

NEW APPLICATION FORM

Registration for the Oregon Medical Marijuana Program

Instructions: Please complete all required information to comply with the registration requirements of the Oregon Medical Marijuana Act. Attach legible copies of ID and enclose your payment. If applicant is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the Primary Caregiver. Please type or print legibly.

If you want this document in an alternative format, please contact this office: 503-731-4002 x 233

Please contact the Oregon Department of Human Services if you need this material in an alternative format.

A APPLICANT INFORMATION (REQUIRED)	
NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:
MAILING ADDRESS:	TELEPHONE NUMBER: ()
CITY, STATE AND ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the following must be attached. Please check appropriate box below. <input type="checkbox"/> Oregon Drivers License <input type="checkbox"/> Oregon Identification Card <input type="checkbox"/> Voter Registration Card, plus current photo.	

B PRIMARY CAREGIVER (IF APPLICABLE)	
NAME (LAST, FIRST, M.I.):	DATE OF BIRTH:
MAILING ADDRESS:	TELEPHONE NUMBER: ()
CITY, STATE AND ZIP CODE:	COUNTY:
Photo Identification: If applicable, a photocopy of one of the following must be attached. Please check appropriate box. <input type="checkbox"/> Oregon Drivers License <input type="checkbox"/> Oregon Identification Card <input type="checkbox"/> Voter Registration Card, plus current photo.	

C MARIJUANA GROW SITE (REQUIRED)	
To be protected under the OMMA, you must list a physical grow site address (a PO Box is not acceptable). CHOOSE EITHER OPTION 1 OR OPTION 2. Failure to complete this section will result in a denial of your application.	
OPTION 1:	<u>OR</u>
My physical grow site address: STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____	If you are uncertain where your medical marijuana will be grown, please list the address where it would most likely be grown: STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____
To list other persons who may be at this grow site, please see the back of this page.	

D ANNUAL REGISTRATION FEE (REQUIRED)
The registration fee for a NEW application is \$150 <u>or</u> \$50 if you can provide proof of OHP <u>or</u> SSI eligibility. Please see the back of page for details. Enclose your <u>check</u> or <u>money order</u> made payable to "OMMP".

E SIGNATURE & DATE (REQUIRED)	
I TESTIFY THAT THE ABOVE INFORMATION IS TRUE.	
APPLICANT OR PROXY SIGNATURE:	DATE:

MAIL APPLICATION FORM TO:

DHS/OMMP
 PO BOX 14450
 Portland, OR 97293-0450

