



Form R — Renewal

Application for Renewal of an Authorization to Possess Marihuana for Medical Purposes

This form can be completed by all applicants who:

- currently hold an *Authorization to Possess* issued under the provisions of the *Marihuana Medical Access Regulations*; and
- have had no changes to the information provided since their last approved application for an *Authorization to Possess*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application unless both the applicant and the treating medical practitioner have signed the renewal application.
3. A new photograph, signed by the treating medical practitioner is required every five years.
4. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

R1 Applicant's Information

Mrs. Miss Ms. Mr.

Print Name

Applicant's full name: last / first / middle

Date of Birth: day / month / year Gender:

Address: Apartment Number:

City: Province: Postal Code:

Telephone: ()

Fax: ()

E-mail:

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

City: Province: Postal Code:

R2 Source of Marihuana

You are required to choose one of the following:

- I plan to purchase dried marihuana from Health Canada and request that my approval to receive dried marihuana be renewed.

IMPORTANT: If you want to purchase dried marihuana but do not currently have approval to receive the Health Canada product, you are required to complete *FORM E1: Application to Obtain Dried Marihuana*.

OR

- I plan to produce my own marihuana and request that my existing *Personal-Use Production Licence* be renewed.

IMPORTANT: If you want to produce your own marihuana and do not currently hold a valid *Personal-Use Production Licence*, you are required to complete *FORM C: Application for Licence to Produce Marihuana by Applicant*.

OR

- I plan to have a designated person grow marihuana for me.

IMPORTANT: You are required to complete *FORM D: Application for Licence to Produce Marihuana by a Designated Person even if renewing an application*.

R3 Information on Medical Practitioner

Medical practitioner's full name:

Provincial medical licence number:

STAMP (IF AVAILABLE)

Business Address:

Suite Number:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

R4-A Medical Practitioner's Declaration and Signature

I declare that I am the treating medical practitioner of the individual making this renewal application for an *Authorization to Possess* under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in the last declaration signed by me.

MEDICAL PRACTITIONER'S SIGNATURE

DATE

PRINT NAME

R4-B Applicant's Declaration

I declare that I hold a valid *Authorization to Possess* under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in my last approved application for an *Authorization to Possess* and, if applicable, *Application to Obtain Dried Marihuana* or *Application for Licence to Produce Marihuana*.

APPLICANT'S SIGNATURE

DATE

PRINT NAME