



Website: [www.nmhealth.org/go/mcp](http://www.nmhealth.org/go/mcp) Telephone Number: 505-827-2321

Mailing Address: Medical Cannabis Program  
1190 St. Francis Dr, PO Box 26110 Santa Fe, NM 87502

## Application for a Personal Production License (PPL)

**Medical Cannabis can only be grown by an approved patient or their caregiver.**

PLEASE NOTE: ALL PPL CARDS will only be valid until June 29, 2021. With the recent passage of the Cannabis Regulation Act any person 21 or older will be able to grow up to six mature plants and six seedlings with a maximum of 12 plants per household starting June 29, 2021. **All fees for PPLs have been waived by the program at this time. Please do not send any money with your PPL Application.**

Please provide answers to all questions. Incomplete or hard to read applications may delay approval.

IMPORTANT: If you rent, lease, live in subsidized housing, or live on tribal/federal land, please be aware that you may not be allowed to grow medical cannabis on the property.

Send ORIGINAL pages. The program cannot accept photocopies, faxes, or electronic copies of the PPL. Please keep a copy of everything you send in and be sure ALL pages are complete before sending.

If you are authorizing a caregiver to apply for the PPL, both the caregiver **and** the patient need to sign the application. **Please note, a PPL can only be issued to either the patient OR the caregiver.**

If you purchase seeds, clones, or plants from a Licensed Non-Profit Producer, you will need to have your PPL card with you.

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix (e.g. Sr., Jr.): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Caregiver Information (Fill in only if caregiver will hold the PPL license)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix (e.g. Sr., Jr.): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Address Information (provide mailing address for PPL holder and grow address)

Mailing Address: \_\_\_\_\_ Grow Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

Zip: \_\_\_\_\_ Zip: \_\_\_\_\_



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**Grow Location Information**

**SECTION 1: Supporting Documents-** This section must be completed, and the indicated documents\* must be submitted with the application.

- I **own** this property: include a copy of **one** of the documents listed below. It must include both your name **and** the address of the grow.
- I am **not the owner** of this property: You must have the "Landlord or Property Owner Permission Statement" on page 5 completed. Be sure to send this with your application

Property Tax Record, County Assessor's Record, Homeowner's Insurance Policy (current), Mortgage Statement (within last 30 days), Gas Water, Electric or Propane Bill.

\*If you do not have the documents listed, please call 505-827-2321

**SECTION 2: Location Description.**

Where do you plan to grow?       Inside       Outside       Both

**SECTION 3: Number of Licenses.**

How many Personal Production Licenses (grow licenses) will be at this location? \_\_\_\_\_

NOTE: Only two Personal Production Licenses are allowed at one location.

List the name and date of birth of any other patient or caregiver who holds a Personal Production License at the same grow location:

\_\_\_\_\_

**SECTION 4: Security of Location and acknowledgements**

By signing below, you are acknowledging you understand and indicate the following:

I will ensure the grow location is secure. This includes making certain the plants cannot be seen from any public areas such as the sidewalk or street. The plants will be protected with equipment which **may** include fences, walls, locked gates, cameras, or other devices to ensure the plants are reasonably protected from theft and ensure others may not access the plants.

If there is more than one grow at an address, there will be a systematic method used to determine which plants belong to each patient.

All the information above is complete and correct. I will follow the limits and restrictions on my right to use, have, and grow medical cannabis that are in the laws of New Mexico (the Lynn and Erin Compassionate Use Act and in New Mexico Administrative Code 7.34.4). These laws are on the program's website at: [nmhealth.org/go/mcp](http://nmhealth.org/go/mcp).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print form - then sign)

If you are the primary caregiver of a medical cannabis patient and you are applying for the PPL, the patient **must** also sign below.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print form - then sign)



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## Property Owner or Landlord Permission Statement\*

Date: \_\_\_\_\_

Dear Medical Cannabis Program Staff:

I \_\_\_\_\_ am the property owner of \_\_\_\_\_.  
(Property Owner's Name) (Property Address)

I give permission to \_\_\_\_\_ to grow medical cannabis on this  
(Renter's or Relative's Name)

property as allowed by New Mexico State Law (NMAC 7.34.4.18).

Sincerely,

\_\_\_\_\_  
(Property Owner's Name)

\* Necessary for any PPL application if the applicant does not own the property where they plan to grow. Disregard this form if you own the property where you plan to grow medical cannabis.