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Registration with Health Canada Production of Cannabis for Own Medical Purposes by a Designated Person

Note: This form is only for individuals who are designating another person to produce cannabis for medical purposes on their behalf under the *Cannabis Regulations*.

You should **not** use this form if you wish to:

- produce your own cannabis for medical purposes
- seek a Registration for Possession Only

In those 2 cases, please download the application form for '[Production of Cannabis for their Own Medical Purposes](#)' or the form '[Registration for Possession Only](#)'

Application checklist

A completed application must include:

1. The original of your medical document
2. This Registration Form (filled in completely, all fields indicated by an asterisk (*) are mandatory)
3. An original police document issued within 90 days of Health Canada receiving this application

Before mailing any documentation, please make sure all:

- documents have been correctly completed in all required fields
- required signatures and dates have been provided

Note: All signatures on the application and on the medical document must be original. If the original medical document is not included we will return the application to you as incomplete. This applies for both first and renewal applications.

We have published a [sample medical document](#) on our website for your convenience.

All documents should be mailed together at the following address:

Health Canada
Access to Cannabis for Medical Purposes Program
Address locator: 5002A
Ottawa, ON K1A 0K9

Notice and agreements

Privacy notice: The personal information you give to Health Canada is governed in accordance with the *Privacy Act*. We only collect the information we need to administer the Access to Cannabis for Medical Purposes Program authorized under the *Cannabis Regulations*.

Purpose of collection: We require your personal information to process your request for registration, as per sub-sections 312(2) to 312(7) and 315(1) of the *Cannabis Regulations*.

Other uses or disclosures: Your personal information may be shared with provincial/territorial health care licensing authorities responsible for regulating the professional practices of health care practitioners, as per sub-section 328(2). In addition, your personal information may be shared with law enforcement to confirm that you are lawfully allowed to possess and produce a limited amount of cannabis for medical purposes. In limited and specific situations your personal information may be disclosed without your consent in accordance with sub-section 8(2) of the *Privacy Act*.

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

For more information: Personal information collection is described in [Info Source](#). A Personal Information Bank (PIB) is under development and will be included on the same site.

Your rights under the *Privacy Act*: In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to it. The Act also gives you the right to the correction of your personal information. For more information about these rights or about our privacy practices please contact Health Canada's Privacy Coordinator at 613-948-1219 or 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.

Section 1: Application type

Please choose your application type (choose one):*

I am submitting a designated production application for the first time (then skip to section 2)

I am currently registered and I would like to renew my registration for designated production (give your MCR Registration Number, which is explained in the information box in this section, then please skip to section 2)

MCR Registration Number:

I am currently registered, but I would like to make changes to my registration for designated production (if selected, complete section 1a)

MCR Registration Number:

What the MCR Registration Number is and where to find it?

The MCR Registration Number is your personal identifier. Health Canada uses it to track your production application and registration. You can find your MCR Registration Number on your certificate, in the Registered Person section.

Section 1a: Registration amendment/change request

Please choose your registration amendment or change request type (choose one):

I currently hold an active registration certificate and I wish to make a change. As I know I cannot hold more than 1 registration at a time, if this application results in the issuance of an additional registration I am requesting that any existing registrations in my name under Part 14, Division II of the *Cannabis Regulations* be revoked immediately before issuing my new registration certificate with Health Canada.

I currently have another application in progress with Health Canada. I wish to withdraw my previous application and have this application processed instead.

Does not apply, I currently do not hold an active registration certificate for personal production and I do not have another application with Health Canada in progress.

Date when the change(s) will take effect (if known) (yyyy-mm-dd):

Enclosed with this application is a proof of legal name change (in case of a name change) for the Registered Person, Designated Person or the adult responsible for the Registered Person.

Section 2: Applicant's information

Section 2a: Personal information

Last name (family or surname):*

First name:*

Middle name:

Date of birth (yyyy-mm-dd):*	Telephone number (primary):*	Telephone number (secondary):
Email address:*		Fax number:
Preferred official language (choose one):* English French		
Section 2b: Applicant's ordinary place of residence		
Address:*		Apartment/Unit number:
City:*	Province/Territory:*	Postal Code:*
Select what best describes the address you gave in this section (choose one):* Private residence (for example: house, condo, apartment) Not a private residence (for example: shelter, long-term care facility)		
Full address checklist Your full address should include: <ul style="list-style-type: none"> • house or building number (also known as the Civic number) • if there is no civic address, for example in rural areas, please write the full legal land description • unit or apartment number • street name • type of street (for example, Avenue, Place, Driveway) • street orientation (for example S (South), N (North)) • city or town (also known as Municipality) • province or territory • postal code (if there is no postal code, please indicate N/A in this field) If you have a unit number and/or apartment number you must include it. It is an essential part of the address. Please note: postal boxes are not accepted as a place of residence. Applications using only a postal box as the ordinary place of residence under section 2b will be returned. Postal boxes can be included as part of the mailing address in section 2c.		
Section 2c: Mailing address (If different from ordinary place of residence)		
Address:		Apartment/Unit number:
City:	Province/Territory:	Postal code:

Section 3: Responsible adult

The application and related documents may be submitted by an adult who is responsible for the applicant. In this form we refer to this individual as a “Responsible Adult.”

The role of a Responsible Adult includes more than completing and signing the application form on behalf of an applicant. It carries a degree of responsibility for the individual, such as a willingness to:

- be responsible for the individual’s use of cannabis for medical purposes
- help administer the cannabis
- be responsible for the security of the cannabis

Responsible Adult must complete these 3 steps:

1. Give their contact information in section 3a
2. Confirm that the information on this form is correct and complete
3. Sign attestations listed in section 11 of this registration form

As a Responsible Adult, you are **not** authorized to produce cannabis on behalf of the applicant. If the applicant wishes to designate you to produce cannabis on their behalf, they need to identify you as the designated person, in section 5 of this form.

Section 3a: Responsible adult’s information

Last name (family or surname):

First name:

Middle name:

Date of birth (yyyy-mm-dd):

Preferred official language (choose one):

English French

Section 3b: Responsible adult’s mailing address

Address:

Apartment/Unit number:

City:

Province/Territory:

Postal code:

Section 4: Original medical document

You **must** include an original medical document completed and signed by your supporting health care practitioner if you are:

- submitting a first application
- renewing an application

There is no requirement for how the medical document is presented, but it must meet all the requirements outlined under subsection 273(1) in the *Cannabis Regulations*.

Your health care practitioner may wish to use Health Canada's [Sample Medical Document](#), which already includes all the required fields.

Section 5: Designated person's information

Section 5a: Personal information

Last name (family or surname):*

First name:*

Middle name:

Date of birth (yyyy-mm-dd):*

Telephone number (primary):*

Telephone number (secondary):

Email address:*

Fax number:

Preferred official language (choose one):*

English

French

Section 5b: Designated person's ordinary place of residence

Address:*

Apartment/Unit number:

City:*

Province/Territory:*

Postal code:*

Section 5c: Designated person's mailing address (if different from ordinary place of residence)

Address:

Apartment/Unit number:

City:

Province/Territory:

Postal code:

Section 6: Police document

You **must** include a document issued by a Canadian police force **within 90 days of Health Canada receiving this application**.

This document must establish that, within the 10 years before the date the document is issued to the person designated to produce for the applicant, the designated person has not:

- been convicted, as an adult, of a designated offence or a controlled substance offence as defined in the *Cannabis Regulations*. Please note that this police check does **not** need to include non-drug related offences.
- received an adult sentence, as a young person, within the meaning of subsection 2(1) of the *Youth Criminal Justice Act*, in respect of a designated offence or a controlled substance offence.
- When asking the Canadian Police force in your area for a Police Document, please tell them that we **only** need information related to these 2 items. To protect your privacy, do not send information about anything more than we ask for. If you send more information, **we will not take it into consideration** in the registration process, and we will take all necessary precautions to protect your personal information.

Section 7: Production site

What is a full address for the production site?

In this section please give the **full** address of the site for which you are seeking authorization to produce. The full address of the production site should include:

- House or building number (also known as the Civic number)
- If there is no civic address, for example in rural areas, please write the full legal land description
- Unit or apartment number
- Street name
- Type of street (for example, Avenue, Place, Driveway)
- Street orientation (for example, S (South), N (North))
- City or Town (also known as the Municipality)
- Province or Territory
- Postal Code (if there is no postal code, please indicate N/A in this field)

If you have a unit number and/or apartment number you **must** include it. It is an essential part of the address.

Please note: postal boxes are not accepted as a production site. Postal boxes can only be **included as part** of the mailing address in section 7a.

As per section 308 of the *Cannabis Regulations*, Health Canada may ask for more information related to the processing of your application.

Section 7a: Production site

I, **the designated person**, will produce cannabis plants (choose one):*

at my ordinary place of residence (section 5b of this application form). **Skip to section 9.**

at the Applicant's ordinary place of residence (Section 2b of this application form). **Skip to section 9**

at a site other than either my ordinary place of residence or the Applicant's ordinary place of residence, as **indicated here in section 7a.**

Address (production site):		Apartment/Unit number:
City:	Province/Territory:	Postal code:

Section 8: Production site owners or co-owners

Who owns the proposed production site where you will produce your cannabis plants (indicated in section 7a)?
(select all that apply):*

The designated person is the sole owner (skip to **section 9**)

The designated person is a co-owner (all other co-owners need to complete **section 8a**)

The applicant is the sole owner (skip to **section 9**)

The applicant is a co-owner (all other co-owners need to complete **section 8a**)

Someone other than the applicant or the designated person is the sole owner or a co-owner (complete **section 8a**)

Section 8a: Production site owner/authorized individual information

Name of corporation:

Last name (family or surname):

First name:

Middle name:

Residential address:

Apartment/Unit number:

City:

Province/Territory:

Postal code:

Telephone number:

Production site owner/authorized individual consent

Please choose who owns your production site and fill out the applicable information (choose one):

I [full name of **Property Owner**]

confirm being the sole owner of the site listed in section 7 (the proposed production site) and I give my consent to

[full name of **Designated Person**]

to produce cannabis plants on my property in accordance with the *Cannabis Regulations*.

I [full name of **Property Owner**]

with one or more co-owners, own the site listed in section 7a (the proposed production site) and I give my consent to

[full name of **Designated Person**]

to produce cannabis plants on my property in accordance with the *Cannabis Regulations*. Provide the name and address of each additional property owner in the space below. (Print additional copies of the page if necessary).

The production site is owned by [full name of **Corporation**]

and I am authorized to sign on its behalf. I [full name of **Authorized Individual**]

give my consent to [full name of **Designated Person**]

to produce cannabis plants on the property in accordance with the *Cannabis Regulations*. If more than one signature is necessary to sign on behalf of the corporation, please use the co-owner spaces below.

Production site (co-)owner's/authorized individual's signature:

Signature date (yyyy-mm-dd):

Co-owner 1 information and consent

Production site co-owner information

Last name (family or surname):

First name:

Middle name:

Residential address:

Apartment/Unit number:

City:

Province/Territory:

Postal code:

Telephone number:

Production site co-owner consent

Please choose who co-owns your production site and fill out the applicable information (choose one):

I [full name of **Co-Owner**]

with one or more co-owners, own the site listed in section 7 (the proposed production site). I give my consent to

[full name of **Designated Person**]

to produce cannabis plants on my property in accordance with the *Cannabis Regulations* and provide the name and address of each additional property owner in the space provided for it in this section (Print additional copies of the page if necessary).

The production site is co-owned by [full name of **Corporation**]

and I am authorized to sign on its behalf. I [full name of **Authorized Individual**]

give my consent to [full name of **Designated Person**]

to produce cannabis plants on the property in accordance with the *Cannabis Regulations*.

Production site co-owner's/authorized individual's signature:

Signature date (yyyy-mm-dd):

Co-owner 2 information and consent

Production site co-owner information

Last name (family or surname):

First name:

Middle name:

Residential address:

Apartment/Unit number:

City:

Province/Territory:

Postal code:

Telephone number:

Production site co-owner consent

Please choose who co-owns your production site and fill out the applicable information (choose one):

I [full name of **Co-Owner**]

with one or more co-owners, own the site listed in section 7 (the proposed production site). I give my consent to

[full name of **Designated Person**]

to produce cannabis plants on my property in accordance with the *Cannabis Regulations* and provide the name and address of each additional property owner in the space below. (Print additional copies of the page if necessary).

The production site is co-owned by [full name of **Corporation**]

and I am authorized to sign on its behalf. I, [full name of **Authorized Individual**]

give my consent to [full name of **Designated Person**]

to produce cannabis plants on my property in accordance with the *Cannabis Regulations*.

Production site co-owner's/authorized individual's signature:

Signature date (yyyy-mm-dd):

Section 9: Production area

I will produce cannabis plants (choose one):*

Entirely indoors

Entirely outdoors (If selected, you are confirming 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 is located a school, public playground, daycare facility, or other public place frequented mainly by persons under 18 years of age.

Partly indoors and partly outdoors (If selected, you are confirming 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 is located a school, public playground, daycare facility, or other public place frequented mainly by persons under 18 years of age.

Important: If you choose to produce partly indoors and outdoors, the plants may be moved from indoors to outdoors (and vice versa) but the plants **may not be** grown indoors and outdoors at the same time.

Section 10: Applicant's declarations and signature (application submitted by the applicant)

Note: Applicants submitting their own application are to complete and sign section 10. If a Responsible Adult is submitting the application on the applicant's behalf, the Responsible Adult must complete section 11.

Please note: The designated producer may not submit the application on behalf of the applicant unless they are also identified as the Responsible Adult and have completed sections 3 and 11.

I, [full name of **applicant**], confirm that:

1. I will comply with applicable possession limits.
2. I will take reasonable steps to ensure the security of the cannabis in my possession that was produced under Part 14 Division II of the *Cannabis Regulations*.

Note: By signing section 10, you are attesting to both of these statements and that the information contained in this application is correct and complete. Any false or misleading information submitted as part of this application could result in the refusal or revocation of the registration.

Applicant's signature:

Print name:

Signature date (yyyy-mm-dd):

Section 11: Responsible adult declarations and signature (application submitted by the responsible adult)

I [full name of **responsible adult**]
the responsible adult named under section 3a of this application form, submit this application on behalf of

[full name of **applicant**]
the applicant, named under section 2 of this application form. I declare and attest to the following:

I attest to being responsible for the applicant. In my capacity of Responsible Adult, I agree to:

- be responsible for the individual's use of cannabis for medical purposes
- help administer the cannabis
- be responsible for the security of the cannabis for medical purposes of the applicant

I confirm that I will ensure that the applicant will comply with the possession limit that will be shown on the Registration Certificate.

I declare that I will ensure that the applicant will take all reasonable steps to ensure the security of the cannabis in their possession that was produced under Part 14 Division II of the *Cannabis Regulations*.

Note: By signing this section, the Responsible Adult is attesting to all of the statements made in Section 11 and that the information contained in this application is correct and complete. Any false and misleading information submitted as part of this application could result in the refusal or revocation of the registration.

Responsible adult's signature:

Print name:

Signature date (yyyy-mm-dd):

Section 12: Designated person's declaration and signature

I [full name of **designated person**]

the designated person, ordinarily reside in Canada. I declare and attest that within the past 10 years:

- I have not been convicted, as an adult, of a designated offence or a controlled substance offence.
- 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 offence or a controlled substances offence.
- I did not, as a young person, receive an "adult sentence," as those terms are defined in subsection 2(1) of the *Youth Criminal Justice Act*, in respect of a designated offence or a controlled substances offence.
- I did not receive a sentence for 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 offence or a controlled substances 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.

I declare that I will comply with applicable possession limits.

I declare that I will take all reasonable steps to ensure the security of the cannabis in my possession that I produced under Part 14, Division II of the *Cannabis Regulations*.

I declare that I will comply with the limit on the maximum number of cannabis plants in production as will be indicated on the Document for designated person.

I attest that the information contained in this Application is correct and complete.

Note: By signing section 12 you are attesting to all of the statements in section 12, as of the date entered with the signature. Any false or misleading information submitted as part of this application could result in the refusal or revocation of the registration.

Designated person's signature:

Designated person's name:

Signature date (yyyy-mm-dd):

Important

Please make sure that you have signed and dated the declarations that apply to you. Sending an incomplete application can result in us returning the application.

As per section 308 of the *Cannabis Regulations*, we may ask for more information (for example, proof of address, proof of identity or ownership) that we find necessary to process your application.

Send all documents in the same envelope to:

Health Canada

Access to Cannabis for Medical Purposes Program

Address locator: 5002A

Ottawa, ON K1A 0K9

Please keep a photocopy of the completed application form for your files

If you have questions about this form, please contact Health Canada.

Phone toll-free at 1-866-337-7705

Email us at cannabis@hc-sc.gc.ca