

APPLICATION TO BECOME A LICENSED PRODUCER UNDER THE ACCESS TO CANNABIS FOR MEDICAL PURPOSES REGULATIONS (ACMPR)

(Disponible en français)

For guidance on completing this application please refer to the *Guidance for Industry: Application Process for Becoming a Commercial Licensed Producer of Cannabis for Medical Purposes*. Note: An incomplete application form will be returned to you.

1. PREFERRED LANGUAGE OF COMMUNICATION

English French

2. APPLICANT

2.a. Applicant Name

Surname of Individual Applicant or Authorized Corporate Representative			
Given Name(s) of Individual Applicant or Authorized Corporate Representative			
Other registered name(s) ¹			
Title (if applicable)			
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)
Street Address			
City	Province	Postal Code	
Telephone No.	() -	Fax No. (if applicable)	() -
Email			

¹ Any other name registered with a province, under which the individual intends to identify himself or herself or conduct the activities for which the licence is sought.

License is sought for¹: an individual **-or-** a corporation

2.b. Corporation

For a corporation, please specify the corporate name and any other name registered with the province under which the applicant intends to identify itself.

Legal name	
Other registered name (s) ²	

² Any other name registered with a province, under which the corporation intends to identify itself or conduct the activities for which the licence is sought.

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Please attach the following to the application form:

1. A list indicating the full (legal) name, date of birth and gender of each of the corporation’s officers and directors, and whether each officer and director holds a valid security clearance.

List of directors and officers attached:

2. A copy of the certificate of incorporation or other constituting instrument.

Document attached:

3. **If applicable**, a copy of any document that states the applicant’s name that has been filed with the province where the proposed site is located. This includes any document that references any other name registered with the province, under which the applicant intends to identify itself or conduct the proposed activities.

Document(s) attached:

3. PROPOSED PERSONNEL

3.a. PROPOSED SENIOR PERSON IN CHARGE (SENIOR PIC)

The Senior Person in Charge will have overall responsibility for management of the activities carried out by the licensed producer under their licence at their site who may, if appropriate, be the licensed producer. Please identify the proposed Senior Person in Charge. The Senior Person in Charge must have the authority to bind the applicant. All application related communications will be addressed to the Senior Person in Charge.

Surname			Given Name(s)		
Other Title					
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)		
Telephone No.	() -		Fax No. (if applicable)	() -	
Email					
Address					

3.b. PROPOSED RESPONSIBLE PERSON IN CHARGE (RPIC)

The Responsible Person in Charge will work at the licensed producer’s site and have responsibility for supervising the activities with respect to cannabis conducted at that site by the licensed producer under their licence, and for ensuring that the activities comply with all relevant Acts and regulations. This person may be the same as the Senior Person in Charge.

Surname			Given Name(s)		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)		
Proposed Schedule – Work Hours and Days (e.g. 8am – 4pm, Mon – Fri)					
Other Title					

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3.c. PROPOSED ALTERNATE RESPONSIBLE PERSON IN CHARGE (A/RPIC)

The applicant may designate one or more Alternate Responsible Person in Charge to work at the proposed site and replace the Responsible Person in Charge when that person is absent. The Alternate Responsible Person in Charge will work at the licensed producer’s site, in the absence of the RPIC, and have responsibility for supervising the activities with respect to cannabis conducted at that site by the licensed producer under their licence and for ensuring that the activities comply with all relevant Acts and regulations.

If more than one A/RPIC is proposed, additional pages must be attached for each one. Check here if additional pages are included:

Number of A/RPIC(s) you are submitting:

Proposed A/RPIC:

Surname			Given Name(s)
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)
Proposed Schedule – Work Hours and Days (e.g. 8am – 4pm, Mon – Fri)			
Ranking (e.g. 1 st A/RPIC, 2 nd A/RPIC, etc.)			
Other Title			

3.d. PROPOSED PERSONS AUTHORIZED TO PLACE ORDERS FOR CANNABIS ON BEHALF OF THE APPLICANT

Only individual(s) on this list will be authorized to place orders for cannabis on behalf of the applicant. Attach additional pages if required.

Check here if additional pages are included:

Surname	Given Name(s)	Gender
1)		M <input type="checkbox"/> F <input type="checkbox"/>
2)		M <input type="checkbox"/> F <input type="checkbox"/>
3)		M <input type="checkbox"/> F <input type="checkbox"/>

4. SECURITY CLEARANCE

The following individuals are required to have a valid security clearance:

- An individual applicant
- All officers and directors of a corporate applicant (as identified in section 2b-1)
- The proposed Senior Person in Charge (as identified in section 3.a.)
- The proposed Responsible Person in Charge (as identified in section 3.b.)
- The proposed Alternate Person(s) in Charge (as identified in section 3.c.)

The individuals identified above **must** hold a valid security clearance. A producer’s licence will not be issued if all the security clearances required under the ACMPR have not been granted.

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If any of these individuals already hold a valid security clearance, please attach the confirmation of the security clearance to the application.

If any of the individuals listed above do not already hold a valid security clearance, they will be required to complete the **Security Clearance Application Form**. The form can either be sent with the completed application, or it can be sent separately. If sent separately, please attach a note to clearly indicate under which name and for which site (if applicable) the application was made. The **Security Clearance Application Form** can be found online at: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/securit-eng.php>

Note: Applications will not be processed until all completed Security Clearance Application forms associated with this application have been received.

As part of the Security Clearance Application process, each of the individuals identified above will also be required to complete the **Security Clearance Fingerprint Third Party Consent to Release Personal Information** form that will allow a Canadian police force or a fingerprinting company accredited by the RCMP to submit fingerprints to the RCMP for the purposes of a criminal record check. A list of agencies accredited by the RCMP can be found at: <http://www.rcmp-grc.gc.ca/rtid-itr/vulner-eng.htm>. The Security Clearance Fingerprint Third Party Consent to Release Personal Information form can be found on the Health Canada Medical Use of Cannabis website. You need to provide a copy of these forms as part of your application.

	Completed Security Clearance Application Form:	Completed Security Clearance Fingerprint Third Party Consent to Release Personal Information form:
Individual Applicant	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP <input type="checkbox"/> third party consent <input type="checkbox"/> copy of valid photo identification
Corporate Applicant (Officers and Directors)	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP <input type="checkbox"/> third party consent <input type="checkbox"/> copy of valid photo identification
Senior Person in Charge	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP <input type="checkbox"/> third party consent <input type="checkbox"/> copy of valid photo identification
Responsible Person in Charge	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP <input type="checkbox"/> third party consent <input type="checkbox"/> copy of valid photo identification
Alternate Person(s) in Charge	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP <input type="checkbox"/> third party consent <input type="checkbox"/> copy of valid photo identification

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5. ACTIVITIES AND SUBSTANCES TO BE SPECIFIED ON THE LICENCE

5.a. ACTIVITIES WITH CANNABIS

Please check the box(es) of proposed activities that you intend to carry out with cannabis. Please also indicate the substance description if not listed; and the purpose for conducting each of the activities:

Activity Requested	Substances Requested						Purpose (Specify for each activity and substance)
	Dried Marihuana	Marihuana Plants	Marihuana Seeds	Cannabis Oil	Fresh Marihuana	Cannabis other ¹ (specify substance(s) for each activity)	
Possession							
Production							
Sale or provision							
Shipping							
Transportation							
Delivery							
Destruction							

Areas- Complete the following for each building:

Building Name/Number²:		
Activities in areas where cannabis is present		
Room Name/Number² (per floor plan)	Activities	Substance(s)

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NOTES: 1. Substance Description: Specify the cannabis derivatives, preparations or similar synthetic preparations to be used (e.g. delta 9-tetrahydrocannabinol or cannabidiol).
 2. Building and room references must correspond to the building information provided in section 6 of this form and the floor plans submitted in section 8. Additional rows/charts can be completed in a separate attachment to detail each building and room as required.

5.a.i. Quantity of Cannabis to be Produced (if applicable)

Please indicate the maximum quantity (expressed as the net weight in kilograms) of cannabis to be produced and the production period:

Substance	Total Quantity of Cannabis to be produced (kg)	Production Period (ie. monthly, annually)
Fresh Marihuana		
Dried Marihuana		
Cannabis oil		
Cannabis other (please specify ²)		

5.a.ii. Quantity of Cannabis to be Sold or Provided to Parties Under the ACMPR (as applicable)

Please indicate the maximum quantity expressed as the net weight in kilograms (unit measure for plants) of cannabis to be sold or provided to parties and the period in which that quantity is to be sold or provided:

Substance	Per subsection 22 (2) Total Quantity of Cannabis to be sold or provided (kg) to another Licenced Producer, a Licenced Dealer, the Minister or a relevant section 56 Act exemption holder	Per subsection 22 (4) Total Quantity of Cannabis to be sold or provided (kg) to clients, hospital employees or a relevant section 56 Act exemption holder	Per subsection 22 (5) Total Quantity of Cannabis to be sold or provided (kg) to clients registered on the basis of a registration certificate issued per Part 2 of the ACMPR	Production Period (i.e. monthly, annually)
Fresh Marihuana	kg	kg	n/a	
Dried Marihuana	kg	kg	n/a	
Cannabis oil	kg	kg	n/a	
Marihuana seeds	kg	n/a	kg	
Marihuana plants	units	n/a	units	

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5.b. ACTIVITIES WITH CANNABIS, OTHER THAN MARIHUANA

If you intend to conduct activities with cannabis derivatives, preparations and similar synthetic preparations, other than marihuana or cannabis oil (e.g. in order to conduct *in vitro* testing to determine the percentages of cannabinoids in dried marihuana) the substances, purpose and areas should be specified in 5a and 5ai above.

I do not intend to conduct activities with cannabis, other than marihuana:

If selected, please provide the name, contact information, and Controlled Drugs Dealers License number for the laboratory performing third-party testing of the cannabis product in your application form. An acceptable analytical testing laboratory must possess a Health Canada dealer’s licence that would authorise the required activities with the material .

Third party testing laboratory name: _____

Address: _____

Controlled Drugs and Substances Licence number: _____

5.c. Equivalency Factor and Method

If you have applied to sell or provide fresh marihuana or cannabis oil to eligible persons in 5.a. above, detail the dried marihuana equivalency factor and the method used to determine it. This information must be provided the Health Canada before the sale or provision of any fresh marihuana or cannabis oil.

Equivalency factor and method attached:

-OR-

Equivalency factor and method to follow:

6. PROPOSED SITE INFORMATION

If you intend to conduct licensed activities at more than one site, a separate application must be completed for each site along with an explanation detailing the multi-site operation (if applicable).

Site Information:

Street Address					
City	Province			Postal Code	
Telephone No.	() -	Fax No. (if applicable)	() -		
Email Address (if applicable)					

Mailing Address: Same as above

Street Address					
City	Province			Postal Code	

Building Information (if applicable):

If the proposed site is comprised of more than one building in which proposed activities are to be conducted, please

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provide information on each building. For multiple buildings, attach additional sheets as required.

Number of buildings included: _____ Check here if additional pages are attached:

Building Name (if applicable)					
Street Address					
City	Province	Postal Code			
Telephone No. () -	Fax No. (if applicable) () -				
Email (if applicable)					

Mailing Address: Same as above

Street Address				
City	Province	Postal Code		

Include the following supporting documents:

An up-to-date building location survey, prepared and certified by a qualified surveyor. The survey document should show the lot dimensions and the relative location and dimensions of all buildings and improvements to the property. The perimeter of the site should be clearly identified on the document.

A recent aerial view (e.g. an aerial photograph or other imagery) of your proposed site showing surrounding lots within a radius of 500 meters from your proposed site.

7. OWNERSHIP OF PROPERTY

If the applicant is the owner of the entire proposed site, the declaration in section 7.a. is to be signed by the proposed Senior Person in Charge (Senior PIC).

If the proposed site or any portion of the site is not owned by the applicant, a declaration signed and dated by the owner(s) of the site or each portion of the site must be submitted along with this application consenting to the use of it by the applicant for the proposed activities. (See Appendix A)

Appendix A attached to this form:

7.a. Senior Person in Charge Declaration of Site Ownership

I hereby declare that the entire proposed site, to which this application relates, is entirely owned by the applicant for this licence under the *Access to Cannabis for Medical Purposes Regulations*.

Surname of site's Senior PIC	Given Name(s)
Other Title (e.g. President)	
Signature of the site's Senior PIC:	Date: (YYYY/MM/DD)

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8. PROPOSED SITE AND PHYSICAL SECURITY

Please attach a detailed description of the security measures and floor plans of the site, including each of the building(s) within the proposed site where activities are to be conducted:

- Description of security measures attached
- Floor plan of the site attached (perimeter of the site is identified)
- Floor plan(s) for the building(s) attached
- Specifications and floor plan(s) for the storage areas

Note: Any licensed activities proposed to be undertaken at any proposed site must comply with the requirements of the ACMPR and the Health Canada *Directive on Physical Security Requirements for Controlled Substances*. A security level must be established for all areas where cannabis, other than marijuana plants, will be stored.

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9. NOTICE TO LOCAL GOVERNMENT, POLICE AND FIRE AUTHORITIES

Before submitting this application, a notice that includes the proposed activities to be conducted with cannabis and the address of the site(s) and of each building within the site(s) must be provided to a senior official of the local police, local fire authority and local government. The notice may be signed by the Senior Person in Charge.

Please identify below the names of the senior officials within your local police, local fire authority and local government to whom you have provided notifications. Please also attach a copy of each notice to this application. These senior officials may be contacted by Health Canada to confirm receipt of the notices. Health Canada recommends that you maintain all records of notification (such as courier receipts) to support that the notification took place.

Copies of all the notices are attached

Police Force

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

Fire Authority

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

Local Government (e.g. Municipality)

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

DECLARATION to be completed by the Senior Person in Charge

I hereby declare that written notices containing the information referred to in this application regarding proposed activities regulated under the ACMPR have been provided to the senior official of the local authorities listed above:

Surname (Senior PIC)	Given Name(s)
Other Title (e.g. President)	
Signature of Senior PIC:	Date: (YYYY/MM/DD)

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10. QUALITY ASSURANCE PRE-LICENSING REPORT

The applicant must submit a document signed and dated by the proposed quality assurance person that includes:

- i. a description of the quality assurance person’s qualifications in respect of the proposed licensed activities and the requirements of Part 1, Division 1, Subdivision D of the ACMPR; and,
- ii. a report establishing that the buildings, equipment and proposed sanitation program to be used in conducting the proposed activities referred to in Part 1, Division 1, Subdivision D of the ACMPR comply with the requirements of that Subdivision.

Proposed Quality Assurance Person (QAP)			
Surname			Given Name(s)
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)
Proposed Schedule – Work Hours and Days (e.g. 8am – 4pm, Mon – Fri)			

Document signed and dated by the proposed quality assurance person attached:

11. RECORD KEEPING

Please provide in an attachment a detailed description of your proposed record keeping methods.

Include sample templates of the documents you are planning to use and detailed explanations to demonstrate proper record keeping, reconciliation and auditability.

A detailed description of proposed record-keeping methods is attached:
Example(s) of proposed record-keeping document(s) is attached:

12. DECLARATIONS AND ATTESTATIONS

The following declarations and attestations must be signed and dated by the Senior Person in Charge.

I hereby declare that the proposed Senior Person in Charge (Senior PIC), the proposed Responsible Person in Charge (RPIC), and if applicable, the proposed Alternate Responsible Person(s) in Charge (A/RPIC) are familiar with the provisions of the *Controlled Drugs and Substances Act* and its regulations and the *Food and Drugs Act* that will apply to this licence.

I hereby declare that the entire proposed site, to which this application relates, is not a dwelling-place.

I hereby attest that all of the information and documents submitted in support of the application are, to the best of my knowledge, correct and complete.

I hereby attest that I have the authority to bind the applicant.

Surname of Senior PIC			Given Name(s)
Other Title (e.g. President)			

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Signature of Senior PIC:	Date: (YYYY/MM/DD)
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13. SUBMISSION

Please send the completed Application Form and accompanying documents to the Office of Medical Cannabis at the following address. Please take note that all mandatory information and documents requested must be provided to avoid delay of processing this application. Your application may be returned to you if it is incomplete. Do not send any electronic storage device (memory stick or CD Rom).

**Health Canada
OMC Licensing Section
A.L.: 0300A
Ottawa, ON
K1A 0K9**

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(2) To be completed by site owner(s):

(2) a) Sole owner

I hereby declare that I am the sole owner of the proposed site listed in section (1) of this Appendix and that I am fully aware of and consent to the activities with cannabis described in section (1) of this Appendix being conducted on this site.

Signature: _____ Date: _____
(YYYY/MM/DD)

Print Full Name: _____

Note: If the owner is a company, please submit a signing authority document.

(2) b) Joint Owner(s)

If the site is co-owned, please provide the name and address for each property owner.

Note: If the owner is a company, please submit a signing authority document

Property Co-owner

Full Name:	
Address:	

Property Co-owner

Full Name:	
Address:	

I hereby declare that I am a co-owner of the proposed site listed in section (1) of this Appendix and that I am fully aware of and consent to the activities with cannabis described in section (1) of this Appendix being conducted on this site.

Property co-owner's signature: _____

Print Full Name: _____

Date: _____
(YYYY/MM/DD)

Property co-owner's signature: _____

Print Full Name: _____

Date: _____
(YYYY/MM/DD)