

Montana Marijuana Program
TEMPORARY
PROVIDER/MARIJUANA INFUSED PRODUCTS PROVIDER (MIPP)
CHEMICAL MANUFACTURING ENDORSEMENT APPLICATION

Any process that is used to produce any marijuana extract will be considered chemical extraction whether extraction method is solvent or non-solvent based a chemical manufacturing endorsement is required.

- Complete all sections of this form in order to comply with the registration requirements of the Montana Marijuana Program.
- Any applicant for the chemical manufacturing endorsement must be a valid provider or marijuana-infused products provider.
- This abbreviated application is for a **temporary** endorsement only; only minimal information is requested. When the chemical manufacturing requirements are finalized, a more comprehensive application will be required. Issuance of a **temporary** endorsement does not guarantee an annual endorsement will be granted.

REVIEW THE CHECKLIST BELOW BEFORE SENDING APPLICATION MATERIALS TO THE DEPARTMENT

→ Provider chemical manufacturing endorsement application packets must include:

- This application form
- Photocopy of valid Montana driver's license or Montana state issued ID of provider/MIPP applicant
- Landlord Permission Form (if applicable)

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

PROVIDER/MIPP APPLICANT INFORMATION

Current ID (for current Providers/MIPPs): _____

Legal Name (Last): _____ (First): _____ MI: _____

Date of Birth: _____ Gender: M F

Social Security Number: _____

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

Phone Number: _____ e-mail address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Street Address: _____

City: _____ Zip Code: _____

Physical address of the place where you will be chemically manufacturing marijuana:

Physical address City Zip

No portion of the property used for cultivation and manufacture of marijuana can be shared with, leased or rented to another provider, MIPP or registered cardholder.

Do you own the property where you will be chemically manufacturing marijuana?* Yes No

*If you do not own this property you must include a LANDLORD PERMISSION FORM with this application.

Any process that is used to produce any marijuana extract will be considered chemical extraction whether extraction method is solvent (alcohol, butane, propane, CO2 etc.) or non-solvent based (water, heat, pressure, sieve) a chemical manufacturing endorsement is required.

Method(s) of extraction:

Post-Processing/Refinement methods:

Products to be produced:

Frequency of extraction:

Safety precautions in place:

Will you alone perform the chemical manufacturing? Yes No If no, list all others involved and include a copy of their valid Montana driver's license or Montana state issued ID.

<u>NAME (First, Last)</u>	<u>Social Security Number</u>	ID
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

- a. I will not divert to any other person, the marijuana that I cultivate or manufacture for the registered cardholder(s) I have agreed to provide marijuana for.
- b. I am not in the custody of or under the supervision of the department of corrections or a youth court.
- c. I will only use this chemical manufacturing endorsement at the address I indicated above, under *physical address*.
- d. I do not have any felony convictions
- e. I do not have a conviction for any drug offense.
- f. I have never been convicted of fraudulently representing myself as a registered cardholder, provider or marijuana infused products provider.
- g. I have not failed to pay any taxes, interest, penalties or judgments due to any government agency; stay out of default on a government student loan; pay child support; or remedy and outside delinquency for child support or for taxes or judgments owed to any government agency.
- h. I am not a registered cardholder who has designated a provider or marijuana infused products provider in my application for a marijuana registry patient card.

By signing this form, I attest all information on this application is complete, true, and correct and as a licensed provider and chemical manufacturer will comply with the Montana Medical Marijuana Act 50-46, MCA.

Applicant Signature _____
Date