

**Medical Marijuana Registry Patient Application**

Scan the QR code to apply online or go to:

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

Patient Information				<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal	
First Name	MI	Last Name	Phone				
<b>Mailing Address</b>							
Street Number and Street Name (or PO Box)							
Unit Number	Unit Type (Apt, Unit, Suite, etc.)						
City				State	Zip Code		
<b>Residence Address (if different from mailing address)</b>						<input type="checkbox"/> Check if homeless	
Street Number and Street Name							
Unit Number	Unit Type (Apt, Unit, Suite etc.)						
City				State	Zip		
Date of Birth (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Eye Color	Height '   "	Physically Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		
Arkansas DL or ID Number	Expiration Date (MM/DD/YYYY)		Last 4 digits of SSN	Registry ID (for renewals only)			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of the Arkansas National Guard or the United States military?							
<b>By signing, I, the patient pledge not to divert marijuana to anyone who is not allowed to possess marijuana under the Arkansas Medical Marijuana Amendment of 2016</b>							
Signature						Date	
Print Name							
<b>Parent / Guardian / Legal Custodian -- Skip if applicant over 18</b>							
First Name	MI	Last Name	Phone				
Address							
Unit Number	Unit Type (Apt, Unit, Suite, etc.)						
City				State	Zip Code		
<b>By signing, I confirm that I, as the parent/guardian/legal custodian allow the qualifying patient's medical use of marijuana, will assist the qualifying patient in the medical use of marijuana and will control the acquisition of the marijuana, dosage and the frequency of the medical use of marijuana by the qualifying patient and will register as a designated caregiver.</b>							
Signature <input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian						Date	
Print Name							