This form is to be completed by applicants who wish to obtain marihuana seeds only from Health Canada who either:**

hold or have applied for an *Authorization to Possess marihuana* and a license to Produce marihuana under the *Marihuana Medical Access Regulations*;

**OR**

hold an Exemption for the possession and production of marihuana for medical purposes under Section 56 of the *Controlled Drugs and Substances Act*.

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

**Note:** If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months only.



(E2-3 continued)

I would like the seeds delivered to my designated person:

Mrs.  Miss  Ms.  Mr.

Designated person's full name:

Address:

Apartment Number:

City:

Province:

Postal Code:

Telephone: (        )

Fax: (        )

E-mail:

**IMPORTANT: To obtain seeds for someone to grow marihuana for you, you must also fill out Form D: Application for Licence to Produce Marihuana by a Designated Person.**

**Note:** Before moving on to Section E2-4, please ensure that:

1. You have indicated where you would like the marihuana seeds delivered.
2. You have a *Personal-Use Production Licence*, or have completed *Form C: Application for Licence to Produce Marihuana by Applicant* if you want to grow the marihuana plants yourself OR *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

## E2-4 Notice to Applicants, Declaration and Signature

**Please read carefully before using this product.**

It is important for you to be aware of the following risks and recommendations about the product:

- Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the *Food and Drugs Act*.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety, effectiveness or quality of marihuana within the meaning given to those words under the *Food and Drugs Act* and the *Food and Drug Regulations*.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- The use of marihuana carries with it a number of potential health risks, including impaired immune system, interaction with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marihuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you voluntarily accept and assume the risks and dangers associated with the use of this product.

(continued on next page)

Name:

(E2-4 continued)

- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the *Criminal Code*, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence, and others.
  - Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not consume marihuana.
  - Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.
- i. I have read Section E2-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
- ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.
- iii. I attest that the information on this form is correct and complete.

---

APPLICANT'S SIGNATURE

DATE

---

PRINT NAME

**IMPORTANT:**

- 1. Please ensure that you have read the Notice to Applicants and have signed the declaration.**
- 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.**
- 3. We cannot process the application until ALL appropriate forms are received.**
- 4. Please retain a photocopy of this form for your files.**  
**If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**

# Form F

## Consent of Property Owner

**This form must be completed and signed by the property owner(s) when the proposed production site is not the ordinary place of residence of the applicant and is not owned by either the applicant or, where applicable, the designated person.**

### Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*Please forward all completed applications to:*

**Marihuana Medical Access Division  
Drug Strategy and Controlled Substances Programme  
Health Canada  
Address Locator: 3503B  
Ottawa, ON K1A 1B9**

## F1 Property Owner Information

Mrs.  Miss  Ms.  Mr.

Property owner's full name: .....

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

### **Production site address (if different from above)**

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

*If no street address is available, please provide lot and concession number:*

Lot Number: .....

Concession Number: .....

## F2 Property Owner Consent

### **a) Sole Owner**

I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) \_\_\_\_\_ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marihuana may also be stored at the production site.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**Note:** If the property is co-owned, please provide the name and address for each additional property owner in space below.

### **b) Joint Owner(s)**

Co-property owner's full name: .....

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

Co-property owner's full name: .....

Address: .....

Apartment Number: .....

City: .....

Province: .....

Postal Code: .....

*(continued on next page)*

(F2 continued)

I give my consent to (full name of applicant or applicant's designated person) \_\_\_\_\_ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marihuana may also be stored at the production site.

---

PROPERTY CO-OWNER'S SIGNATURE

DATE

---

PRINT NAME

---

PROPERTY CO-OWNER'S SIGNATURE

DATE

---

PRINT NAME

**IMPORTANT:**

- 1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.**
  - 2. We cannot process the application until ALL appropriate forms are received.**
  - 3. Please retain a photocopy of this form for your files.**
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**