

Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: last / first / middle

Date of Birth: day / month / year

Telephone: ()

E-mail:

If you already hold an *Authorization to Possess* dried marihuana under these *Marihuana Medical Access Regulations*, please indicate the number of that *Authorization*:

IMPORTANT: If you have not been authorized to possess dried marihuana under the *Marihuana Medical Access Regulations*, you must also submit *Form A: Application for Authorization to Possess Marihuana for Medical Purposes* and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of *Form A: Application for Authorization to Possess Marihuana for Medical Purposes*).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of *Form A: Application for Authorization to Possess Marihuana for Medical Purposes*).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: Apartment Number:

City: Province: Postal Code:

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete *Form F: Consent of Property Owner*.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.**
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.**

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The *Marihuana Medical Access Regulations* state that “the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession.” (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft:

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Please describe the security measures that will be used to protect your dried marihuana against loss or theft:

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Address where the marihuana will be stored:

Address: Apartment Number:

City: Province: Postal Code:

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name:

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

APPLICANT'S SIGNATURE

DATE

PRINT NAME

IMPORTANT:

- 1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.**
 - 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.**
 - 3. We cannot process the application until ALL appropriate forms are received.**
 - 4. Please retain a photocopy of this form for your files.**
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.**