



Medical Marijuana Registry Caregiver Application



Scan the QR code to apply online or go to:

<http://www.healthy.arkansas.gov/programs-services/topics/id-card-apply-online>

| | | | | | | | |
|--|--|--|-----------|---|-----------|---|----|
| Caregiver Information | | | | <input type="checkbox"/> New Application | | <input type="checkbox"/> Renewal | |
| First Name | | MI | Last Name | | Phone | | |
| Mailing Address | | | | | | | |
| Street Number and Street Name (or PO Box) | | | | | | | |
| Unit Number | | Unit Type (Apt, Unit, Suite, etc.) | | | | | |
| City | | | | State | | Zip Code | |
| Residence Address (if different from mailing address) | | | | | | | |
| Street Number and Street Name | | | | | | | |
| Unit Number | | Unit Type (Apt, Unit, Suite, etc.) | | | | | |
| City | | | | State | | Zip Code | |
| Date of Birth (MM/DD/YYYY) | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Race | Eye Color | Height | '' |
| Arkansas DL or ID Number | | Expiration Date (MM/DD/YYYY) | | Last 4 digits of SSN | | Registry ID (for renewals only) | |

| | | | | | | | |
|--|--|---|-----------|-------|---------------------------------|----------|--|
| Patient for which you intend to provide care | | | | | | | |
| First Name | | MI | Last Name | | Registry ID (for renewals only) | | |
| Street Number and Street Name | | | | | | | |
| Unit Number | | Unit Type (Apt, Unit, Suite, etc.) | | | | | |
| City | | | | State | | Zip Code | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the above patient physically disabled? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the above patient under 18 years of age? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you the parent of the above patient? | | | | | |

| | | | | | | | |
|---|--|--|--|--|------|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you a member of the Arkansas National Guard or the United States military? | | | | | |
| By signing, I, pledge not to divert marijuana to anyone who is not allowed to possess marijuana under the Arkansas Medical Marijuana Amendment of 2016 | | | | | | | |
| Signature | | | | | Date | | |
| Print Name | | | | | | | |