



**State of Vermont**  
**Marijuana Registry**  
 45 State Drive  
 Waterbury, Vermont 05671-1300  
[www.dps.vermont.gov](http://www.dps.vermont.gov)

[phone] 802-241-5115  
 [fax] 802-241-5230  
 [email] [DPS.MJRegistry@vermont.gov](mailto:DPS.MJRegistry@vermont.gov)

Department of Public Safety

**REGISTERED CAREGIVER APPLICATION**

**Instructions:** Carefully review and *legibly* complete *all* sections of this application. Incomplete applications will be returned. *A registered caregiver is a person designated by the registered patient’s sole preference.* A completed application must include a \$50 check or money order made payable to the Department of Public Safety. Initial applications must submit an electronic photo of the applicant on a CD or sent via email to [DPS.MJRegistry@vermont.gov](mailto:DPS.MJRegistry@vermont.gov). Renewal applications are not required to submit an electronic photo, unless the renewing individual’s appearance has significantly changed.

*Note:* A registered patient under the age of 18 may have 2 designated caregivers; each caregiver must complete this application or the appropriate section on the “Registered Patient Application”. Each applicant must submit a \$50 fee and electronic photo. Contact the Registry with any questions.

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED**

1) **REGISTERED PATIENT INFORMATION:** Specify the registered patient designating you as their registered caregiver.

Full Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

2) **CAREGIVER APPLICANT INFORMATION**

Initial Application  Renewal Application (ID #: \_\_\_\_\_)

Full Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Maiden or Alias Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physical Address (if different than mailing): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth (City/Town): \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

VALID VT Driver’s License or Non-Driver ID #: \_\_\_\_\_

In addition to Vermont, I have resided or been employed in the following states (List all that apply): \_\_\_\_\_

3) **IDENTIFICATION INFORMATION**

(Circle One) MALE FEMALE

Date of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

4) **DISPENSARY COMMUNICATION** (optional)

Checking this box will allow the Marijuana Registry to release your contact information (email, telephone, and mailing address) to your designated dispensary. At any time you may advise your designated dispensary to stop communications.

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**OFFICE USE ONLY:** M.O. /CK #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ M.O. /CK Date: \_\_\_\_\_

SAVED PHOTO: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ CHRC: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_



**Registered Caregiver Acknowledgements**

***THIS SECTION MUST BE COMPLETED***

**Instructions:** Applicants **MUST INITIAL ALL** statements below signifying you reviewed and understand the information.

- \_\_\_\_\_ I understand a registered caregiver can only care for **ONE** registered patient and must be at least 21 years old.
- \_\_\_\_\_ I understand that applying as a caregiver indicates undertaking responsibility for managing my registered patient's well-being with respect to the use of marijuana for symptom relief. This may include assisting my registered patient with cultivation or obtaining marijuana from their designated dispensary.
- \_\_\_\_\_ I understand that if approved, my registration is valid for one year and it is my responsibility to renew annually with the Registry by submitting the required completed application with a non-refundable \$50 fee. The Registry has 30 days to process an application from the date a completed application is received.
- \_\_\_\_\_ I understand that I must consent to a criminal record check conducted by the Registry. The criminal record check includes Vermont, out-of-state, and FBI criminal records.
- \_\_\_\_\_ I understand that if my application is denied due to a criminal conviction(s) a copy of the record will be sent for review. The accuracy and completeness of the criminal record may be appealed in writing within 7 days.
- \_\_\_\_\_ I understand that a registered patient may only use marijuana for symptom relief.
- \_\_\_\_\_ I understand that if my application is approved and my registered patient elects to cultivate, marijuana plants must be grown in a single secure indoor facility. A secure indoor facility means a building or room equipped with locks or other security devices that only allows access to me and my registered patient.
- \_\_\_\_\_ I understand that the possession limit, between me and my registered patient, is no more than 2 ounces of usable marijuana, 2 mature marijuana plants and 7 immature marijuana plants.
- \_\_\_\_\_ I understand if my registered patient designates a dispensary, no more than 2 ounces of usable marijuana may collectively be in possession by me and my registered patient at any time and we may not cultivate marijuana plants.
- \_\_\_\_\_ I understand if my registered patient elects to cultivate, we may not purchase usable marijuana but may purchase clones or seeds from a dispensary.
- \_\_\_\_\_ I understand that a registered caregiver is not authorized to use marijuana and my use of marijuana can be subject to criminal penalties.
- \_\_\_\_\_ I understand marijuana may not be transported in public unless secured in a locked container; including transporting marijuana from a dispensary.
- \_\_\_\_\_ I understand in the event of the death of my registered patient, the Registry must be notified within 72 hours. A request for the disposal or retrieval of any marijuana or marijuana plants need to be arranged at that time.
- \_\_\_\_\_ I understand that a Law Enforcement Officer is not required to return marijuana or paraphernalia after seizure. Additionally, Law Enforcement that discovers marijuana cultivation occurring in a manner other than permitted, by the Rules governing the Registry, are not required to return seized marijuana or paraphernalia.
- \_\_\_\_\_ I understand that providing false information on this application or to Law Enforcement, may result in imprisonment, a fine, or both. This penalty may be in addition to other penalties that may apply.
- \_\_\_\_\_ I understand that the possession and distribution of marijuana remains a violation of Federal Law and Vermont Law does not provide protection against a violation of Federal Law.



**Registered Caregiver Release Form**

***THIS SECTION MUST BE COMPLETED***

I hereby acknowledge and consent to a review of any criminal records obtained from the Vermont Crime Information Center, out-of-state law enforcement agencies, and the Federal Bureau of Investigation. I understand that the results will be made available to the Vermont Marijuana Registry for determining my eligibility as a registered caregiver, as specified in Title 18 V.S.A. Chapter 86.

Additionally, I declare under pains and penalty of perjury that the information provided on this form is true and accurate and that I have read and understood the Marijuana Registry Caregiver Acknowledgements.

Caregiver Applicant Signature **REQUIRED**: \_\_\_\_\_ Date: \_\_\_\_\_

***Designating Registered Patient must complete this section***

As a registered patient, my sole preference is to designate this applicant as my registered caregiver to provide assistance with the use of marijuana for symptom relief.

Registered Patient Signature **REQUIRED**: \_\_\_\_\_ ID#: \_\_\_\_\_

Date: \_\_\_\_\_

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*If the registered patient is **under the age of 18** or has a **court appointed guardian** the section below must be completed:*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of the registered patient having been appointed a guardian by a court, please attach proof of guardianship. If a parent or guardian is applying to be the registered patients registered caregiver, they are only required to complete the release form above.



## **APPLICATION CHECK SHEET**

**Please make sure the following items are completed or included when you submit your application to the Marijuana Registry. Carefully review your application, incomplete applications may be returned and could delay processing. The Marijuana Registry will process completed applications within 30 days from receipt.**

- 1) Completed sections 1–3 on page 1.
- 2) Enclosed appropriate fee.  
Checks and money orders must be made payable to Department of Public Safety (\$50 for each application). Ensure checks and money orders are signed and dated appropriately.
- 3) Color electronic photo of applicant included on a CD or submitted to [DPS.MJRegistry@vermont.gov](mailto:DPS.MJRegistry@vermont.gov) Label the CD or email with the applicant's name and date of birth. *Please note: A photo of a Driver's License or Non-Driver ID is NOT an acceptable color electronic photo and will NOT be accepted.* Renewal applicants are not required to submit an electronic photo, unless the renewing individual's appearance has significantly changed.
- 4) Acknowledgements initialed on page 2.
- 5) Caregiver applicant signature consenting to the release of criminal records on page 3.
- 6) Registered Patient signature designating the caregiver applicant on page 3, if the registered patient is 18 years of age or older and does not have an appointed guardian.

Mail completed applications to:

Department of Public Safety  
Marijuana Registry  
45 State Drive  
Waterbury, VT 05671-1300

**DON'T FORGET TO COMPLETE ALL REQUIRED SECTIONS!**

**DON'T FORGET TO PROVIDE YOUR TELEPHONE NUMBER,  
VALID VT DRIVER'S LICENCE OR NON-DRIVER ID NUMBER,  
AND DATE OF BIRTH ON THIS APPLICATION.**