

MODIFICATION OF APPLICATION TO BECOME A LICENSED PRODUCER UNDER THE ACCESS TO CANNABIS FOR MEDICAL PURPOSES REGULATIONS (ACMPR)

(Disponible en français)

This form should be used if you already submitted an application under the Marihuana for Medical Purposes Regulations (MMPR) and your application remains in process. If this form is not completed, the application submitted under the MMPR will continue to be considered under the ACMPR. The contents of this form will update and replace the applicable contents of the application that you made under the MMPR.

FILE No. 10-MM _____ **Applicant Name:** _____

1. ACTIVITIES AND SUBSTANCES TO BE SPECIFIED ON THE LICENCE

1a. ACTIVITIES WITH CANNABIS

Please check the box(es) of proposed activities that you intend to carry out with cannabis. Please also indicate the substance description if not listed; and the purpose for conducting each of the activities. The information completed on these charts will replace the activities requested in section 5 of the MMPR application currently in process.

Activity Requested	Substances Requested						Purpose (Specify for each activity and substance)
	Dried Marihuana	Marihuana Plants	Marihuana Seeds	Cannabis Oil	Fresh Marihuana	Cannabis other ¹ (specify substance(s) for each activity)	
Possession							
Production							
Sale or provision							
Shipping							
Transportation							
Delivery							
Destruction							

Areas - Complete the following for each building:

Building Name/Number²:		
Activities in areas where cannabis is present		
Room Name/Number² (per floor plan)	Activities	Substance(s)

NOTES:

1. Substance Description: Specify the cannabis substance (e.g. cannabis for in vitro testing delta 9-tetrahydrocannabinol or cannabidiol, or cannabis resin).
2. Building and room references must correspond to the building information that Health Canada has on file, either in your original application or as amended. If this is not the case, please clarify and provide the information in section 3 below.

1.a.i. Quantity of Cannabis to be Produced (if applicable)

Please indicate the maximum quantity (expressed as the net weight in kilograms) of cannabis to be produced and the production period

Substance	Total Quantity of Cannabis to be produced (kg)	Production Period (i.e. monthly, annually)
Fresh Marihuana		
Dried Marihuana		
Cannabis oil		
Cannabis other (please specify ²) _____ _____ _____		

1.a.ii. Quantity of Cannabis to be Sold or Provided to Parties Under the ACMPR (if applicable)

Please indicate the maximum quantity expressed as the net weight in kilograms (unit measure for plants) of cannabis to be sold or provided to parties and the period in which that quantity is to be sold or provided:

Substance	Per subsection 22 (2) Total Quantity of Cannabis to be sold or provided (kg) to another Licenced Producer, a Licenced Dealer, the Minister or a relevant section 56 Act exemption holder	Per subsection 22 (4) Total Quantity of Cannabis to be sold or provided (kg) to clients, hospital employees or a relevant section 56 Act exemption holder	Per subsection 22 (5) Total Quantity of Cannabis to be sold or provided (kg) to clients registered on the basis of a registration certificate issued per Part 2 of the ACMPR	Production Period (ie. monthly, annually)
Fresh Marihuana	kg	kg		
Dried Marihuana	kg	kg		
Cannabis oil	kg	kg		
Marihuana seeds	kg		kg	
Marihuana plants	units		units	

1.b. ACTIVITIES WITH CANNABIS, OTHER THAN MARIJUANA

If you intend to conduct activities with cannabis substances, other than marihuana or cannabis oil (e.g. in order to conduct *in vitro* testing to determine the percentages of cannabinoids in dried marihuana) the substances, purpose and areas should be specified in 5.a. and 5.a.i. above.

If you do not intend to conduct activities with cannabis, other than marihuana, please provide the following for the laboratory performing third-party testing of the cannabis product in your application form. An acceptable analytical testing laboratory must possess a Health Canada dealer’s licence that would authorise the required activities with the material

Third party testing laboratory name: _____

Address: _____

Controlled Drugs and Substances Licence number: _____

1 c. EQUIVALENCY FACTOR AND METHOD

If you have applied to sell or provide fresh marihuana or cannabis oil to eligible persons in 1a above, detail the dried marihuana equivalency factor and the method used to determine it.

Equivalency factor and method attached:

-OR-

Equivalency factor and method to follow:

2. OWNERSHIP OF PROPERTY – UPDATED TO REFLECT ADDED ACTIVITIES

If the applicant is the owner of the **entire** proposed site, the declaration in section 2.a. is to be signed by the proposed Senior Person in Charge (Senior PIC).

If the proposed **site or any portion of the site is not owned by the applicant**, a declaration signed and dated by the owner(s) of the site or each portion of the site must be submitted along with this application consenting to the use of it by the applicant for the proposed activities. (See Appendix A)

Appendix A attached to this form:

2.a. Applicant and Site Owner's Declaration

I hereby declare that the entire proposed site, to which this application relates, is entirely owned by the applicant for this licence under the *Access to Cannabis for Medical Purposes Regulations*.

Surname of site's Senior PIC	Given Name(s)
Other Title (e.g. President)	
Signature of the site's Senior PIC:	Date: (YYYY/MM/DD)

3. PROPOSED SITE AND PHYSICAL SECURITY UPDATES

Attach an updated description of the **security measures and floor plans of the site**, including each of the building(s) within the proposed site where activities are to be conducted:

- Description of security measures attached
- Floor plan of the site attached (perimeter of the site is identified)
- Floor plan(s) for the building(s) attached
- Specifications and floor plan(s) for the storage areas

-OR-

Select this box if the site and physical security have not changed from the original application submitted under the MMPR.

Note: Any licensed activities proposed to be undertaken at any proposed site must comply with the requirements of the ACMPR and the Health Canada *Directive on Physical Security Requirements for Controlled Substances*. A security level must be established for all areas where cannabis, other than marihuana plants, will be stored.

4. UPDATED NOTICE TO LOCAL GOVERNMENT, POLICE AND FIRE AUTHORITIES

If you intend to conduct activities with cannabis that were not identified in your original application under the MMPR you must provide to a senior official of the local police, local fire authority and local government an updated notice that identifies the proposed activities; specifies that they are to be conducted with cannabis; and sets out the address of the sites(s) and of each building within the site(s) and of each building within the sites(s). The notice may be signed by the Senior Person in Charge.

Please identify below the names of the senior officials within your local police, local fire authority and local government to whom you have provided notifications. Please also attach a copy of each notice to this application. These senior officials

may be contacted by Health Canada to confirm receipt of the notices. Health Canada recommends that you maintain all records of notification (such as courier receipts) to support that the notification took place.

Copies of all the updated notices are attached

Police Force

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

Fire Authority

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

Local Government (e.g. Municipality)

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

DECLARATION to be completed by the Senior Person in Charge

I hereby declare that written notices containing the information referred to in this application regarding proposed activities regulated under the ACMPR have been provided to the senior official of the local authorities listed above:

Surname (Senior PIC)		Given Name(s)	
Other Title (e.g. President)			

Signature of Senior PIC:	Date: (YYYY/MM/DD)
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5. UPDATED QUALITY ASSURANCE PRE-LICENSING REPORT

- Applicants can submit an updated document signed and dated by the proposed quality assurance person that includes:
- i. a description of the quality assurance person’s qualifications in respect of the proposed licensed activities and the requirements of Part 1, Division 1, Subdivision D of the ACMPR; and,
 - ii. a report establishing that the buildings, equipment and proposed sanitation program to be used in conducting the proposed activities referred in Part 1, Division 1, Subdivision D of the ACMPR comply with the requirements of the Subdivision.

The Quality Assurance report has been modified to address the updated proposed licenced activities; the document is signed and dated by the proposed quality assurance person and attached and/or changes to the QAP are detailed below (if applicable):

Proposed Quality Assurance Person (QAP)			
Surname		Given Name(s)	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)	
Proposed Schedule – Work Hours and Days (e.g. 8am – 4pm, Mon – Fri)			

-OR-

Select this box if the Quality Assurance Report has not been updated from the original application submitted under the MMPR.

6. UPDATED RECORD KEEPING METHOD

Provide in an attachment a detailed description of your updated proposed record keeping methods. Include sample templates of the documents you are planning to use and detailed explanations to demonstrate proper record keeping, reconciliation and auditability.

An updated detailed description of proposed record-keeping methods is attached:

Example(s) of proposed record-keeping document(s) is attached:

7. UPDATED DECLARATIONS AND ATTESTATIONS

The following updated declarations and attestations must be signed and dated by the Senior Person in Charge.

I hereby declare that the proposed Senior Person in Charge (Senior PIC), the proposed Responsible Person in Charge (RPIC), and if applicable, the proposed Alternate Responsible Person(s) in Charge (A/RPIC) are familiar with the provisions of the *Controlled Drugs and Substances Act* and its regulations and the *Food and Drugs Act* that will apply to this licence.

I hereby declare that the entire proposed site, to which this application relates, is not is not a dwelling-place.

I hereby attest that all of the information and documents submitted in support of the application are, to the best of my knowledge, correct and complete.

I hereby attest that I have the authority to bind the applicant.

Surname of Senior PIC	Given Name(s)
Other Title (e.g. President)	
Signature of Senior PIC:	Date: (YYYY/MM/DD)

8. SUBMISSION

Please send the complete updated Application Form and accompanying documents to the Office of Medical Cannabis at the following address. Take note that all mandatory information and documents requested must be provided to avoid delay of processing this application. Your application may be returned to you if it is incomplete. Do not send any electronic storage device (ie. memory sticks or CD Roms).

**Health Canada
OMC Licencing Section
A.L.: 0300A
Ottawa, ON
K1A 0K9**

APPENDIX A

CONSENT BY OWNER TO UTILIZE SITE

If the proposed site, or any portion of the site, identified below is not owned by the applicant, this declaration is to be signed and dated **by the owner of the site** (or each portion of the site). The owner must consent to the use of the site by the applicant for the proposed activities with cannabis.

If there are multiple owners, each owner must consent to the use of the site by the applicant for the proposed activities with cannabis using part (2) b) of this Appendix. Please attach additional pages as needed.

Check here if additional pages are attached:

(1) To be completed by the applicant:

Please provide a brief description of the activities to be conducted on the proposed site or any portion of the site for which this consent is being requested.

Description of Activities to be Conducted with Cannabis on the Proposed Site

Location of proposed site for which consent is being requested:

Street Address				
City	Province	Postal Code		

(2) To be completed by site owner(s):

(2) a) Sole owner

I hereby declare that I am the sole owner of the proposed site listed in section (1) of this Appendix and that I am fully aware of and consent to the activities with cannabis described in section (1) of this Appendix being conducted on this site.

Signature: _____ Date: _____
(YYYY/MM/DD)

Print Full Name: _____

Note: If the owner is a company, submit documents to confirm the signing authority

(2) b) Joint Owner(s)

Note: If the site is co-owned, please provide the name and address for each property owner.

Note: If the owner is a company, submit documents to confirm the signing authority

Property Co-owner

Full Name:	
Address:	

Property Co-owner

Full Name:	
Address:	

I hereby declare that I am a co-owner of the proposed site listed in section (1) of this Appendix and that I am fully aware of and consent to the activities with cannabis described in section (1) of this Appendix being conducted on this site.

Property co-owner's signature: _____

Print Full Name: _____

Date: _____
(YYYY/MM/DD)

Property co-owner's signature: _____

Print Full Name: _____

Date: _____
(YYYY/MM/DD)
