

**Montana Marijuana Program  
MINOR REGISTERED CARDHOLDER (PATIENT) APPLICATION**

A parent or legal guardian of a minor applicant must complete all sections of this form in order for the minor to apply for the Montana Marijuana Registry.

**REVIEW THE CHECKLIST BELOW BEFORE SENDING APPLICATION MATERIALS TO THE DEPARTMENT**

Minor application packets must include:

- ✓ This application form
- ✓ Marijuana infused products provider (MIPP) application (a parent or legal guardian must register as the MIPP for the minor applicant)
- ✓ \$75 Application Fee: *Effective June 1, 2012, the fee for New and Renewal Applications is \$75. The fee must be paid by check or money order. Applications with cash will be denied. (Separate check or money order for provider and patient applicant please)*
- ✓ Proof of legal guardianship of minor applicant
- ✓ Physician Statement for Minors (the Physician Statement for Minors requires two doctor's signatures)
- ✓ Landlord Permission Form (if applicable)

→ Make check or money order payable to: DPHHS/MMP

→ Packets must be mailed to: DPHHS/MMP, PO BOX 202953, HELENA MT 59620-2953

**MINOR APPLICANT (PATIENT) INFORMATION**

Current card number (for renewal): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LEGAL GUARDIAN INFORMATION**

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Montana Driver's License or State of Montana issued ID number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In signing this form, I attest:

- a. I will not divert to any other person, the marijuana that I cultivate or manufacture for the minor's debilitating medical condition.
- b. I am not in the custody of or under the supervision of the department of corrections or a youth court.
- c. The physician of the minor has explained to me and the minor the potential risks and benefits of the use of marijuana.
- d. I consent to the use of marijuana by the minor.
- e. I agree to serve as the minor's marijuana infused products provider (additional application required)
- f. I agree to control the acquisition of marijuana and the dosage and frequency of use by the minor
- g. The information I have provided in this application is true.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date