



Registration with Health Canada Production of Cannabis for Own Medical Purposes

This form is only for individuals applying to produce cannabis for their own medical purposes under the *Cannabis Regulations*

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

- designate someone to produce cannabis for medical purposes for you
- seek a Registration for Possession Only.

In those 2 cases, please download the application form for:

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

Before you send anything, please make sure **all**:

- documents have been correctly completed
- required signatures 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 to the following address:

Health Canada
Access to Cannabis for Medical Purposes Program
Address Locator: 0302B
Ottawa, ON K1A 0K9

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](#), available online at infosource.gc.ca. A Personal Information Bank (PIB) is under development and will be included on the same website.

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. 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 personal production application for the first time
- I am currently registered and I would like to renew my registration for personal production (Give your MCR Registration Number, which is explained in the information box in this section.)
- MCR Registration Number
- I am currently registered, and I would like to make changes to my registration for personal production (if selected, please skip to 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 select **ONLY 1** of these 3 options:

1. 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.
2. I currently have another application in progress with Health Canada. I wish to withdraw my previous application and have this application 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 when the change(s) will take effect (if known):

- 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:

Date of Birth

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

Year

Month

Day

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, please skip to Section 2C)

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

Your full address should include:

- 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) or 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 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)**For Renewals Only:**

My mailing address has **not** changed from my current registration (If selected, skip to Section 3)

Address:		Apartment/Unit Number (if applicable):
<input type="text"/>		<input type="text"/>
City:	Province:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

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 9 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 complete a different form. For this, please download the form [‘Production of Cannabis for their Own Medical Purposes by a Designated Person’](#).

Section 3A : Responsible Adult’s Information

Last (Family or Surname) Name:

First Name:

Date of Birth

Year Month Day

Preferred Official Language:

- English
 French

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: 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 street address, for example in rural areas, please give 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 the 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 production site. Postal boxes can only be included as part of the mailing address in section 2C.

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

Section 5A: Production Site

For Renewals Only:

My Production Site information has not changed from my current registration (If selected, skip to Section 6)

Please choose **ONLY 1** of these 2 options:

I, **the applicant**, am applying to produce cannabis plants:

- at my ordinary place of residence (if selected, skip to **section 7**)
- at a site other than my ordinary place of residence, as given here in Section 5

Address (production site):

Apartment/Unit Number (if applicable):

City:

Province:

Postal Code:

Are you the sole owner of the proposed production site at the address given in Section 5, where you will produce your cannabis plants?

- Yes, skip to Section 9
- No, complete Section 6

Section 6: Production Site Owner(s)

Production Site Owner Information

Name of Corporation (if applicable):

Last (Surname/Family) Name:

First Name:

Residential Address:

Apartment/Unit Number (if applicable):

City:

Province:

Postal Code:

Telephone Number:

Production Site Owner Consent

Please choose **ONLY 1** of these 3 options:

- I [full name of **property owner**] _____ confirm being the sole owner of the site listed in section 5 (the proposed production site) and I give my consent to (full name of **applicant**) _____ 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 5 (the proposed production site). I give my consent to (full name of **applicant**) _____ 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 owned by [full name of **name of corporation**] _____ and I am authorized to sign on its behalf. (If more than one signature is necessary to sign on behalf of the corporation, please use the co-owner spaces provided.)

Production Site (Co-)Owner's Signature:

Signature Date:

Co-Owner 1 Information and Consent (if applicable)**Production Site Co-Owner Information**

Name of Corporation (if applicable):

Co-Owner Last (Surname/Family) Name:

First Name:

Co-Owner's Residential Address:

Apartment/Unit Number (if applicable):

City:

Province:

Postal Code:

Telephone Number:

Production Site Co-Owner ConsentPlease choose **ONLY 1** of these 3 options:

- I [full name of **co- owner**] confirm being the co-owner of the site listed in Section 5 (the proposed production site) and I give my consent to (full name of **applicant**) to produce cannabis plants on my property in accordance with the *Cannabis Regulations*.
- I [full name of **co- owner**] with one or more co-owners, own the site listed in section 5 (the proposed production site). I give my consent to (full name of **applicant**) 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 **name of corporation**] and am authorized to sign on its behalf.

Production Site Co-Owner's Signature:

Signature Date:

Co-Owner 2 Information and Consent (if applicable)**Production Site Co-Owner Information**

Name of Corporation (if applicable):

Alternate Co-Owner Last (Surname/Family) Name:

First Name:

Alternate Co-owner's Residential Address:		Apartment/Unit Number (if applicable):
City:	Province:	
Postal Code:	Telephone Number:	
Production Site Co-Owner Consent		
Please choose only 1 of these 3 options:		
<input type="radio"/> I [full name of co-owner] confirm being the co-owner of the site listed in Section 5 (the proposed production site) and I give my consent to (full name of applicant) to produce cannabis plants on my property in accordance with the <i>Cannabis Regulations</i> .		
<input type="radio"/> I [full name of co-owner] with one or more co-owners, own the site listed in section 5 (the proposed production site). I give my consent to (full name of applicant) to produce cannabis plants on my property in accordance with the <i>Cannabis Regulations</i> and provide the name and address of each additional property owner in the space below. (Print additional copies of the page if necessary).		
<input type="radio"/> The production site is co-owned by [full name of name of corporation] am and I authorized to sign on its behalf.		
Production Site Co-Owner's Signature:		Signature Date:

Section 7: Production Area
Please choose only 1 of these 3 options:
I will produce cannabis plants:
<input type="radio"/> Entirely indoors
<input type="radio"/> 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.
<input type="radio"/> 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 8: Applicant's Declarations and Signature (Application submitted by the Applicant)

If you are submitting your own application, please complete and sign Section 8. If a Responsible Adult is submitting the application on your behalf, please complete Section 9 instead.

I [full name of **applicant**] , confirm the following:

Within the last 10 years:

- I have not been convicted, as an adult, of a sale, distribution or export offence that was committed while authorized to produce cannabis under Division II, Part 14 of the *Cannabis Regulations*.
- I have not been convicted, as an adult, of a designated cannabis offence that was committed while I was authorized to produce cannabis under the *Controlled Drugs and Substances Act*, other than under the former *Marihuana Medical Access Regulations*.
- I have not been convicted, as an adult, of a designated marihuana offence that was committed while authorized to produce marihuana under the *Controlled Drugs and Substances Act*, other than under the former *Access to Medical Cannabis for Medical Purposes Regulations* or by virtue of an injunction order issued by a court.
- I have not been convicted of an offence committed outside Canada that, if committed in Canada, would have constituted such an offence as described in the 3 bullets above.

I confirm that the cannabis I produce will be only for my own medical purposes.

I confirm that I will comply with the limit on the maximum number of plants in production as will be indicated on the Registration Certificate.

I confirm that I will comply with applicable possession limits.

I confirm that 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*.

By signing below, you are declaring that the information contained in this application is correct and complete regarding all of the statements in Section 8. 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9: 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 I [full name of **applicant**] the applicant, named under Section 2 of this application form. I confirm that:

I am responsible for the applicant. In my capacity as 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

Within the past 10 years:

- the applicant has not been convicted, as an adult of a sale, distribution or export offence that was committed while authorized to produce cannabis under Division 2, Part 14 of the *Cannabis Regulations*.
- the applicant has not been convicted, as an adult, of a designated cannabis offence that was committed while authorized to produce cannabis under the *Controlled Drugs and Substances Act*, other than under the former *Marihuana Medical Access Regulations*.

- the applicant has not been convicted, as an adult, of a designated marihuana offence that was committed while authorized to produce marihuana under the *Controlled Drugs and Substances Act*, other than under the former *Access to Medical Cannabis for Medical Purposes Regulations* or by virtue of an injunction order issued by a court.
- the applicant has not been convicted of an offence committed outside Canada that, if committed in Canada, would have constituted such an offence as described in the 3 bullets above.

I confirm that I will ensure that the applicant complies with the limit on the maximum number of plants in production, as will be indicated on the Registration Certificate.

I will take reasonable steps to ensure that the applicant will comply with the possession limit as will be indicated 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*.

By signing below, the Responsible Adult is attesting to all of the statements in Section 9 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.

Print Name:	Responsible Adult's Signature:	Signature Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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, 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: 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