



**County of Los Angeles ♦ Department of Public Health
 Environmental Health Division
 Medical Marijuana Program
 5050 Commerce Drive, Baldwin Park, CA 91706
 Phone (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.
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 in his/her 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. ____ I will be notified if the program staff are unable to obtain the medical documentation from your physician. It is the applicant's responsibility to contact the physician for status update.
7. ____ 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.
8. ____ The designated primary caregiver can have up to five qualified applicants.
9. ____ I authorize the 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 card is ready. I 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.
10. ____ 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