



**GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DESIGNATED CAREGIVER HOME CULTIVATION
PERMIT APPLICATION**

STATUS: New Renewal Copy

DESIGNATED CAREGIVER INFORMATION		
Name	Date of Birth	Phone Number
Guam Mailing Address	Home Address	

	Name	Date of Birth	Phone Number	Location where marijuana will be grown
Patient #1				
Patient #2				
Patient #3				
Patient #4				
Patient #5				

Note: The multiple patients' designated caregiver may only operate a single cultivation site, outside the patients' residence, no matter how many patients the caregiver cultivates for. If the caregiver is cultivating for 4-5 patients, the caregiver shall comply with the requirements for a Commercial Cultivation License.

“I agree to be the designated primary caregiver to the patient(s) named above and pledge not to divert cannabis to anyone who is not allowed to possess cannabis pursuant to P.L. 34-125 and that I am at least 21 years of age.”

Designated Caregiver’s Signature

Date

For Official Use:

Permit # _____ *Date issued* _____ *Expiration date* _____ *Registered* _____

Authorization for use of cultivation/storage sites _____ *Official’s initials/Date* _____