

**Montana Department of Public Health and Human Services**  
**Montana Marijuana Program**  
**MINOR REGISTERED CARDHOLDER (PATIENT) APPLICATION**

A parent or legal guardian of a minor applicant must complete all sections of this form for the minor to apply for the Montana Marijuana Registry.

**REVIEW THE CHECKLIST BELOW *BEFORE* SENDING APPLICATION MATERIALS TO THE DEPARTMENT**

Minor application packets must include:

- This application form
- \$5 Application Fee by check or money order only: ***Applications sending cash will be denied.***  
(Separate check or money order for provider and patient applicant please)
- Proof of legal guardianship of minor applicant and signature of consent
- Physician Statement for Minors (the Physician Statement for Minors requires *two* doctor's signatures)
- Marijuana infused products provider (MIPP) application and fee (if a parent or legal guardian is to be the minor applicant MIPP)
- Landlord Permission Form (if applicable)

→ Make check or money order payable to: DPHHS/MMP

→ Packets must be mailed to: DPHHS/MMP, PO BOX 202953, HELENA MT 59620-2953

**MINOR APPLICANT (PATIENT) INFORMATION**

Current card number (for renewal): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## LEGAL GUARDIAN INFORMATION

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Montana Driver's License or State of Montana issued ID number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1. If you as the legal parent or guardian will be cultivating and manufacturing marijuana infused products for the minor applicant, you must submit a Provider/Marijuana Infused Products Provider (MIPP) application and Finger Print Cards received from this office. Indicate the physical address of the place where you will be cultivating and manufacturing marijuana infused products for the minor applicant.

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*If you rent or lease this property you must include a LANDLORD PERMISSION FORM with this application.**

In signing this form, I attest:

- a. I will not divert to any other person, the marijuana that I cultivate, manufacture or obtain for the minor's debilitating medical condition.
- b. I am not in the custody of or under the supervision of the department of corrections or a youth court.
- c. The physician of the minor has explained to me and the minor the potential risks and benefits of the use of marijuana.
- d. I consent to the use of marijuana by the minor.
- e. I agree to serve as the minor's marijuana infused products provider (additional application required)
- f. I agree to control the acquisition of marijuana and the dosage and frequency of use by the minor
- g. The information I have provided in this application is true and correct.

Signature of Parent of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

2. I will be obtaining the minor applicant's Marijuana Infused Products from a MIPP:

\_\_\_\_\_  
Parent or Legal Guardian's Initials

If a Marijuana Infused Products Provider other than the legal parent or guardian is chosen they must provide their full name, mailing address and DOB to the department and sign and date the section below.

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_

I agree to be the provider for the above named minor applicant:

\_\_\_\_\_  
Signature of MIPP provider

\_\_\_\_\_  
Date