



Medical Cannabis Program

Website: www.nmhealth.org/go/mcp

Telephone Number: 505-827-2321

Application for a Personal Production License

This application is for applicants who wish to grow their own medical cannabis. **Medical Cannabis can only be grown on the property or at the residence of a qualified patient.**

The Personal Production License (PPL) will expire on the same date as your Patient ID Card. The Department of Health – Medical Cannabis Program will check the information in this application and other documents that are sent in. This may include a visit to the grow location. **IMPORTANT:** If you rent, lease, live in subsidized housing, or live on tribal/federal land, please be aware that you may not be allowed to grow medical cannabis on the property. Please give DETAILED answers to the all the questions and attach more pages if needed. An application that is not complete or hard to read may delay your card. You will be notified, and your application will be held for 6 months. If it's still not complete, a new application will be needed. Submit ORIGINAL pages to the Medical Cannabis Program. The program cannot accept photocopies, faxes or electronic copies at this time. Please keep a copy of everything you send in, including your New Mexico ID.

Patient Information

First Name: _____ Middle Name: _____
Last Name: _____ Suffix (e.g. Sr., Jr.): _____
Date of Birth (MM/DD/YYYY): _____ Phone: _____
Email: _____
Mailing Address: _____ City: _____
County: _____ Zip: _____

Payment

- My payment of a \$30 non-refundable check or money order is included. Make check or money order payable to **Department of Health MCP**. All checks are deposited upon receipt. *Please Note:* If you are paying the fee, there is no need to send "proof of income".
Check or Money Order Number: _____
- My household makes 200% the Federal Poverty Level or less and I cannot pay the \$30 fee. Federal Poverty Levels are available on-line (at websites like <http://familiesusa.org/product/federal-poverty-guidelines>). Send a letter with the following: total household income, the number of people who live with you, your signature and the date. We may request additional information to verify proof of income.

NMDOH use ONLY: Payment or income information received by _____



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Grow Location Information

The address where medical cannabis is grown must be the same as the address on your Patient Information Card. If the address is different, send in proof that you own the property where you wish to grow.

Grow Address: _____ City: _____
County: _____ Zip: _____

Proof of Residency

A copy of one of the following items (with your name and the same address as the grow location) must be sent in with this application:

- Recent utility bill (i.e., gas, water, electric, or propane)
- Property tax record
- Lease/rental agreement

*If you do not have one of the documents listed above, please contact our office at 505-827-2321.

- If you rent or lease the property, check this box and include a letter signed by the property owner or landlord that says you have permission to grow cannabis on the premises.
- If you live with a relative please check this box and complete a lease agreement, that reflects the grow location address. It should say who owns the property, that you live at the location full-time, that you have permission to grow cannabis on the premises, and is signed and dated by both parties.

Security of Location

- If you already have a Personal Production License and nothing has changed with your security plan and you have not moved, please check this box and SKIP to the section called "Number of Licenses".

If this is a new application or you have a license but your security plan has changed or you have moved, please complete the questions below.

The Medical Cannabis Program takes security very seriously. We must be sure your grow location is secure so please answer **all** the questions below. You can attach pictures or drawings, but we still need all the questions answered.

Where do you plan to grow? Inside Outside Both

What device(s) will be used for security (e.g., cameras, locks, fences, etc.)? Include how they will be used to protect your grow area. Use more pages, if needed.



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How will you make sure no one else can get to the plants or into any storage area(s)? This should include other people in your household (except a licensed caregiver). Use more pages, if needed.

How will you make sure your plants cannot be seen from any public areas (e.g. through windows or over fences)? Use more pages, if needed.

Number of Licenses

If you already have a Personal Production License and the number of licenses at the location has not changed and you have not moved, please check this box and SKIP to the signature.

If this is a new application **or** you have a license but the number of licenses has changed **or** you have moved, please complete the questions below.

How many Personal Production Licenses (grow licenses) will be at this location? _____

If there will be more than one grow, how will you know which plants belong to each patient?

All the information above is complete and correct. I will follow the limits and restrictions on my right to use, have, and grow medical cannabis that are in the laws of New Mexico (the Lynn and Erin Compassionate Use Act and in New Mexico Administrative Code 7.34.4). These laws are on the program's website at: nmhealth.org/go/mcp.

Applicant Signature: _____ Date: _____
Please print form then sign

All applications should be sent to:

Medical Cannabis Program
1190 S. St. Francis Dr.
PO Box 26110
Santa Fe, NM 87502-6110

Contact the Medical Cannabis Program at:

Department of Health Email: medical.cannabis@state.nm.us
Website: <http://www.nmhealth.org/go/mcp>
Phone: (505) 827-2321

NMDOH USE ONLY

Program Staff Signature: _____ Date: _____

- Approved Denied Request for Information Sent Additional notes in BioTrack