

Personal Production License Application



Medical Cannabis Program

Please print clearly - This form **will not be processed** if any portion is left blank. Incomplete applications will be kept on file for six months from the date received by the program; after six months it will be voided and a new application must be submitted.

Faxed and electronic copies will not be accepted.

Medical Cannabis can only be grown on the qualified registered patient's property or residence.

Please note for annual renewal of the Patient production licenses (PPL). The PPL expires the same date your patient enrollment in the medical cannabis program expires. In order to renew your PPL, you must submit this form with any applicable fee 30 days prior to the expiration date, or it may expire. If your license expires, you may still submit a new application for a personal production license. **Please be aware that if your license expires, you will lose any legal protection to produce medical cannabis for personal use until you receive your new license. It is illegal to produce medical cannabis without a PPL in the State of New Mexico. So, please make sure you submit your renewal**

Please remember, this form must be complete and legible.

Applicant Information: The information provided, with the exception of telephone number and date of birth, will be printed on your personal production license.

Name: _____ Date of Birth: _____ Telephone Number: _____

Medical Cannabis Registry I.D. # _____ (if already approved for the program)

Physical Address: _____

City, State zip code: _____

Mailing Address: _____

City, State zip code: _____

Please provide detailed and complete answers for the following questions. These questions are to help ensure not only the safety of your production of medical cannabis, but your personal safety as well!

Any questions left incomplete may delay or stop the processing of your PPL application.

1. Provide a description of the overall location where the medical cannabis will be produced.
a.) Include a description of the area around the facility (i.e. is it a business area, industrial area, heavily populated, rural, neighborhood housing, apartment complex, etc):

- b.) *Describe* the building and room(s) (or outdoor location) where the medical cannabis will be produced.

2. Provide a detailed written plan **ensuring the cannabis production will not be visible** from the street or any other public areas (you may include maps or pictures on a separate sheet, but you must have a written plan):

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3. Describe what device(s) will be used to ensure security of the production and storage areas, and for your personal safety (lack of appropriate security is a reason for denial of license):

4. A patient living in a household of one and earning less than 200% of the Federal Poverty Guidelines, is not subject to a personal production license fee (for example, a household of one earning less than \$1815 per month is below 200% of the Federal Poverty Guidelines). Qualified patients who live in a household of one that earn more than 200% of the Federal Poverty Guidelines must pay a non-refundable fee of \$30.00 to receive a license to produce medical cannabis. **If you are above 200% of the Federal Poverty Guidelines**, please include a check or money order for \$30.00 payable to the New Mexico Department of Health Medical Cannabis Program with your application. These guidelines can be found online at <http://aspe.hhs.gov/poverty/index.shtml#latest>.

- My household makes **less** than 200% of the Federal Poverty Guidelines (no fee). **Proof of income must be submitted in the form of the most recent year's tax return.**
- My household makes **more** than 200% of the Federal Poverty Guidelines **and** a \$30 non-refundable check or money order is included. *Please note: if you are paying the fee, there is no need to submit proof of income!*
- _____ **Please include the check # or money order # for additional proof of payment.**

By signing below I certify that all the information submitted above is complete and correct. I also acknowledge that I have read and will abide by the limitations and restrictions on my right to use, possess, and produce medical cannabis as stated in the Lynn and Erin Compassionate Use Act and in New Mexico Administrative Code 7.34.4, the full text can be found on the program website listed below. This limits me to four (4) mature plants (flowering) and twelve (12) immature seedlings (non-flowering) and an adequate supply for personal use.

Applicant Signature: _____

Date: _____

All applications should be sent to:
Medical Cannabis Program
Infectious Disease Bureau
New Mexico Department of Health
1190 St. Francis, Drive, S-1300
Santa Fe, NM 87502

Contact the Medical Cannabis Program at:
Email: medical.cannabis@state.nm.us
Website: http://www.health.state.nm.us/idb/medical_cannabis.shtml

Note: The Department of Health may verify information on each application and accompanying documentation including an on-site visit.

NMDOH USE ONLY

Approved: ____ Not Approved: ____

Coordinator Signature: _____

Date: ____