



**County of Los Angeles ♦ Department of Public Health  
 Environmental Health Division  
 Medical Marijuana Program  
 5050 Commerce Drive, Baldwin Park, CA 91706  
 (866) 621-2204**



**ACKNOWLEDGEMENT FORM**

Please read and initial the following statements. Your initial and signature on this document represent your acknowledgement and understanding.

1. \_\_\_\_\_ There is a 30-day processing period from receipt of application.
2. \_\_\_\_\_ Application fees are non-refundable and are due at the time of application submittal. Acceptable form of payment is money order or cashier's check.
3. \_\_\_\_\_ Incomplete applications and/or failure to provide all the required documents may result in applications being denied and may further restrict the applicant from reapplying for six (6) months. Application packet will be invalid and will not be processed after 60 days from date of application.
4. \_\_\_\_\_ It is the applicant's responsibility to ensure that the authorized medical release of information is on file with the medical provider and notify this office within seven (7) days of any changes with attending physician or primary caregiver. Failure to comply shall result in applications being denied and may further restrict the applicant from reapplying for six (6) months.
5. \_\_\_\_\_ The physician listed on the Medical Documentation shall be the only signature accepted for authorization.
6. \_\_\_\_\_ The dates on the Physician Attestation and Medical Documentation submitted are within 30 days of the application.
7. \_\_\_\_\_ Applicant will be notified if the program staff are unable to obtain the Medical Documentation from the physician. It is the applicant's responsibility to contact the physician for status update.
8. \_\_\_\_\_ Lost, stolen, or damaged cards will be invalidated. It is the applicant's and caregiver's responsibility to notify this program if cards are lost, stolen, or damaged. To obtain a new card, another application needs to be submitted along with fee payment.
9. \_\_\_\_\_ The designated primary caregiver can have up to five qualified applicants.
10. \_\_\_\_\_ Applicant authorizes the program staff to leave a message either with the person answering the phone or on the answering machine to inform that applicant's or caregiver's medical marijuana card is ready. Applicant can schedule an appointment to pick up (within 30 days) the card or request to have it sent out to the mailing address listed on the application by USPS Certified Mail.
11. \_\_\_\_\_ Applicant can only pick up his/her own card whereas the caregiver can pick for both the applicant and caregiver.

\_\_\_\_\_  
 Applicant (print name)

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Caregiver (print name)

\_\_\_\_\_  
 Caregiver's Signature

\_\_\_\_\_  
 Date