



Health Canada Santé Canada

Your health and safety... our priority.

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## Access to Cannabis for Medical Purposes Regulations

### Production for Own Medical Purposes and Production by a Designated Person Registration Form

#### Questions

Please contact the Office of Medical Cannabis:

Toll-Free: 1-866-337-7705

Email: [omc-bcm@hc-sc.gc.ca](mailto:omc-bcm@hc-sc.gc.ca)

#### Mailing

Once completed and signed, your form is to be sent to Health Canada at the following mailing address:

Health Canada  
Registration Process  
Address Locator: 0302B  
Ottawa, ON K1A 0K9

#### Privacy Notice

The personal information you provide to Health Canada is governed in accordance with the Privacy Act. We only collect the information we need to administer the Production for Own Medical Purposes and Production by a Designated Person Program authorized under the Access to Cannabis for Medical Purposes Regulations.

**Purpose of collection:** We require your personal information to process your request for registration as per sections 177(3) to 177(7) and 181(2) of the *Access to Cannabis for Medical Purposes Regulations*.

**Other uses or disclosures:** Your personal information may be shared with law enforcement entities to confirm your lawful possession and production of cannabis. In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the *Privacy Act*.

**Refusal to provide the information:** Failure to provide the requested information will result in your request not being processed and your registration form and accompanying documents being returned.

**For more information:** This personal information collection is described in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca). A Personal Information Bank (PIB) is under development and will be included in [infosource.gc.ca](http://infosource.gc.ca).

**Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correct your personal information. For more information about these rights, or about our privacy practices, please contact Privacy Coordinator at 613-946-3179 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

<b>1. Application Type</b>	
New    Renewal    MCR Registration Number:	
Amendment (provide registration number as well as the following information and documents, as applicable):	
MCR Registration Number:	
Description of proposed change(s):	
Reason(s) for proposed change(s):	
Date change will take effect:	Please fill Section 2 below, and any other section(s) that are relevant to the proposed change(s)
Enclosed with this application is a proof of change in case of a name change for the Registered Person, Designated Person, or the individual responsible for the registered person	
<b>2. Applicant's Information</b>	
Mrs.    Miss    Ms.    Mr.	
Full name(last/first/middle):	
Gender:    M    F    X (person does not identify or associate with either gender)	Date of birth:
Telephone number:    Home    Cellular	Fax number (if applicable):
Email (if applicable):	
Preferred Official Language:    English    French	
<b>Ordinary Place of Residence:</b>	
Address: <i>(If no street address please write Lot or Concession number instead)</i>	Apartment number:
City:	Province:
	Postal code:
Select what best describes the address you provided above:	
Private residence – House    Private residence – Apartment    Private residence – Condo	
Not a private residence – Hospice    Not a private residence – Hospital	
If the address is not a private residence, please provide the name of the establishment:	
Is the mailing address the same as the address of your ordinary place of residence?	
Yes	
No <i>(If No, please complete the Mailing Address portion below)</i>	

<b>Mailing Address</b>		
Address:		Apartment number:
City:	Province:	Postal code:
I have included my medical document.		
<b>3. Responsible Individual (This section is optional)</b>		
<i>The application and related documents may be submitted by an individual who is responsible for the applicant. If this is the case, the Responsible Individual should provide their contact information in section 3A below, and sign and date this application form.</i>		
<b>3A. Responsible Individual's Information</b>		
Mrs.   Miss   Ms.   Mr.		
Full name of Responsible Individual (last/first/middle):		
Gender:   M   F   X (person does not identify or associate with either gender)		Telephone number:
Email:		Fax number:
Preferred Official Language:   English   French	Date of birth:	
<b>Mailing Address</b>		
Address:		Apartment number:
City:	Province:	Postal code:
<b>3B. Statement – Responsible Individual</b>		
If this application is submitted by the Responsible Individual to Health Canada.		
<i>I declare that I am responsible for the applicant and I am submitting this application on his/her behalf.</i>		
Responsible individual signature:		Date:
<b>4. Proposed Type of Production of Cannabis</b>		
You are required to indicate your proposed type of production of cannabis by choosing one of the following:		
Personal-use production - I plan to produce my own cannabis. (Please complete <i>Annex A – Registration Form Annex for Personal-use Production.</i> )		
or		
Production by Designated Person – I plan to have a designated person produce cannabis for me (Please complete <i>Annex B – Registration Form Annex for Designated Production.</i> )		
Will you need to obtain starting material (i.e. seeds) from a Licensed Producer?		
Yes      No		
Will you need to obtain an interim supply from a Licensed Producer?		
Yes      No		

<b>5. Authority to communicate to Canadian police</b> <i>To reduce the possibility of police intervention when you engage in activities allowed under your registration Health Canada may communicate limited information to Canadian police in response to a request in the context of an investigation under the Controlled Drugs and Substances Act, or the Access to Cannabis for Medical Purposes Regulations.</i>		
<b>6. Applicant's Declaration and Signature</b>		
I attest that the information on this form is correct and complete.		
Applicant signature:	Print name:	Date:

## Annex A – Registration Form Annex for Personal-Use Production

This Annex is to be completed if you have indicated that you plan to produce your own cannabis under Section 4 of the Access to Cannabis for Medical Purposes Regulations Registration Form.

If you have indicated that you plan to have a designated person produce the cannabis for you, you must complete Annex B; you can disregard Annex A.

<b>A1. Production Site</b>			
Please choose one of the following options:			
I will produce marihuana plants at my ordinary place of residence (the address you provided under Section 2 of the Access to Cannabis for Medical Purposes Regulations Registration Form.)			
Or			
I will produce marihuana plants at a site other than my ordinary place of residence.			
If you selected the second option, please provide the following information for the proposed site where you will produce marihuana plants:			
Address:			
City:	Province:	Postal code:	
The proposed production site is my ordinary place of residence or I own or I am a part owner of the site where I will produce my marihuana plants:      Yes      No			
If you answered yes, please skip Section A2 and move to Section A3.			
<b>A2. Production Site Owner's Consent (if applicable)</b>			
Mrs.      Miss      Ms.      Mr.			
Production Site owner's full name (Last/first/middle):			
Production site owner details:			
Address:			Apartment number:
City:	Province:	Postal code:	Telephone number:
I confirm that I am the sole owner of the above-mentioned site, which is the proposed production site, and give my consent to (full name of applicant) _____ to produce marihuana plants on this property in accordance with the Access to Cannabis for Medical Purposes Regulations.			
Signature of Production Site Owner: _____			
Date:			
<b>Note:</b> If the property is co-owned, please provide the name and address of each additional property owner in the space below.			

Co-property owner's full name:		
Address:		Apartment number:
City	Province	Postal code:
<p>I confirm that I am a co-owner of the above-mentioned site, which is the proposed production site, and give my consent to (<i>full name of applicant</i>) to produce marihuana plants on this property in accordance with the <i>Access to Cannabis for Medical Purposes Regulations</i>.</p> <p>Signature of Production Site Co-Owner: _____</p> <p>Date: _____</p>		
<p><b>A3. Production Area</b></p> <p>I will produce marihuana plants (please choose only one):</p> <p style="margin-left: 20px;">Entirely indoors or</p> <p style="margin-left: 20px;">Entirely outdoors or</p> <p style="margin-left: 20px;">Partly indoors and partly outdoors</p>		
<p><b>A4. Storage Site</b></p> <p>Where will the cannabis, other than marihuana plants, be stored?</p> <p style="margin-left: 40px;">At your ordinary place of residence (the address which was provided under Section 2 of the <i>Access to Cannabis for Medical Purposes Regulations</i> Registration Form.)</p> <p style="margin-left: 20px;">or</p> <p style="margin-left: 40px;">At the proposed production site if different than your ordinary place of residence (the address which was provided under Section A1 of this Annex.)</p>		
<p><b>A5. Applicant's Declaration and Signature – Personal-use Production</b></p> <p>I declare that within the preceding ten (10) years, I have not been convicted, as an adult, of a designated cannabis offence – or an offence that, if committed outside of Canada, would have constituted such an offence – that was committed while I was authorized to produce cannabis under the Act, other than under the former <i>Marihuana Medical Access Regulations</i>.</p> <p>I declare that within the preceding ten (10) years, I have not been convicted, as an adult, of a designated marihuana offence – or an offence committed outside Canada that, if committed in Canada, would have constituted such an offence – that was committed while they were authorized to produce marihuana under the Act, other than under these Regulations, or by virtue of an injunction order issued by a court.</p> <p>If I've indicated on this application that I plan to produce marihuana plants entirely outdoors or partly outdoors and partly indoors, I declare and confirm that the boundary of the land on which the production site is located does not have any point in common with the boundary of the land on which a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age is located.</p> <p>I declare and confirm that the cannabis will be stored indoor at the proposed storage site indicated in section A4 of this Annex.</p> <p>I declare that I will comply with the limit on the maximum storage quantity of dried marihuana or its equivalent indicated in the registration</p> <p>I declare that I will comply with the limit on the maximum number of plants in production indicated in the registration</p>		

I declare that I will take all necessary measures to ensure the security of the marihuana plants and cannabis

I attest that the information contained in this registration form Annex A is correct and complete.

\_\_\_\_\_  
Applicant signature:

Print name:

Date:

### **IMPORTANT**

**1-Please ensure that you have signed and dated the declarations attesting that the information on the Registration form and on this Annex 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 registration application until ALL required information is received**

**4-Please retain a photocopy of the registration form and the Annex for your files**

**5-If you have questions regarding this form; please contact health Canada toll-free at 1-866-337-7705**

## Annex B – Registration Form Annex for Production by Designated Person

This Annex is to be completed by the proposed designated person if the applicant indicated that cannabis is to be produced by a designated person under Section 4 of the Access to Cannabis for Medical Purposes Regulations Registration Form.

If you have indicated that you plan to produce your own cannabis, you must complete Annex A; you can disregard Annex B.

<b>B1. Designated Person's Information</b>			
Mrs.   Miss   Ms.   Mr.			
Full name(last/first/middle):			
Gender:   M   F   X (person does not identify or associate with either gender)			Date of birth:
Telephone number:		Fax number (if applicable):	
Email (if applicable):			
Preferred Official Language:   English   French			
<b>Ordinary Place of Residence:</b>			
Address: (If no street address please write Lot or Concession number instead)			Apartment number
City	Province	Postal code	
Is your place of ordinary residence a private residence?   Yes   No			
If you checked No, please indicate the type and name of the establishment:			
Is the mailing address the same as the address of your ordinary place of residence?			
Yes   No (If No, please complete the Mailing Address portion below)			
<b>Mailing Address</b>			
Address:			Apartment number:
City:	Province:	Postal code:	
<b>B2. Police Document</b>			
A document issued by a Canadian police force establishing that, within the 10 years preceding the application, you have not:			
<ul style="list-style-type: none"> <li>• been convicted, as an adult, of a designated drug offense, as defined in section 2 of the <i>Narcotic Control Regulations</i>.</li> <li>• been convicted of a designated drug offence as a young person in ordinary court, as those terms were defined in subsection 2(1) of the <i>Young Offenders Act</i>, chapter Y-1 of the Revised Statutes of Canada, 1985, immediately before that Act was repealed.</li> <li>• received, as a young person, an adult sentence, as those terms are defined in subsection 2(1) of the <i>Youth Criminal Justice Act</i>, in respect of an offence referred to in the first point above.</li> </ul>			
Original police document is provided with this application.			



**B3. Production site**

Please choose one of the following three options:

I will produce marihuana plants at my ordinary place of residence (the address was provided in section B1 of this Annex.)

I will produce marihuana plants at the applicant's ordinary place of residence (the address that was provided in Section 2 of the *Access to Cannabis for Medical Purposes Regulations* Registration Form.)

I will produce marihuana at a site other than either my ordinary place of residence or at the ordinary residence of the applicant.

If you selected the third option, please provide the following information for the proposed site where the marihuana plants will be produced:

Address: (Field)

City:

Province:

Postal code:

The proposed production site is my ordinary place of residence or that of the applicant or is owned or part owned by me or the applicant:    yes    no

If you answered yes, please skip Section B4 and move to Section B5.

**B4. Production Site Owner's Consent**

Mrs.      Miss      Ms.      Mr.

Production Site owner's full name (Last/first/middle):

Production site owner details:

Address:

Apartment number:

City

Province

Postal code:

Telephone number

I confirm that I am the sole owner of the above-mentioned site, which is the proposed production site, and give my consent to (*full name of designated person*) \_\_\_\_\_ to produce marihuana plants on this property in accordance with the *Access to Cannabis for Medical Purposes Regulations*.

Signature of Production Site Owner: \_\_\_\_\_

Date:

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

Co-property owner's full name:

Address:

Apartment number:

City

Province

Postal code:

Telephone number

I confirm that I am a co-owner of the above-mentioned site, which is the proposed production site, and give my consent to *(full name of applicant)* to produce marihuana plants on this property in accordance with the *Access to Cannabis for Medical Purposes Regulations*.

Signature of Production Site Co-Owner: \_\_\_\_\_

Date:

### **B5. Production Area**

I will produce marihuana plants (please choose only one):

Entirely indoors; or, Entirely outdoors; or, Partly indoors and partly outdoors

### **B6. Storage Site**

Where will the cannabis, other than marihuana plants be stored?

At my ordinary place of residence (the address which was provided under Section B1 of this Annex)

At the proposed production site (the address which is provided under Section B3 of this Annex.)

### **B7. Authority to communicate to Canadian police**

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

### **B8. Designated Person's Declaration and Signature**

I declare that, within the ten (10) years preceding the date of this application, I have not been convicted, as an adult, of a designated drug offence, as defined in section 2 of the *Narcotic Control Regulations*.

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.

I declare that, within ten (10) years preceding the date of this application, I have not been convicted of a designated drug offence as a young person in ordinary court, as those terms were defined in subsection 2(1) of the *Young Offenders Act*, chapter Y-1 of the Revised Statutes of Canada, 1985, immediately before the Act was repealed.

I declare that, within ten (10) years preceding the date of this application, I was not a young person who received an adult sentence, as those terms are defined in subsection 2(1) of the *Youth Criminal Justice Act*, in respect of a designated drug offence.

I declare that, within ten (10) years preceding the date of this application, I did not commit an offence committed outside Canada when I was at least 14 years old but less than 18 years old that, if committed in Canada, would have constituted a designated drug offence and would have resulted in a longer sentence than the maximum youth sentence that could have been imposed under the *Youth Criminal Justice Act* for such an offence.

If I've indicated on this application that I plan to produce marihuana plants entirely outdoors or partly outdoors and partly indoors, I declare and confirm that the boundary of the land on which the production site is located does not have any point in common with the boundary of the land on which a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age is located.

I declare and confirm that the cannabis will be stored indoor at the proposed storage site referred to in section B6 of this Annex.

I declare that I will comply with the limit on the maximum storage quantity of dried marihuana or its equivalent indicated in the registration

I declare that I will comply with the limit on the maximum number of plants in production indicated in the registration

I declare that I will take all necessary measures to ensure the security of the marihuana plants and cannabis

I attest that the information contained in this registration form Annex B is correct and complete

Designated person's signature:

Print name:

Date:

### **Important**

**1 - Please ensure that you have signed and dated the declaration attesting that the information on this registration form Annex B 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 required information is received**

**4 - Please retain a photocopy of this Annex B form for your files**

**5 - If you have questions regarding this form; please contact health Canada toll-free at 1-866-337-7705**