



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

**Department of  
Health and Social Services**

DIVISION OF PUBLIC HEALTH  
Bureau of Vital Statistics

P.O. Box 110675  
Juneau, Alaska 99811-0675  
Main: 907.465.3391  
Fax: 907.465.3618

Dear Applicant:

Per Alaska Statute 17.37.010 regarding the medical uses of marijuana, the enclosed "Application for Medical Marijuana Registry" and "Physician Statement" must be completed by the applicant. Further, if a primary caregiver is specified, the form "Primary Caregiver Application for Medical Marijuana Registry" must also be completed. If the applicant also specifies an alternate caregiver, the form "Alternate Caregiver Application for Medical Marijuana Registry" must be completed.

A nonrefundable fee (7 AAC 34.070(b)) of \$25.00 (\$20.00 for a renewal) and a legible photocopy of the Alaska Driver's License or Alaska Identification Card of the applicant and all caregivers must be submitted with the application. Renewal applications submitted after a registry identification card has expired will be considered a new application and the applicant will be required to pay the fee for first-time applicants.

Prior to mailing your application, review it to be sure that all required information has been completed. If your application is not complete, it will be denied and you will not be allowed to reapply for a period of six months. Please make your check or money order payable to the Bureau of Vital Statistics and mail it along with the application to the following address:

Alaska Bureau of Vital Statistics  
Marijuana Registry  
P.O. Box 110699  
Juneau, AK 99811-0699

You may wish to use "Return Receipt Service" for mailing to be sure that your application and fees are received by the Bureau.

If you have any questions or concerns, please contact the marijuana registry section of the Bureau of Vital Statistics at (907) 465-5423.

## Medical Marijuana Registry Application Instructions

Please read the following instructions carefully. If your application is not complete, it may be denied.

A patient applying for a medical marijuana registry identification card must provide to the department:

1. The **original completed copy** of the attached application form (photocopies will not be accepted) that includes the following:
  - The applicant's name, mailing address, physical address, date of birth, and Alaska driver's license number or Alaska identification card number;
  - The name, address, and telephone number of the patient's physician;
  - The name and address of the patient's primary caregiver, if one is designated at the time of application; and
  - The applicant's signature.
2. If the applicant is a minor, an original statement in writing (photocopies will not be accepted) by the minor's parent or legal guardian residing in Alaska, stating that the parent or guardian:
  - Consents to serve as the minor's primary caregiver; and
  - Gives the parent or guardian's permission for the minor to engage in the medical use of marijuana;
3. **The original, signed form of the physician's statement** (photocopies of the physician's statement will not be accepted) stating that the patient has been diagnosed with a qualifying debilitating medical condition and the conclusion of the patient's physician that the patient might benefit from the medical use of marijuana or a certified copy of that documentation; and
4. The application fee of \$25 for the original request or \$20 fee if it is for a timely renewal (your current card has not expired).

# Application for Medical Marijuana Registry

☐ Initial Application  
☐ Renewal

- ☐ The application fee is \$25 for initial application; or \$20 for a renewal application (current card has not expired).
- ☐ A photocopy of the Applicant's Alaska Driver's License or Alaska Identification Card must be included with the application.
- ☐ A witness must be present when the Applicant signs and dates the application. The witness must then sign and date the application.
- ☐ A statement from the Applicant's physician, using either the physician's statement form (page 4) or a letter addressing the conditions mentioned in the physician's statement form, signed by the Applicant's physician must be attached.

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:		Phone:	
Date of Birth (mm/dd/yyyy)		AK Driver's License/AK ID Number:	

If the Applicant is a minor (under the age of 18), please fill out this section:

I, _____, state that I am the parent or guardian of _____ (Name of parent or guardian) (Minor applicant's name)	
and that the minor's physician has explained the possible risks and benefits of medical use of marijuana to me and that I consent to serve as the primary caregiver for the patient and to control the acquisition, possession, dosage, and frequency of use of marijuana by the minor.	
Parent or Guardian Signature: _____	Date: _____
Note: The parent or guardian must also register as the applicant's primary caregiver (page 2).	

## Physician's Information:

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:		Phone:	

Applicant's Signature:		Date:	
Witness' Printed Name:			
Witness' Signature:		Date:	

State Office use only:	Patient #:	Caregiver #:	Issue Date:	Expiration Date:
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**Mail to:** Alaska Bureau of Vital Statistics  
Medical Marijuana Registry  
PO Box 110699  
Juneau, AK 99811-0699 PH: 907-465-5423

# Primary Caregiver Application for Medical Marijuana Registry

Please note that a Primary Caregiver is not required for an Applicant to be approved for the Medical Marijuana Registry.

- ☐ A photocopy of the Primary Caregiver's Alaska Driver's License or Alaska Identification Card must be included with this application.
- ☐ A witness must be present when the Primary Caregiver signs and dates the application. The witness must then sign and date the application.

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:		Phone:	
Date of Birth (mm/dd/yyyy)		AK Driver's License/AK ID Number:	

## Check all that apply.

- ☐ I am at least 21 years of age;
- ☐ I have never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73;
- ☐ I am not currently on probation or parole from this or another jurisdiction.

**I certify under penalty of perjury that the foregoing is true.**

Primary Caregiver's Signature:		Date:	
Witness' Printed Name:			
Witness' Signature:		Date:	

# Alternate Caregiver Application for Medical Marijuana Registry

Please note that an Alternate Caregiver is not required for an Applicant to be approved for the Medical Marijuana Registry. This form is completed if the Applicant wishes to have both a Primary Caregiver and an Alternate Caregiver.

- ☐ A photocopy of the Alternate Caregiver's Alaska Driver's License or Alaska Identification Card must be included with this application.
- ☐ A witness must be present when the Alternate Caregiver signs and dates the application. The witness must then sign and date the application.

Name: (First Middle Last)			
Mailing Address:			
Physical Address:			
City, State, Zip:		Phone:	
Date of Birth (mm/dd/yyyy)		AK Driver's License/AK ID Number:	

**Check all that apply.**

- ☐ I am at least 21 years of age;
- ☐ I have never been convicted of a felony offense under AS 11.71 or AS 11.73 or a law or ordinance of another jurisdiction with elements similar to an offense under AS 11.71 or AS 11.73;
- ☐ I am not currently on probation or parole from this or another jurisdiction.

**I certify under penalty of perjury that the foregoing is true.**

Alternate Caregiver's Signature:		Date:	
Witness' Printed Name:			
Witness' Signature:		Date:	

# Physician Statement for Medical Marijuana Registry Application

I, \_\_\_\_\_, state that I personally examined \_\_\_\_\_  
(Physician's Name) (Applicant's Name)

on \_\_\_\_\_ and that the examination took place in the context of a bona fide physician-patient relationship;  
(Date of examination)

and that \_\_\_\_\_ has a debilitating medical condition qualifying under AS 17.37.070.  
(Applicant's Name)

I have considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and have concluded that the patient might benefit from the medical use of marijuana.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's License Number:** \_\_\_\_\_

The physician must either be licensed to practice medicine in the state of Alaska or must be an officer in the regular medical service of the armed forces of the United States or the United States Public Health Service while in the discharge of their official duties, or while volunteering services without pay or other remuneration to a hospital, clinic, medical office, or other medical facility in Alaska.