



## Registration with Health Canada Registration for Possession Only

**This form is for individuals applying for a ‘Registration for Possession Only’ under the *Cannabis Regulations***

Only complete this application if:

- ✓ You are authorized by a health care practitioner to use cannabis for medical purposes
- ✓ Your daily authorized amount could mean that you might possess more than 30g of dried cannabis (or equivalent in non-dried form) in public
- ✓ You intend to **only** purchase cannabis from a licensed provincial or territorial retail outlet or online sales platform

You **do not** need to apply for this registration if you:

- ✗ Are registered or intend to register with a [federal licence holder](#) (formerly Licensed Producer) to obtain your cannabis for medical purposes
- ✗ Are registered or intend to register with Health Canada to produce a limited amount of cannabis for your own medical purposes
- ✗ Are registered or intend to register with Health Canada to designate someone to produce a limited amount of cannabis for your own medical purposes

A ‘Registration for Possession Only’ will allow you to **possess** more than 30g of legally purchased cannabis in public for medical purposes (or equivalent of 30g in non-dried form). It will not allow you to produce your own cannabis beyond the four plants allowed per household. If you intend to produce a limited amount of cannabis for your own medical purposes or designate someone to do that for you, please download the application form for:

- [‘Production of Cannabis for Own Medical Purposes’](#) or [‘Production of Cannabis for Own Medical Purposes by a Designated Person’](#)

### Application checklist

A completed application **must** include:

1. The **original** of your medical document
2. This Registration Form

**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 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](#), available online at [infosource.gc.ca](https://infosource.gc.ca). A Personal Information Bank (PIB) is under development and will be included on the same web 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 613-946-3179 or [hc.privacy-vie.privee@canada.ca](mailto:hc.privacy-vie.privee@canada.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.

For office use only	
Date received	

**Section 1: Application Type**

**I am submitting a possession application for the first time**

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

**I am currently registered and I would like to make a change to my registration for possession** (if selected, complete section 1A)

MCR Registration Number

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

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

**Section 1A: Registration Amendment/Change Request**

Please select **only 1** of these 3 options:

- 1. I currently hold an active registration certificate and I wish to make a change.** As 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.
- 2. I currently have another application with Health Canada in progress.** I wish to withdraw my previous application and have this application for possession processed instead.
- 3. 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.

Description of proposed change(s):

Reason(s) for proposed change(s):

Date the change(s) will take effect:

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

**Section 2 : Applicant's Information****Section 2A : Personal Information**

Last (Family or Surname) Name:

First Name:

Middle Name:

**Date of Birth**

Year      Month      Day

Telephone Number (**home**):Telephone Number (**mobile**):

Email Address:

Fax Number (if applicable):

Preferred Official Language:

English  
French**Section 2B: Applicant's Ordinary Place of Residence****For those renewing their registration:**

My ordinary place of residence has **not** changed from my current registration (if selected, skip to Section 2C). **If you are applying for the first time, enter your address below.**

Address:

Apartment/Unit Number (if applicable):

City:

Province:

Postal Code:

Select what best describes the address you gave in Section 2B:

Private residence (for example: house, condo, apartment)

Not a private residence (for example: shelter, long-term care facility)

**Full address checklist**

In this section you are asked to provide the full address of your ordinary place of residence. Your full address should include the following:

- House or building number (also known as the Civic number)
- If there is no street address (for example, in rural areas) please write the Lot and/ or Concession number
- Unit or apartment number (if applicable)
- Street name
- Type of street (for example: Avenue, Place, Driveway)
- Street orientation (for example: S (south), N (north) if applicable)
- City or Town (also known as Municipality)
- Province
- Postal Code

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 a place of ordinary 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)**

**For Renewals Only:**

My mailing address has **not** changed from my current registration (If selected, skip to Section 3). **If you are applying for the first time, enter your address below.**

Address:		Apartment/Unit Number (if applicable):
City:	Province:	Postal Code:

**Section 3: Responsible Adult (if Applicable)**

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

A Responsible Adult must complete these 3 steps:

- Give their contact information in Section 3A
- Confirm that the information on this form is correct and complete
- Sign attestations listed in Section 6 of this registration form

**Section 3A: Responsible Adult’s Information**

**Responsible Adult (if applicable)**

Last (Family or Surname) Name:

First Name:

**Date of Birth**

Year      ·      Month      ·      Day

**Preferred Official Language:**

English  
French

**Section 3B: Responsible Adult’s Mailing Address**

**For Renewals Only:**

The Responsible Adult’s mailing address has not changed from the current registration. **If you are applying for the first time, enter your address below.**

Address:		Apartment/Unit Number (if applicable):
City:	Province:	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 an initial application
- renewing an application

There is no requirement for how the medical document completed by your health care practitioner 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: Applicant's Declarations and Signature (Application submitted by the Applicant)

**If you are submitting your own application, please complete and sign Section 5. If a Responsible Adult who is responsible for the applicant is submitting the application on their behalf, please complete Section 6 instead.**

I [full name of **applicant**], ordinarily reside in Canada. I declare and attest that I will comply with applicable possession limits and that the information contained in this application is correct and complete.

**By signing in Section 5 you are confirming the statement made in Section 5. Any false or misleading information submitted as part of this application could result in the refusal or revocation of your registration.**

Print Name:

Applicant's Signature:

Signature Date:

### Section 6: Responsible Adult Declarations and Signature (Application submitted by 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 in Section 2 of this application form. I declare and attest that:

I am responsible for the applicant. In my capacity as Responsible Adult I agree to:

- be responsible for the applicant'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 take reasonable steps to ensure that the applicant complies with applicable possession limits.

I declare that the applicant ordinarily resides in Canada.

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

**By signing in Section 6, the Responsible Adult is attesting to all of the statements in Section 6. Any false or misleading information submitted as part of this application could result in the refusal or revocation of your registration.**

Print Name:

Responsible Adult Signature:

Signature Date:

**Important**

- Make sure you have signed and dated all of 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 or proof of identity) that we find would be necessary to process your application.
- Send all documents in the same envelope to:

Health Canada  
Access to Cannabis for Medical Purposes Program  
Address Locator: 0302B  
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 at [cannabis@canada.ca](mailto:cannabis@canada.ca)