

Montana Marijuana Program

PROVIDER/MARIJUANA INFUSED PRODUCTS PROVIDER (MIPP) APPLICATION

Complete all sections of this form in order to comply with the registration requirements of the Montana Marijuana Program.

Any applicant for the marijuana registry must be a Montana resident with a Montana address. Providers/MIPPS require a new application annually; there is no separate renewal form.

REVIEW THE CHECKLIST BELOW BEFORE SENDING APPLICATION MATERIALS TO THE DEPARTMENT

→ Provider/MIPP application packets must include:

- ✓ This application form
- ✓ \$50 application fee (check or money order only, applications with cash will be denied)
- ✓ Two completed fingerprint cards (Call 406-444-0596 to request fingerprint cards)
- ✓ Photocopy of valid Montana driver's license or Montana state issued ID of provider/MIPP applicant
- ✓ One CHANGE REQUEST FORM from a current (not expired) registered cardholder naming applicant as their provider. Provider applicants *must* be named by a patient in order to become a registered provider. (This is not necessary if you are renewing and already have patients assigned to you)
- ✓ Landlord Permission Form (if applicable)

→ Make checks payable to: DPHHS/MMP

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

Check One:

☐ Provider Applicant ☐ MIPP Applicant ☐ BOTH Provider and MIPP Applicant (requires only one fee)

PROVIDER/MIPP APPLICANT INFORMATION

Current ID (for current Providers/MIPPs): _____

Legal Name (Last): _____ (First): _____ MI: _____

Date of Birth: _____ Gender: ☐ M ☐ F Social Security Number: _____

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

Phone Number: _____

Mailing Address: _____

City: _____ Zip Code: _____

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Street Address: _____

City: _____ Zip Code: _____

Physical address of the place where you will be cultivating and manufacturing marijuana:

Physical address City Zip

No portion of the property used for cultivation and manufacture of marijuana can be shared with, leased or rented to another provider, MIPP or registered cardholder.

Do you own the property where you will be manufacturing and cultivating marijuana?* ☐ Yes ☐ No

*If you do not own 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 or manufacture for the registered cardholder(s) I have agreed to provide marijuana for.
- b. I am not in the custody of or under the supervision of the department of corrections or a youth court.
- c. I will only cultivate and manufacture marijuana for the registered cardholder(s) at the address I indicated above, under *physical address*.
- d. I do not have any felony convictions
- e. I do not have a conviction for any drug offense.
- f. I have never been convicted of fraudulently representing myself as a registered cardholder, provider or marijuana infused products provider.
- g. I have not failed to pay any taxes, interest, penalties or judgments due to any government agency; stay out of default on a government student loan; pay child support; or remedy and outside delinquency for child support or for taxes or judgments owed to any government agency.
- h. I am not a registered cardholder who has designated a provider or marijuana infused products provider in my application for a marijuana registry patient card.

Applicant Signature

Date