

Form R — Renewal

Application for Renewal of an Authorization to Possess Marihuana for Medical Purposes

This form can be completed by all applicants who:

- currently hold an Authorization to Possess issued under the provisions of the Marihuana Medical Access Regulations; and
- have had no changes to the information provided since their last approved application for an Authorization to Possess.

Important

- 1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
- 2. We cannot process the application unless both the applicant and the treating medical practitioner have signed the renewal application.
- 3. A new photograph, signed by the treating medical practitioner is required every five years.
- 4. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9



R1 Applicant's Information	1			
□ Mrs. □ Miss □ Ms. □ Mr				
Print Name				
Applicant's full name: last	/	first	/	middle
Date of Birth: day / m	onth / year			
Address:				Anartment Number
City:				Postal Code:
- · · · · · · · ·				
Fax: ()				
E-mail:				
If no street address is available, pl	ease provide lot and con	cession numbe	er:	
Lot Number:				
Concession Number:				
Mailing Address (if different from a	bove):			
Address or P.O. Box:				Apartment Number:
City:	Province:			Postal Code:
R2 Source of Marihuana				
You are required to choose one	of the following:			
 I plan to purchase dried marihus be renewed. 	ana from Health Canada	and request tha	at my approval	to receive dried marihuana
IMPORTANT: If you want to pur Canada product, you are requi			-	
☐ I plan to produce my own marih	luana and request that m	v existing Pers	onal-Use Produ	ction Licence be renewed.
IMPORTANT: If you want to property of the production Licence, you are reby Applicant.	duce your own marihu	ana and do n	ot currently h	old a valid Personal-Use
OR				
$\ \square$ I plan to have a designated pers	son grow marihuana for r	me.		
IMPORTANT: You are required to Designated Person even if rene		Application fo	r Licence to F	Produce Marihuana by a

Madical prostitions de full pass		
Medical practitioner's full name:		
Provincial medical licence number:		
STAMP (IF AVAILABLE)		
Business Address:		Suite Number:
City:	Province:	Postal Code:
Telephone: ()		
Fax: ()		
E-mail:		
R4-A Medical Practitioner	's Declaration and Signature	
NT A Medical Fractitioner	3 Decidiation and dignature	
		ing this renewal application for an Authorization to
Possess under the Marihuana Media in the last declaration signed by me		e have been no changes to the information provided
in the last assignation eights by the		
MEDICAL PRACTITIONER'S SIGNATUR	RE DATE	
PRINT NAME		
R4-B Applicant's Declarati	ion	
		a Medical Access Regulations and that there application for an Authorization to Possess and, if
•	ied Marihuana or Application for Lice	··
APPLICANT'S SIGNATURE	DATE	
2.0 5 5	5/112	
PRINT NAME		