

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

Existing Registration ID Card Number_

STATUS New Renewal		Minor Qualified Patient Adult Qualified Patient Designated Courier		Parent/Legal C Primary/Desig Responsible O	nated Caregi	ver
1. Qualified Patient: Name: First	Middle	Last	2. Pra	actitioner of Qual : First	ified Patient Middle	Last
Guam Home Address: Guam Mailing Address:				Business Address:	:	Telephone Number:
Email Address:		Date of Birth: (mm/dd/yy)		_		practitioner required
3. Caregiver of Qualified Pat Name: First	ient (if any) Middle		subm	e Caregiver/Parent the following wire Police clearance	ith the applicate Writter	dian/Custodian must tion: Designation from ied Patient
Guam Home Address: Guam Mailing Address:			If the	Court clearance qualified patient is Birth certificate	a minor, need	ver Registration to show: on Decree
Email Address:		Date of Birth (mm/dd/yy)	1 =		-	p signed by a judge
5. Responsible Official/ Employments Name: First	loyee/Design	nated Courier:	6. Lic	ensed Medical Ca	nnabis Busine	ess Name:
Guam Home Address: Guam Mailing Address:			·	al Address:		
Email Address:		Date of Birth (mm/dd/yy)	Job Ti	tle		Telephone Number

7.	Duties and Responsibilities of Responsible Office	cial/Employee/Designated Courier			
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/Designated 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**".

SIGNATURE OF APPLICANT/DATE

<u>Definitions:</u> **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 in the medical use of cannabis. **Designated Caregiver** is an individual designated by a qualified patient to assist in the cultivation of medical 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	Caregiver/Parent/Legal/Guardi	Responsible Official Designated Courier	
	Photo ID Written Certification	Photo ID Police Clearance Court Clearance Written Designation Caregiver Registration	Birth Certificate Adoption Papers Court Order/Letter	Photo IDGuam ResidencyPolice ClearanceCourt ClearanceAG Clearance