

GOVERNMENT OF GUAM  
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
**APPLICATION FOR REGISTRY IDENTIFICATION CARD**

**STATUS**

Existing Registration ID Card Number \_\_\_\_\_

<input type="checkbox"/> New  <input type="checkbox"/> Renewal	<input type="checkbox"/> Minor Qualified Patient <input type="checkbox"/> Adult Qualified Patient <input type="checkbox"/> Designated Courier	<input type="checkbox"/> Parent/Legal Guardian/Custodian <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Responsible Official or Employee
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<b>1. Qualified Patient:</b> Name: _____ First                          Middle                          Last	<b>2. Practitioner of Qualified Patient</b> Name: _____ First                          Middle                          Last
Guam Home Address:	Guam Business Address:
Guam Mailing Address:	Email Address: _____ Telephone Number: _____
Email Address: _____	Date of Birth: (mm/dd/yy) _____
<input type="checkbox"/> <b>Written certification from practitioner required</b>	
<b>3. Primary Caregiver of Qualified Patient (if any):</b> Name: _____ First                          Middle                          Last	<b>4. The Primary Caregiver/Parent/Legal Guardian/Custodian must submit the following with the application:</b> <input type="checkbox"/> Police clearance <input type="checkbox"/> Written Designation from Qualified Patient <input type="checkbox"/> Court clearance <input type="checkbox"/> Primary Caregiver Registration If the qualified patient is a minor, need to show: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Adoption Decree <input type="checkbox"/> Court Order/Letter of Guardianship signed by a judge
Guam Home Address:	
Guam Mailing Address:	
Email Address: _____	Date of Birth (mm/dd/yy) _____

<b>5. Responsible Official/ Employee/Designated Courier:</b> Name: _____ First                          Middle                          Last	<b>6. Licensed Medical Cannabis Business Name:</b>  _____
Guam Home Address:	Physical Address:
Guam Mailing Address:	Mailing Address:
Email Address: _____	Date of Birth (mm/dd/yy) _____
	Job Title _____ Telephone Number _____

**7. Duties and Responsibilities of Responsible Official/Employee/Designated Courier**

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**8. Responsible Official/Employee/Designated Courier must submit the following with the application:**

- Police Clearance     
  Court Clearance     
  Attorney General Clearance     
  Proof of Guam Residency

Type of Registry Identification Card	Initial Fee	Renewal Fee	Replacement Fee	Late Fee
Qualified Patient	\$15	\$10	\$10	\$5
Primary Caregiver	\$100	\$75	\$10	\$5
Responsible Official	\$1,000	\$750	\$10	\$5
Designated Courier	\$200	\$175	\$10	\$5
Authentication of Written Certification	\$1	\$1	\$1	NA

“I attest that the information provided is true and correct and I understand that the issuance of the Registry Identification Card is contingent upon compliance with P.L. 33-220 and P.L. 34-80 and after the card is issued, it may be suspended or revoked for failure to comply with provisions of the law and applicable rules and regulations. I understand I must report changes of any information on this application within ten (10) business days of the change to the Department of Public Health and Social Services (DPHSS). A **non-refundable** payment may be made by cash or check, payable to "**Treasurer of Guam**".

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SIGNATURE OF APPLICANT/DATE

**Definitions:** *Designated Courier* is an individual designated by the licensed medical cannabis business to possess and transport cannabis for medicinal purposes. *Practitioner* is a person licensed in Guam to prescribe and administer drugs that are subject to the Guam Uniform Controlled Substances Act. *Primary Caregiver* is an individual designated by a qualified patient to assist him/her in the medical use of cannabis. *Qualified Patient* is an individual who has been diagnosed by a practitioner as having a debilitating medical condition and has received written certification for the medical use of cannabis. *Responsible Official* is a president, vice-president, secretary, or treasurer of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation.

For Official Use Only	Qualified Patient	Primary Caregiver Parent/Legal/Guardian/Custodian	Responsible Official Designated Courier
	____ Photo ID  ____ Written Certification	____ Photo ID ____ Police Clearance ____ Court Clearance ____ Written Designation ____ Primary Caregiver Registration	____ Birth Certificate ____ Adoption Papers ____ Court Order/Letter  ____ Photo ID ____ Guam Residency  ____ Police Clearance ____ Court Clearance ____ AG Clearance