Personal Production License Application



Please print clearly and ensure application is complete. Incomplete or illegible applications or applications with missing documents will delay processing. 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. All forms must have original signatures. Photocopies, faxed and electronic copies will not be accepted.

Medical Cannabis can only be grown at property or residence of the licensed qualified patient.

The Personal Production License (PPL) expires the same date your patient enrollment in the medical cannabis program expires. Please provide detailed and complete answers to the following questions. Any questions left incomplete may delay or stop the processing of your PPL application. Attach additional documents and pages as needed. Warning – If you rent, lease, live in subsidized housing, or live on tribal/federal land, please be aware that you may be prohibited from growing medical cannabis on the property.

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

PLEASE ANSWER ALL QUESTIONS, IF ANY QUESTIONS ARE LEFT BLANK THE APPLICATION WILL BE RETURNED FOR COMPLETION

Name:		
Date of Birth:	Phone Number:	
Medical Cannabis Registry I.D.	#	(if already approved for the program)
Mailing Address:		
City, State, Zip Code:		
Address of grow location:		
City, State, Zip Code:		
order payable to Department	of Health MCP, <i>Please</i>	ey order is included. Make check or money note: if you are paying the fee, there is no ed upon receipt, not upon completion of
For additional proof of payme	ent, please write the che	eck or money order # here:
•		f the Federal Poverty Guidelines (no fee).
year you filed). If you are unabl	e to submit the most rece	nt year's tax return, you must provide a total household income and the number of

Personal Production License Application



Please print clearly and ensure application is complete. Incomplete or illegible applications or applications with missing documents will delay processing. 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. All forms must have original signatures. Photocopies, faxed and electronic copies will not be accepted.

1.	1. If you rent or lease the property, provide a written statement from the landlord that grants to the applicant permission to grow cannabis on required unless you own the property.	
	Form attached:Yes No	
	If no, do you own the property:YesNo	
2.	2. Please provide one of the following items for proof of residency. This applicants name and the production address listed. Mark the item submitted with all applications. If you are not able to provide the doe please contact our office for recommendations. YOUR APPLICATION RETURNED IF YOU PROVIDE ANYTHING OTHER THAN RECOMMENDED.	provided: This must be cuments listed below, ON WILL BE
	Recent Utility Bill (Gas, Water, Electric, or Propane) Lease (If you reside with a relative please complete a lease grow location address, that states who owns the property, states y location full-time, and is signed and dated by both parties) Property Tax Record (Must show grow location address)	you reside at the grow
3.	3. Provide a description of the location where the medical cannabis will description of the surrounding neighborhood or area as well as the sir (building shed, room, closet, etc.) or outdoor location (greenhouse, g medical cannabis will be grown:	ngle indoor location
4.	 Other than this application, are there other patient(s) currently approx growing medical cannabis at this location? Locations are limited to t production license applications. This number should reflect active PF ☐ Yes ☐ No If yes, how many licenses: 	wo active personal
numbe	Other than this application, are there any patients applying to grow at mber should reflect any pending applications and not include approved, ac Yes No	
	If yes, how many individuals:	

Personal Production License Application



Please print clearly and ensure application is complete. Incomplete or illegible applications or applications with missing documents will delay processing. 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. All forms must have original signatures. Photocopies, faxed and electronic copies will not be accepted.

	e cannabis production will not be visible from the street or grow will not be seen from public areas:
	used to provide security of the production and describe how ge is limited to the applicant only (lack of appropriate icense):
also acknowledge that, if this license approximate cannabis-derived products and parapher primary caregiver (if any), and kept secut that I have read and will abide by the lin produce medical cannabis as stated in the Mexico Administrative Code 7.34.4. The below. Pursuant to Department rule, a pethan four (4) mature cannabis plants (floand male plants). A qualified patient material, or 0.2 grams (200 milligness) and material, or 0.2 grams (200 milligness).	e information submitted above is complete and correct. I plication is approved, I will ensure that all cannabis, nalia is accessible only by myself and my enrolled are and out of reach of children. I further acknowledge nitations and restrictions on my right to use, possess, and are Lynn and Erin Compassionate Use Act and in New are full text can be found on the program website listed ersonal production license holder may possess no more owering) and twelve (12) immature plants (non-flowering ay also possess no more than 230 units of usable A unit is defined as one gram of dried usable cannabis rams) of THC in a cannabis-derived product.
Applicant Signature:	Date:
All applications should be sent to: NM Dept. of Health/MCP PO Box 26110 Santa Fe, NM 87502-6110	Contact the Medical Cannabis Program at: Email: medical.cannabis@state.nm.us Website: http://www.nmhealth.org/go/mcp (505) 827-2321
NMD	OH MCP USE ONLY
,	Approved Denied
MCP Coordinator or Designee:	Date.