



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

Existing Registration ID Card Number: _____

STATUS <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/Designated Caregiver <input type="checkbox"/> Responsible Official or Employee	Date Received: _____
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1. Qualified Patient: Name: _____ First Middle Last Guam Home Address: _____ Guam Mailing Address: _____ Email Address: _____ Date of Birth: _____ Telephone Number: _____	2. Practitioner of Qualified Patient: Name: _____ First Middle Last Guam Business Address: _____ Email Address: _____ Telephone Number: _____ 2a. Required from Practitioner <input type="checkbox"/> Written Certification
3. Caregiver/Parent/Legal Guardian/Custodian: Name: _____ First Middle Last Guam Home Address: _____ Guam Mailing Address: _____ Email Address: _____ Date of Birth: _____ Telephone Number: _____	3a. Caregiver/Parent/Legal Guardian/Custodian of Qualified Patient must submit the following with the application: <input type="checkbox"/> Police clearance <input type="checkbox"/> Written Designation of Qualified Patient <input type="checkbox"/> Court clearance <input type="checkbox"/> Caregiver Registration If the Qualified Patient is a Minor, you must submit any of the following: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Adoption Decree <input type="checkbox"/> Court Order/Letter of Guardianship signed by a judge
4. Responsible Official/Employee/Designated Courier: Name: _____ First Middle Last Guam Home Address: _____ Guam Mailing Address: _____ Email Address: _____ Job Title: _____ Date of Birth: _____ Telephone Number: _____	5. Licensed Medical Cannabis Business Name: Physical Address: _____ Mailing Address: _____ Email Address: _____ Telephone Number/s: _____

6. Licensed Medical Cannabis Business Name:

6. 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

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 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/Gaurdian/Custodian	Responsible Official/Designated Courier
	___ Photo ID ___ Written Certification	___ Photo ID ___ Birth Certificate ___ Police Clearance ___ Adoption Papers ___ Court Clearance ___ Court Order/Letter ___ Written Designation ___ Caregiver Registration	___ Photo ID ___ Guam Residency ___ Police Clearance ___ Court Clearance ___ AG Clearance