



**State of Vermont
Marijuana Registry**
45 State Drive
Waterbury, Vermont 05671-1300
www.dps.vermont.gov

[phone] 802-241-5115
[fax] 802-241-5230
[email] 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 caregiver *cannot* be a currently registered patient or caregiver. A completed application must include a \$50 check or money order made payable to the Department of Public Safety. Initial applications must be submitted with a photo of the applicant on a CD submitted with the application or via email to DPS.MJRegistry@vermont.gov prior mailing the application. Renewal applicants are not required to submit a photo, unless his or her 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.

COMPLETE ALL SECTIONS OF THIS FORM LABELED REQUIRED

1) REGISTERED PATIENT INFORMATION (REQUIRED)

Specify the registered patient designating you as their registered caregiver.

Full Legal Name: Last _____ First _____ M.I. _____

2) CAREGIVER APPLICANT INFORMATION (REQUIRED)

Initial Application Renewal Application (ID #: _____ Exp. Date: _____)

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 VERMONT 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 (REQUIRED)

(Circle One) MALE FEMALE

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

4) DISPENSARY COMMUNICATION (OPTIONAL)

Checking this box will allow the Vermont Marijuana Registry (VMR) to provide your contact information to your patient's designated dispensary. Additionally, you will be eligible to receive delivery services from your designated dispensary, if desired. The information received by the dispensary is confidential. The dispensaries are required to treat caregiver information as confidential. This authorization may be withdrawn at any time.

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

SAVED PHOTO: Yes _____ No _____ Date: _____ CHRC: Approved _____ Denied _____ Date: _____





Registered Caregiver Acknowledgements

Instructions: ALL statements below MUST be INITIALED signifying you have read 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 if my application is approved, my registration is valid for one year.
- _____ I understand it is my responsibility to renew annually with the VMR by submitting the required completed application with a non-refundable \$50 fee to the VMR 30 days before my expiration date to prevent a lapse in status but no more than 90 days before my expiration date. Additionally, I understand that I must report a lost or stolen registry identification card to the VMR within 10 business days.
- _____ I understand that I must consent to a criminal record check conducted by the VMR. 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 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 if my registered patient elects to cultivate 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 elects to cultivate, we may not purchase usable marijuana but may purchase clones or seeds from a dispensary.
- _____ 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 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, including in a motor vehicle except in a locked container; this includes transporting marijuana from a dispensary.
- _____ I understand in the event of the death of my registered patient, I must notify the VMR within 72 hours and arrange for the disposal of any marijuana or marijuana plants.
- _____ 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 or law governing the VMR, 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: _____

*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

Carefully review the appropriate check list below prior to submitting your application to the VMR, incomplete applications may be returned and delay processing. The VMR will process complete applications within 30 days from receipt.

- 1) Have you completed sections 1 thru 3 on page 1?
- 2) Is the appropriate fee enclosed?
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) Have you enclosed a CD with a **color** photo or emailed a **color** photo of yourself to DPS.MJRegistry@vermont.gov?
a.) Photos submitted via *email* must be sent prior mailing this application and include your name and date of birth.
b.) Photos submitted on a *CD* must be sent with this application and have your name and date of birth on the CD.
**(Note: The color photo must be of the applicant(s) upper body. Copies of photos will NOT be accepted.)*
- 4) Have you initialed **all** the Acknowledgements on page 2?
- 5) Have signed page 3 consenting to the release of your criminal records?
- 6) Has the registered patient signed the appropriate section on page 3?

ALL COMPLETED APPLICATIONS MUST BE MAILED TO:

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