



**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 PATIENT APPLICATION**

**Instructions:** Carefully review the entire application. *Legibly* complete all sections labeled “**REQUIRED**” and sections labeled “**OPTIONAL**”, if they apply to you. Applications submitted without completing *all* sections labeled “**REQUIRED**” will be returned. Initial applications *must* be notarized and submitted with 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 be notarized or submitted with an electronic photo, unless the renewing individual’s appearance has significantly changed. All applications must be submitted with a \$50 check or money order made payable to the Department of Public Safety. Contact the Registry if you have any questions.

**COMPLETE ALL SECTIONS OF THIS FORM LABELED REQUIRED**

**PATIENT APPLICANT INFORMATION (REQUIRED)**

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

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

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

City, State, Zip: \_\_\_\_\_

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

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

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

E-mail address (**OPTIONAL**): \_\_\_\_\_

**IDENTIFICATION INFORMATION (REQUIRED)**

(Circle One) MALE FEMALE

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

**PROCUREMENT SELECTION (REQUIRED, check only one.** Please note: Cultivators *do not* designate a dispensary)

- Champlain Valley Dispensary (Burlington)
- Rutland County Organics (Brandon)
- Southern Vermont Wellness (Brattleboro)
- Vermont Patients Alliance (Montpelier)
- Not designating a procurement selection at this time.
- Cultivate (Provide cultivation address and location within building): \_\_\_\_\_

**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: \_\_\_\_\_ HCPF VERIFIED: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 NOTES: \_\_\_\_\_





**Registered Patient Acknowledgements**

**THIS SECTION IS REQUIRED**

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

- \_\_\_\_\_ I understand if my application is approved, my registration is valid for one year.
- \_\_\_\_\_ I understand 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 if my application is approved, marijuana may only be used for symptom relief.
- \_\_\_\_\_ I understand the use of marijuana is prohibited; in any public place, while operating a motorized vehicle, boat, vessel, or any other vehicle propelled or drawn by power other than muscular power; in any place of employment; while operating heavy machinery or handling a dangerous instrumentality; or in a manner that endangers the health or well-being of another person.
- \_\_\_\_\_ I understand if my application is denied, an appeal must be submitted within 7 days and the review is limited to the information submitted with this application, consultation with my Health Care Professional, and the notice of appeal.
- \_\_\_\_\_ I understand if my application is approved and elect to cultivate, marijuana plants must be grown in the single secure indoor facility identified on this application. 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 caregiver(s), if applicable).
- \_\_\_\_\_ I understand if my application is approved and elect to cultivate in my identified single secure indoor facility, I may possess no more than 2 mature plants, 7 immature plants, and 2 ounces of usable marijuana.
- \_\_\_\_\_ I understand if my application is approved and elect to cultivate, I may not purchase usable marijuana from a dispensary but may purchase clones or seeds to assist in the cultivation process.
- \_\_\_\_\_ I understand if my application is approved and designate a dispensary on this application, I may possess no more than 2 ounces of usable marijuana product and may not cultivate marijuana plants.
- \_\_\_\_\_ I understand if my application is approved, marijuana may not be transported in public unless secured in a locked container; this includes transporting marijuana from a dispensary.
- \_\_\_\_\_ I understand 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 18 V.S.A. Chapter 86 or the Rules governing the Registry, are not required to return seized marijuana or paraphernalia and criminal penalties may apply.
- \_\_\_\_\_ I have instructed my registered caregiver(s) or next of kin, in the event of my death the Registry must be notified within 72 hours. A request for disposal or retrieval of any and all marijuana and/or marijuana plants that were in my possession need to be arranged at the time of notification.
- \_\_\_\_\_ 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 the possession of marijuana remains a violation of Federal Law and Vermont Law does not provide protections against Federal Law violations.



**THIS PAGE MUST BE COMPLETED!**  
**PLEASE COMPLETE THE APPROPRIATE SECTION**

**INITIAL Patient Applicants ONLY**

**NOTARY REQUIRED**

I swear under oath that I have read and understand the above Marijuana Registry Patient Acknowledgements and that by my signature I acknowledge that the information I have provided in this application is true and accurate.

\_\_\_\_\_ personally appeared before me and having satisfactorily identified themselves,  
(Printed Name of Patient)

being duly sworn, says that this application is true and accurate. It is subscribed and sworn before me on

\_\_\_\_\_, 20\_\_\_\_.  
(month) (day) (year)

Patient Applicant Signature: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Commission expiration date: \_\_\_\_\_, 20\_\_\_\_.  
(month) (day) (year)

**RENEWAL Patient Applicants ONLY**

**SIGNATURE REQUIRED**

I declare under pains and penalty of perjury that the information provided on this form in its entirety is true and accurate. I certify that I have read and understood the Marijuana Registry Patient Acknowledgements.

Patient Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

I hereby warrant that I am a legally competent adult and a parent or court appointed guardian of the patient applicant and that I have the right to contract for the patient applicant. I have read and fully understand the contents of this application and certify the information provided on this application is true and accurate.

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

**PRINT LEGAL NAME** Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

If the patient applicant has been appointed a guardian by a court, please attach *proof of guardianship*. (i.e. Power of Attorney, Certificate of Appointment)



**Registered Caregiver Designation (OPTIONAL)**

If the patient’s preference is to designate a caregiver, the caregiver applicant *must* complete the following 3 pages.

**Instructions:** *This section is only to be completed by a person solely chosen by the patient applicant’s preference. This section is not to be completed by the patient applicant.* A caregiver cannot be a currently registered patient or caregiver. A registered caregiver may assist a registered patient with cultivation or obtaining marijuana from a registered dispensary. **If this caregiver section is completed, the caregiver applicant must submit 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:* Patient applicants under the age of 18 may register 2 caregivers; each caregiver must complete this section or complete the “Registered Caregiver Application”. Each applicant must submit a \$50 fee and electronic photo. Contact the Registry with any questions.

**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: \_\_\_\_\_

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): \_\_\_\_\_

**IDENTIFICATION INFORMATION**

(Circle One) MALE FEMALE

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

**DISPENSARY COMMUNICATION**

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.

**OFFICE USE ONLY:**

M.O./CK #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ M.O./CK Date: \_\_\_\_\_ SAVED PHOTO: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_  
CHRC: Pass \_\_\_\_\_ Fail \_\_\_\_\_ Date: \_\_\_\_\_ NOTES: \_\_\_\_\_



**Registered Caregiver Acknowledgements**

**Instructions:** Applicants **MUST INITIAL ALL** statements below signifying you have 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**

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: \_\_\_\_\_



**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 may delay processing. The Marijuana Registry will process completed applications within 30 days from receipt.

**INITIAL APPLICANTS**

- 1) Patient applicant and identification information completed on page 1.
- 2) Only one Procurement Selection selected on page 1.
- 3) If “Cultivate” was selected on page 1 the single secure indoor facility must be identified, including physical address and location within the building.
- 4) Acknowledgements page initialed on page 2.
- 5) “Initial patient applicants only” section of Page 3 notarized and dated.
- 6) Health Care Professional Verification Form completed and enclosed.
- 7) Appropriate fee enclosed.  
Checks and money orders must be made payable to Department of Public Safety (\$50 Patient application and \$50 for each Caregiver application). Ensure checks and money orders are signed and dated appropriately.
- 8) Color electronic photo of each 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.*
- 9) If designating a caregiver ensure the following items are completed by the caregiver applicant: caregiver applicant and identification information completed on page 4; acknowledgements initialed on page 5; caregiver release form signed on page 6.

**RENEWAL APPLICANTS**

- 1) Patient applicant and identification information completed on page 1.
- 2) Only one Procurement Selection selected on page 1.
- 3) If “Cultivate” was selected on page 1 the single secure indoor facility must be identified, including physical address and location within the building.
- 4) Acknowledgements page initialed on page 2.
- 5) Signed and dated “Renewal patient applicants only” section of Page 3.
- 6) Health Care Professional Verification Form completed and enclosed.
- 7) Appropriate fee enclosed.  
Checks and money orders must be made payable to Department of Public Safety. (\$50 Patient application and \$50 for each Caregiver application)
- 8) If the applicant(s) appearance has significantly changed, include a CD or send a color photo(s) to [DPS.MJRegistry@vermont.gov](mailto:DPS.MJRegistry@vermont.gov). Label the CD or email with the applicant(s) name and date of birth.
- 9) If designating a caregiver ensure the following items are completed by the caregiver applicant: caregiver applicant and identification information completed on page 4; acknowledgements initialed on page 5; caregiver release form signed on page 6.

**Mail completed applications to:**

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