



**Los Angeles County ♦ Department of Public Health
Environmental Health Division**



**Medical Marijuana Program
5050 Commerce Drive, Baldwin Park, CA 91706
Phone (866) 621-2204**

Acknowledgement Form

I, _____, have read and understood the following:

1) There is a 30-day processing period for applications submitted.

_____ Initial

2) Incomplete applications and/or failure to provide all the previously requested information, may result in applications being denied and may further restrict the applicant from reapplying for six months.

_____ Initial

3) Fees are non-refundable and are due at the time the application is submitted. Medical marijuana identification cards will be invalidated, if checks are returned due to non-sufficient funds and if a cashier's check or money order has not been submitted to the Financial Management Office within 30 days.

_____ Initial

4) It is the applicant's responsibility to ensure that the authorized medical release of information is on file with the medical provider. Failure to comply will result in applications being denied and may further restrict the applicant from reapplying for six months.

_____ Initial

5) The doctor listed on the medical documentation will be the only signature accepted for authorization.

_____ Initial

6) If the physician has not verified the medical documentation within 3 days, the applicant will be notified. It is the applicant's responsibility to contact the physician for status update.

_____ Initial

7) Lost, stolen, or damaged cards will need to be invalidated. It is the applicant's and caregiver's responsibility to notify the Medical Marijuana Program if cards are lost, stolen, or damaged. A new application will need to be submitted and fees paid.

_____ Initial

8) It is the applicant's responsibility to notify this office within seven days of any changes in his/her attending doctor or primary caregiver. Failure to comply will result in the card being invalidated. To obtain a new card, an application will need to be submitted and fees paid.

_____ initial

9) The designated primary caregiver can have no more than five qualified applicants.

_____ initial

10) It is the applicant's responsibility to notify his/her caregiver(s) regarding the card issuance.

_____ Initial

11) I authorize Los Angeles County, Medical Marijuana Program staff to leave a message either with the person answering the phone or on the answering machine to inform me that my and/or my caregiver's medical marijuana identification card is ready for pick-up.

_____ initial

12) Only the cardholder can pick up the medical marijuana identification card and shall present a proof of identity at the time of pick up.

_____ Initial

13) Cards shall need to be picked up within 30 days of being notified.

_____ Initial

Applicant (print name)

Applicant's Signature

Date

Caregiver (print name)

Caregiver's Signature

Date