

REGISTRATION FORM B - APPLICANTS WITHOUT A RESIDENCE

Note: To complete your application, an original medical document is also required.

PERSONAL INFORMATION

First Name _____ Last Name _____
Date of Birth _____ Gender Male Female Other
Native Status Yes No VAC Number _____
Name and Type of Establishment _____
Street Address _____
City _____ Province _____
Postal Code _____ PO Box _____
Primary Phone _____ Alternate Phone _____
Email Address _____

ESTABLISHMENT MANAGER/DESIGNATED CONTACT INFORMATION

First Name _____ Last Name _____
Date of Birth _____ Gender Male Female Other
Primary Phone _____ Alternate Phone _____
Email Address _____

ACKNOWLEDGMENT

The applicant acknowledges the following:

- The applicant is ordinarily a resident of Canada.
- A valid, original medical document accompanies this application.
- The information in this application and in the medical document is correct and complete.
- The medical document is not being used to acquire fresh or dried marijuana or cannabis oil from another source.
- The applicant will use fresh or dried marijuana or cannabis only for their own medical purposes.

The manager of the establishment listed above acknowledges the following:

- The manager provides lodging or other social services to the applicant.

Applicant Signature _____
Date _____
Manager Signature _____
Date _____