1. Application Type

● 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: YYYY/MM/DD

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

2. Applicant's Information

○ 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: YYYY/MM/DD

Telephone number: ○ Home ○ Cellular

Fax number (if applicable):

Email (if applicable):

Preferred Official Language: ○ English ○ French

Ordinary Place of Residence:

Address: (*If no street address please write Lot or Concession number instead)*

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 *(If No, please complete the Mailing Address portion below)*

Mailing Address

Address:	Apartment number:

City:	Province:	Postal code:

☒ I have included my medical document.

3. Responsible Individual *(This section is optional)*

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.

3A. Responsible Individual's Information

○ 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: YYYY/MM/DD

Mailing Address

Address:	Apartment number:

City:	Province:	Postal code:

3B. Statement – Responsible Individual

If this application is submitted by the Responsible Individual to Health Canada.

☐ *I declare that I am responsible for the applicant and I am submitting this application on his/her behalf.*

Responsible individual signature:

Date: YYYY/MM/DD

4. Proposed Type of Production of Cannabis

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 *Annex A – Registration Form Annex for Personal-use Production.*)

or

● Production by Designated Person – I plan to have a designated person produce cannabis for me (Please complete *Annex B – Registration Form Annex for Designated Production.*)

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

5. 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.

6. Applicant's Declaration and Signature

☑ I attest that the information on this form is correct and complete.

Applicant signature:	Print name:	Date:
		YYYY/MM/DD