

COPY TL

B2-1 Information on Medical Practitioner

Medical practitioner's full name: DR. JATINDER S. MANDER
Provincial medical licence number: 27166

STAMP (IF AVAILABLE)
DR. J.S. MANDER
THE MEDICAL ARTS CENTRE
30-650 SOUTH TERMINAL AVENUE
NANAIMO, BC, V9R 5E2
(250) 753-2431

Health Canada /
Santé Canada
MHAAD 09/184-09
MAY 12 2009
2009-06-23
OCS / BSC

Medical specialization (if applicable): FAMILY PRACTICE
Business Address: 30-650 SOUTH TERMINAL AVE Suite Number:
City: NANAIMO Province: B.C. Postal Code: V9R 5E2
Telephone: (250) 741-0447 x. 753-3431
Fax: ()
E-mail:

B2-2 Medical Condition(s) and Symptoms

Applicant's full name: ALLARD last NEIL first Victor middle
Date of Birth: year 1954 month MAY day 25

Please specify the medical condition(s) and symptom(s) that are the basis for the application.

Medical Condition(s): myalgic encephalomyelitis (AKA CHRONIC FATIGUE SYNDROME)

Symptom(s): Patient experiences intolerable side effects with most conventional medications. Medical marijuana is an effective treatment for his chronic symptoms of muscle and joint pain, nausea, poor appetite, digestive problems, fatigue, mood and sleep difficulties, headaches, and tingling, all of which are chronic, and are related to his medical condition of M.E. A long list of ineffective conventional treatments was previously provided.

Note: You may wish to provide any information that you might consider useful or pertinent for the review of the application.

B2-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marijuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- J. HANSEN
29/4/2009
- a. The proposed daily amount of dried marijuana is less than or equal to TEN grams (use letters to write amount); and
 - b. the following method and form of administration (please check appropriate box):
 - Inhalation Oral USES A VAPORIZER, tea baked goods

Notes to Physicians: For more information on daily amounts, you can refer to the following documents:
 Information for Health Care Professionals — Marijuana
 Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mpe/marijuana/index_e.html or by calling toll free at 1-866-337-7705.

B2-4 Duration

Under the *Marijuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

B2-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided on Page 3.

- 1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);
 - b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- 2. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marijuana as a drug.
- 3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
 - b. If you are not a medical specialist, please declare:
 - i. that the applicant's case has been assessed by a specialist;
 - ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
 - iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
 - iv. the specialist is aware that marijuana is being considered as an alternative treatment for the applicant.

(signature required on next page)

Name: NEIL ALLARD

(B2-5 continued)

Please complete the following:

Name of the medical specialist: DR. BRUCE M. CARRUTHERS

The medical specialist's area of specialization: INTERNAL MEDICINE

Date of the specialist's assessment of the applicant's case: MARCH 11, 2008 (ATTACHED) COPY

Note: Under the Marijuana Medical Access Regulations, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the Narcotic Control Regulations.

4. I declare that the information contained in this form is correct and complete.

DR J. S. MANDER [Signature]

MEDICAL PRACTITIONER'S SIGNATURE

DR J. S. MANDER

PRINT NAME

24 / MAR / 2009

DATE

IMPORTANT:

- 1. Please ensure that you have read and understood the declarations.
 - 2. Please sign and date the declarations.
 - 3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 - 4. We cannot process the application until ALL appropriate forms are received.
 - 5. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: NEIL ALLARD

MAY 19 2009

Health
CanadaHealthy Environments
and Consumer Safety
BranchSanté
CanadaDirection générale
Santé environnementale et
sécurité des consommateursAddress Locator: 3503B
Ottawa ON K1A 1B9

Your file / Votre référence

Our file / Notre référence

2009-05-19

MMAD-03861-09

Ms. Glenda Allard Barr
6860 Wayne Pl. RR 2
Lantzville BC V0R 2H0

Dear Ms. Allard Barr:

This is in response to your letter dated April 24, 2009, regarding your husband, Mr. Neil Allard.

Unfortunately, as you do not appear to be an assigned representative we are unable to provide you with any details. We can however inform you that, as part of our initiative, medical practitioners supporting applications who have not yet been provided with information on the daily amount are sent documentation for reference purposes along with a request to confirm the daily amount. They are not required to complete Form B a second time but are asked to mainly provide us with a quick confirmation of the daily amount.

Should you have any questions, please visit the Health Canada website at www.healthcanada.gc.ca/mma or contact our office by telephone [1-866-337-7705 toll-free], by fax [(613) 952-2196] or by writing to:

Marihuana Medical Access Division
Tobacco and Drugs Directorate
Health Canada
Address Locator: 3503B
Ottawa ON K1A 1B9

Sincerely,

Ronald Denault, Manager
Marihuana Medical Access Division
Tobacco and Drugs Directorate

cc: Dr. Jatinder Singh Mander
30-650 Terminal Ave S
Nanaimo BC V9R 5E2

Neil Allard

Reference #23323C

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name: Neil Surname: Allard Mailing Address: 712 Hamilton Ave., Nanaimo, BC V9R 4G6, Canada Date Of Birth: 1954-05-25 Primary Phone: (250) 753-0125 (M/A)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
22393C	Closed	2009-04-24	Call	Out	General Inquiry
MMAD-03861	Closed	2009-04-27	Mail	In	Other
MMAD-04184	Closed	2009-05-12	Mail	In	RMI Letter
23323C	Closed	2009-05-20	Call	Out	Physician Inquiry
25313C	Closed	2009-07-09	Call	In	General Inquiry
MMAD-03828	Closed	2010-03-17	Mail	In	Application
42134C	Closed	2010-07-13	Call	In	General Inquiry

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add/Edit Notes

Returning the to Dr. Mander: he explain me that he know the Pt for about 2 years and his marihuana his working well for him. I explain him that we aske a confirm dosage for 10 g and more. I explain him that his a regular procedure. He agree that a good procedure to be sure that what the md want to give .JB 20.5.09"

"Returning the to Dr. Mander: he explain me that he know the Pt for about 2 years and his marihuana his working well for him. I explain him that we aske a confirm dosage for 10 g and more. I explain him that his a regular procedure. He agree that a good procedure to be sure that what the md want to give .JB 20.5.09"

Application Id: 31770

MMAD: 07/18/09

DATE: 2009-05-21

Review Officer: Marie-Anne Pare

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CARD TO BE MADE AND CHOOSE THE PROPER CARD EPISUITE NUMBER

MMAR AP CARD (AP)

MMAR PUPL CARD (PL) 40275

MMAR DPPL CARD (DP)

PERSONAL INFORMATION

APPLICANT

Neil Victor Allard
6860 Wayne Pl, RR 2
Lantzville BC V0R 2H0
DOB: 1954-05-25

Gender: Male
Card No. APPL-NVA-05A0062104754-09-A
Issue Date: JUL 9, 2009
Expiry Date: JUL 9, 2010 cy
Duration: 12 months

DESIGNATED PERSON

Gender:
Card No.
Issue Date:
Expiry Date:

PRODUCTION INFORMATION

Production Location: 6860 Wayne Pl, RR 2 Lantzville BC V0R 2H0

Storage Location: 6860 Wayne Pl, RR 2 Lantzville BC V0R 2H0

Indoor Plants: 37 plants

Outdoor Plants: 10 plants

Storage: 3750.0 grams

Carry: 300.0 grams

Daily Amount: 10.0 grams/day

Type: New Renewal Amendment

Notes: AP+PUPL

Authorizations and Licences / Autorisations et licences

New / Nouvelle
 Renewal / Renouvellement
 Amendment - Revocation / Modification - Revocation

Supply Letter / Lettre d'approvisionnement

For / Pour:
 Signature of Manager, MMAD / Signature du Gestionnaire, DAMM
 Signature of Director, OCS / Signature du Directeur, BSC

ID Cards / Cartes d'identité:
 Prepared by / Rempli par: _____ Date: JUN 26 2009
 Production Site / Aire de production: Verified / Vérifié
 Comment / Commentaires: Agar, Parvaneh

Verified by / Vérifié par:
 Supply / Approvisionnement: _____ Date: _____
 Authorizations / Autorisations: _____ Date: _____

Approved by / Approuvé par: Yes / Oui
 No / Non
 E. Demin: _____

Remarks / Remarques:

CANADA POST / POSTES CANADA Customer Receipt / Reçu du client

LT 430 768 859 CA Date: 2009-07-08

Item No. / N° de l'article: _____

From / Expéditeur: _____ Telephone / Tél: _____
 Name / Nom: _____
 Address / Adresse: _____
 City / Ville: _____ Province / Postal Code / Code postal: _____

To / Destinataire: _____ Telephone / Tél: _____
 Name / Nom: _____

250-390-2822

Mr. Neil Victor Allard
 6860 Wayne Pl RR 2
 Lantzville BC V0R 2H0

35-98478 (06-01) CANADA

Application Page (NIMAR II)

Mr. Neil Victor Allard 8360 Wayne Pl, RR 2 Lantzville BC V0R 2H0	250-390-2622	DOB: 1954-05-25 File Number: A0052	view edit
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Applicant Information

Status	Picture Information
Overall Status: RMI	Attached Picture: Yes
ID Issue Date:	Verified Picture: Yes
Expiry Date:	Date Submitted: 2009-04-02
Deceased/Closed: N/A	
Received Date: 2009-04-02	
Consent Information	Intended Source
Rep. Consent No	Source: Personal Use/Production Licence
Representative:	
Notes	
Form A ok	

Medical Practitioner Information

Doctor			
Dr. Jatinder Singh Mander	250-753-3431	General Practitioner	view edit
Doctor's Address: Melling 30-650 Terminal Ave S Nanaimo BC V9R 5E2	250-741-0447		
Is the above MD on the Restricted List? No			
Medical Condition - Category 1			
Medical Condition - Category 2			
Other (myalgic encephalomyelitis)			
Proposed Daily Amount			
Category:	Category 2		
Form of Administration:	Oral and Inhalation		
Daily Amount:	10.0 grams/day		
Duration:	12 months		
Assessment Date:	2008-03-11		
Second Medical Practitioner Information			
Dr. Bruce M. Carruthers	604-224-1515 250-652-8863	Internal Medicine	view edit
Notes			
Dosage confirmed. -MP (2009-05-21). High dosage, need to confirm with new MD. -MP (2009-04-03)			

Personal Production Information

Mode of Production Indoor and Outdoor	
Indoor Plants: 37 plants	
Outdoor Plants: 10 plants	
Storage: 3750.0 grams	
Production/Storage Security Measures	Production:
	Outdoor: On 1 acre of land, low traffic cul-de-sac, entire property is surrounded by a 7 foot fence, secluded back yard with very low visibility
	Indoors: In a 2 section locked room in basement, windowless and
Production Location	8860 Wayne Pl, RR 2 Lantzville BC V0R 2H0
Storage Location	Same as Residence
Notes	
Form C ok	

Neil Allard

Reference #25313C

Oracle Developer Forms Runtime - Well

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name: Neil Surname: Allard Mailing Address: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada Date Of Birth: 1954-05-25 Primary Phone: 250-753-0125 (NA)

Correspondences [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
23323C	Closed	2009-05-20	Call	Out	Physician Inquiry
25313C	Closed	2009-07-09	Call	In	General Inquiry
MMAD-03626	Closed	2010-03-17	Mail	In	Application
42134C	Closed	2010-07-13	Call	In	General Inquiry
MMAD-08261	Closed	2011-04-07	Mail	In	Application
MMAD-08274	Closed	2011-04-07	Mail	In	Other
MMAD-08281	Closed	2011-04-07	Mail	In	Application

Attachments [Upload File](#) [Download Selected File](#) [Delete Selected File](#)

Report Filename	Document Type	Date Created

Correspondence Notes [Add / Edit Notes](#)

7/9/2009 3:34:35 PM
Language: E
NEIL ALLARD
6860 WAYNE PL

"7/9/2009 3:34:35 PM

Language: E

NEIL ALLARD

6860 WAYNE PL

LANTZVILLE, BC V0R2H0

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1:00pm to 5:00pmET

Request for Further Information:

The caller would like to speak with a representative in regards to his renewal application he submitted in March. His current licence expires today and he would like to know if the new licence is on its way. A call-back would be appreciated and you may leave a detailed message.

July 10, 2009

I was able to speak directly with Mr. Allard, with regard to his inquiry. Informing him that MMAD sent out his renewal AP/PUPL on July 8, 2009 by courier. Mr. Allard informed me that he has not yet received his renewal. I explained that it is common practice for MMAD not to send out renewals much before to the date of expiry.

I provided Mr. Allard with Canada Post toll free and tracking numbers, to locate his courier pkg. Mr. Allard thanked me for the call and said good bye.

Cheryle.A"

Health Canada / Santé Canada


Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-03626-10

**AUTHORIZATION TO POSSESS
DRIED MARIJUANA FOR MEDICAL PURPOSES - RENEWAL**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marijuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marijuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marijuana for a medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

HOLDER OF AUTHORIZATION INFORMATION			
NAME:	Neil Victor Allard	DATE OF BIRTH:	25/05/1954
ADDRESS:	6807 Wayne Pl RR 3 Lantzville BC V0R 2H0	GENDER:	Male
MAILING ADDRESS:	Same as above		
TERMS AND CONDITIONS			
The maximum quantity of dried marijuana that you may possess at any time under this <i>Authorization to Possess</i> is 300 grams.			
MEDICAL PRACTITIONER INFORMATION			
NAME:	Dr. Jatinder Singh Mander		
EXPIRY DATE			
Please note this <i>Authorization to Possess</i> expires on July 15, 2011. Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 6 weeks prior to your expiry date.			

ISSUED BY:  Ronald Denault, Manager Marijuana Medical Access Division Controlled Substances and Tobacco Directorate	DATE OF ISSUE: 2010-07-15
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**PLEASE READ ALL ENCLOSED DOCUMENTS
CAREFULLY**

ENCLOSED DOCUMENTS:
 Information you should know about your *Authorization to Possess* dried marijuana.

c.c.: Dr. Jatinder Singh Mander
 30-030 Terminal Ave E
 Nanaimo BC V9R 5B2



Authorization to Possess Dried Marijuana
 Authorisation de possession de marijuana séchée
 (Numbered Identification Licence)
 Numéro de licence
NEIL VICTOR ALLARD
 6807 Wayne Pl, Lantzville, BC
 DOB / DATE OF BIRTH: 25/05/1954
 SEX: M
 MARIJUANA MEDICAL ACCESS DIVISION
 DIVISION MARIJUANA MÉDICALE
 Marijuana Medical Access Division
 Division Marijuana Médicale
 Issue Date / Date de délivrance: 07/15/2010
 Expiry Date / Date d'expiration: 07/15/2011
 Licence Valid Until / Valable jusqu'à: 07/15/2011
 Validity Period / Durée de validité: 365 days / 365 jours
 Marijuana Medical Access Division / Division Marijuana Médicale
 3503B, Ottawa, ON K1A 1B9
 1-866-337-7705
 For more information on the MMAR, please visit the website: www.health.gc.ca/mmar

All inquiries regarding this authorization should be directed to the Marijuana Medical Access Division toll-free phone number: 1-866-337-7705.


Health Santé
Canada Canada

Address Localité: 3503B
Ottawa ON K1A 1B9

MMAD-03626-10

**PERSONAL-USE PRODUCTION LICENCE
DRIED MARIJUANA FOR MEDICAL PURPOSES - RENEWAL**

You have met the requirements to be issued a licence pursuant to section 29 of the *Marijuana Medical Access Regulations* (MMAR). You are hereby licensed to produce dried marijuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marijuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

HOLDER OF LICENCE INFORMATION	
NAME:	Nell Victor Allard
ADDRESS:	6860 Wayne Pl. RR 2 Lantzville BC V0R 2H0
MAILING ADDRESS:	Same as above
DATE OF BIRTH:	25/05/1954
GENDER:	Male
TERMS AND CONDITIONS	
PRODUCTION SITE:	6860 Wayne Pl. RR 2 Lantzville BC V0R 2H0
MODE OF PRODUCTION:	Indoors (winter months) and outdoors (summer months)
PRODUCTION QUANTITIES:	The maximum number of marijuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor)
STORAGE SITE:	6860 Wayne Pl. RR 2 Lantzville BC V0R 2H0
STORAGE QUANTITIES:	The maximum quantity of dried marijuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is 3750 grams and it must be stored indoors.
EXPIRY DATE	
Please note this <i>Personal-Use Production Licence</i> expires on July 15, 2011. Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 4 weeks prior to your expiry date.	
ISSUED BY:	DATE OF ISSUE:
 Ronald Donahue, Manager Marijuana Medical Access Division Controlled Substances and Tobacco Directorate	2010-07-15

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of the *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this licence should be directed to the Marijuana Medical Access Division toll-free phone number: 1-866-337-7705.

Neil Allard

Reference #MMAD-03626-10

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name: Allard, Surname: [redacted], Mailing Address: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada, Date Of Birth: 1964-05-26, Primary Phone: 250-753-0125 (N/A)

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
23323C	Closed	2009-05-20	Call	Out	Physician Inquiry
25313C	Closed	2009-07-09	Call	In	General Inquiry
MMAD-03626	Closed	2010-03-17	Mail	In	Application
42134C	Closed	2010-07-13	Call	In	General Inquiry
MMAD-08261	Closed	2011-04-07	Mail	In	Application
MMAD-08274	Closed	2011-04-07	Mail	In	Other
MMAD-08261	Closed	2011-04-07	Mail	In	Application

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Detail Add / Edit Notes

LEGACY: Mail Subject - Renewal - Form R
 LEGACY correspondence notes - AP + PUPL + exp Jul 9, 2010 LEGACY correspondence notes - For review - Eric - Apr 14, 2010
 Christine, please prepare AP + PUPL + CARD Review complete- DA Jun 1, 2010.
 Hocine: doc(s)/card(s) done - Christine - June 29 - ISSUE DATE: JULY 9
 NB: as requested by Ronald today, NEW ISSUE DATE: JULY 15. docs signed today - Christine - July 15/2010

"LEGACY: Mail Subject - Renewal - Form R

LEGACY correspondence notes - AP + PUPL + exp Jul 9, 2010 LEGACY correspondence notes - For review - Eric - Apr 14, 2010

Christine, please prepare AP + PUPL + CARD Review complete- DA Jun 1, 2010.

Hocine: doc(s)/card(s) done - Christine - June 29 - ISSUE DATE: JULY 9

NB: as requested by Ronald today, NEW ISSUE DATE: JULY 15. docs signed today - Christine - July 15/2010

Gordon: as requested by Ronald, please mail out - Christine - July 15/2010.

Done- Auth/PUPL- July 16, 2010- Charlotte

Tracking: LT560438702CA"

FR

R1 Applicant's Information

Mrs. Miss Ms. Mr.

Print Name

Applicant's full name: AWLARD I NEIL I VINCATOR

Date of Birth: 05 / 05 / 1954 Gender: M

Address: 6860 WAYNE PLACE Apartment Number:

City: LANTZVILLE Province: B.C. Postal Code: V0R 2H0

Telephone: (250) 390-2822

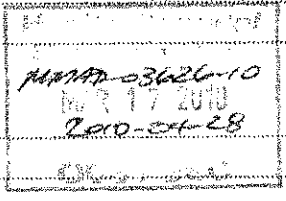
Fax: ()

E-mail:

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:



Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

City: Province: Postal Code:

R2 Source of Marihuana

You are required to choose one of the following:

I plan to purchase dried marihuana from Health Canada and request that my approval to receive dried marihuana be renewed.

IMPORTANT: If you want to purchase dried marihuana but do not currently have approval to receive the Health Canada product, you are required to complete FORM E1: Application to Obtain Dried Marihuana.

OR

I plan to produce my own marihuana and request that my existing Personal-Use Production Licence be renewed.

IMPORTANT: If you want to produce your own marihuana and do not currently hold a valid Personal-Use Production Licence, you are required to complete FORM C: Application for Licence to Produce Marihuana by Applicant.

OR

I plan to have a designated person grow marihuana for me.

IMPORTANT: You are required to complete FORM D: Application for Licence to Produce Marihuana by a Designated Person even if renewing an application.

R3 Information on Medical PractitionerMedical practitioner's full name: DR JATINDER S. MANDERProvincial medical licence number: 27166

STAMP (IF AVAILABLE)

DR. J.S. MANDER
 THE MEDICAL ARTS CENTRE
 30-650 SOUTH TERMINAL AVENUE
 NANAIMO, BC, V9R 5E2
 (250) 753-3431

Business Address: 30-650 SOUTH TERMINAL AVE. Suite Number:City: NANAIMO Province: B.C. Postal Code: V9R 5E2Telephone: (250) 741-0447 or 753-3431Fax: ()

E-mail:

R4-A Medical Practitioner's Declaration and Signature

I declare that I am the treating medical practitioner of the individual making this renewal application for an *Authorization to Possess* under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in the last declaration signed by me.



MEDICAL PRACTITIONER'S SIGNATURE

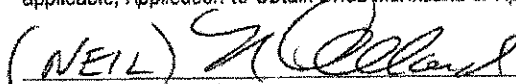
DATE

16/3/2010

J. MANDER
 PRINT NAME

R4-B Applicant's Declaration

I declare that I hold a valid *Authorization to Possess* under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in my last approved application for an *Authorization to Possess* and, if applicable, *Application to Obtain Dried Marihuana* or *Application for Licence to Produce Marihuana*.



APPLICANT'S SIGNATURE

DATE

March 16, 2010

NEIL ALLARD
 PRINT NAME

WELL ALLARD
6860 WAYNE PLACE
LAHTZVILLE, B.C.
V0R 2H0

Westhume Medical Access Division
Drug Abuse and Controlled Substances
Programme
Health Canada, Address Locator:
3503B

Ottawa, Ontario
K1A 1B9

APR 17 2011

From anywhere...to anyone
De partout...jusqu'à vous



Application Id: 44163

MMAD: 03626-10

DATE: 2010-06-01

Review Officer: DA/HA ✓

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY C
TO BE MADE AND CHOOSE THE PROPER CARD
EPISUITE NUMBER

- MMAR AP CARD (AP)
- MMAR PUPL CARD (PL) 46639
- MMAR DPPL CARD (DP)

PERSONAL INFORMATION

APPLICANT

Neil Victor Allard
 6860 Wayne Pl, RR 2
 Lantzville BC V0R 2H0
 DOB: 1954-05-25
 Gender: Male
 Card No. APPL-NVA-05A0062091754-10-A
 Issue Date: July 9, 2010
 Expiry Date: July 8, 2011
 Duration: 12 months

DESIGNATED PERSON

Gender: _____
 Card No. _____
 Issue Date: _____
 Expiry Date: _____

PRODUCTION INFORMATION

Production Location: 6880 Wayne Pl, RR 2, Lantzville BC V0R 2H0

Storage Location: 6860 Wayne Pl, RR 2, Lantzville BC V0R 2H0

Indoor Plants: 37 plants Outdoor Plants: 10 plants Storage: 3750

Carry: 300.0 grams Daily Amount: 10.0 grams/day

Type: New Renewal Amendment

Notes: AP & PUPL

*T
04*

Authorizations and Licences /
Autorisations et licences:

- New / Nouvelle
- Renewal / Renouvellement
- Amendment / Modification - Revocation / Révocation
- Supply Letter / Lettre d'approvisionnement

For / Pour Signature

- Manager, MMAD /
Gestionnaire, DAMM
- Director, MC /
Directrice, CM
- Director, OCS /
Directrice, BSC

ID Cards / Cartes d'identité:

Prepared by / Préparé par: _____ Date: JUN 29 2010

Production Site / Aire de production: Venisa/Venise

Comments / Commentaires:

Verified by / Vérifié par:

Supply / Approvisionnement: _____ Date: _____
Authorizations / Autorisations: *SM* Date: 22/07/10

Approved by / Approuvé par:

M Yes / Oui Redraft / Révisé ébauche

Remarks / Remarques:

For delivery confirmation www.canadapost.ca 1 888 550-6333

Confirmer la livraison www.postescanada.ca

Sender warrants that this item does not contain dangerous goods and agrees with the terms and conditions on Customer Receipt. L'expéditeur garantit que cet envoi ne contient pas de marchandises dangereuses et consent aux modalités sur le reçu du client.

Customer Receipt / Reçu du client

Item number / N° de l'article: **LT-580 438 702 CA**

From / Expéditeur: _____

To / Destinataire: _____

250-390-2822

Mr. Neil Victor Allard
6860 Wayne PI RR 2
Lantzville BC V0R 2H0

Application Page (MMAR II)

Mr. Neil Victor Allard: 8860 Wayne Pl, RR 2 Lantzville BC V0R 2H0	250-390-2822	DOB: 1954-05-25 File Number: A0062	view edit
--	--------------	---------------------------------------	--------------

Applicant Information

<p>Status</p> <p>Overall Status: New Applicant</p> <p>ID Issue Date</p> <p>Expiry Date</p> <p>Deceased/Closed: N/A</p> <p>Received Date: 2010-03-17</p> <p>Consent Information</p> <p>Rep. Consent No.</p> <p>Representative</p>	<p>Picture Information</p> <p>Attached Picture: Yes</p> <p>Verified Picture: Yes</p> <p>Date Submitted: 2009-04-02</p> <p>Intended Source</p> <p>Source: Personal Use Production Licence</p>
<p>Notes</p> <p>Form R rec'd. Review complete- DA Jun 1, 2010. ✓</p> <p>Request is OK? ✓</p>	

Medical Practitioner Information

<p>Doctor</p> <p>Dr. Jatinder Singh Mander</p> <p>Doctor's Address: Mailing</p> <p>30-650 Terminal Ave S Nanaimo BC V9R 5E2</p>	250-753-3431 250-741-0447	General Practitioner ✓	view edit														
<p>Is the above MD on the Restricted List? No</p> <p>Medical Condition -- Category 1</p> <p>Medical Condition -- Category 2</p> <p>Other (myalgic encephalomyelitis) ✓</p> <p>Proposed Daily Amount</p> <table border="1"> <tr> <td>Category</td> <td>Category 2</td> </tr> <tr> <td>Form of Administration: Oral and Inhalation ✓</td> <td></td> </tr> <tr> <td>Daily Amount: 10.0 grams/day ✓</td> <td></td> </tr> <tr> <td>Duration: 12 months ✓</td> <td></td> </tr> <tr> <td>Assessment Date: 2008-03-11 ✓</td> <td></td> </tr> </table> <p>Second Medical Practitioner Information</p> <table border="1"> <tr> <td>Dr. Bruce M. Carruthers</td> <td>604-224-1515 250-652-6663</td> <td>Internal Medicine ✓</td> <td>view edit</td> </tr> </table> <p>Notes</p> <p>MD info is verified- DA June 1, 2010. ✓</p>				Category	Category 2	Form of Administration: Oral and Inhalation ✓		Daily Amount: 10.0 grams/day ✓		Duration: 12 months ✓		Assessment Date: 2008-03-11 ✓		Dr. Bruce M. Carruthers	604-224-1515 250-652-6663	Internal Medicine ✓	view edit
Category	Category 2																
Form of Administration: Oral and Inhalation ✓																	
Daily Amount: 10.0 grams/day ✓																	
Duration: 12 months ✓																	
Assessment Date: 2008-03-11 ✓																	
Dr. Bruce M. Carruthers	604-224-1515 250-652-6663	Internal Medicine ✓	view edit														

Personal Production Information

<p>Mode of Production indoor and Outdoor ✓</p> <p>Indoor Plants 37 plants ✓</p> <p>Outdoor Plants 10 plants ✓</p> <p>Storage 3750.0 grams ✓</p> <p>Production/Storage Security Measures Production: Outdoor: On 1 acre of land, low traffic cul-de-sac, entire property is surrounded by a 7 foot fence, secluded back yard with very low visibility. Indoors: In a 2 section locked room in basement, windowless and vented. ✓ Storage: In locked cabinet ✓</p> <p>Production Location 8860 Wayne Pl, RR 2 Lantzville BC V0R 2H0 ✓</p> <p>Storage Location Same as Residence ✓</p> <p>Notes</p> <p>There are 2 other producers at this site: Pamela Edger (APPL), Glenda Barr (APPL). This is applicants ONLY licence. DA Jun 1, 2010.</p>

3 licenses cut this file

Physician Search Results

Name Mander, Dr. Jatinder Singh
 Medical Arts Centre
 Port Place
 30-650 Terminal Ave S
 Nanaimo, BC V9R 5E2
 Canada

Business Address 1*

Phone: 250-753-3431

Accepting new patients* No
Gender Male
Physician Status Licensed for Practice
Practicing in BC Yes
Credentials
Degree M.B.,Ch.B. - 1999 - Sheffield (United Kingdom)
Additional Language(s)* Hindi
 Punjabi
Disciplinary Action

MD rebeck

[Back](#)

Footnotes:

*The information collected in this field is self-reported and updated by the physician.

All physicians in BC are required to be proficient in the English language.

+ Non-Canadian Certification

CCFP = Certificate, College of Family Physicians

RCPSC = Royal College of Physicians and Surgeons of Canada recognized certification

 [Print this page](#)

Neil Allard

Reference# 42134C

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1954-06-25	(250) 390-0125 (VIA)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
23329C	Closed	2008-06-20	Call	Out	Physician Inquiry
25313C	Closed	2009-07-09	Call	In	General Inquiry
MMAD-03828	Closed	2010-03-17	Mail	In	Application
42134C	Closed	2010-07-13	Call	In	General Inquiry
MMAD-06261	Closed	2011-04-07	Mail	In	Application
MMAD-08274	Closed	2011-04-07	Mail	In	Other
MMAD-08261	Closed	2011-04-07	Mail	In	Application

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

7/13/2010 11:13:01 AM
 NEIL ALLARD
 Telephone: (250) 390 2822 Ext.:
 Telephone (evening):
 Best time to call: 1pm-5pm

"7/13/2010 11:13:01 AM

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1pm-5pm

The caller would like to get an updated status of his renewal request to possess medical marihuana. The caller submitted the application 4 months ago and would like to know when he should expect to receive his new licence. A call back would be appreciated and a detailed message can be left.

7/15/2010 2:26:37 PM

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1pm-5pm

This is caller's second request for a call-back. The first request was made on July 13th, 2010, but the caller insisted that a second request be sent today. The caller would like to know the status of his renewal application sent four months ago and he would like to know when he should expect to receive his new licence. A call-back would be appreciated and a detailed message may be left.

For review - Eric - Apr 14, 2010

Christine, please prepare AP + PUPL + CARD Review complete- DA Jun 1, 2010.

Hocine: doc(s)/card(s) done - Christine - June 29 - ISSUE DATE: JULY 9

NB: as requested by Ronald today, NEW ISSUE DATE: JULY 15. docs signed today - Christine - July 15/2010

Gordon: as requested by Ronald, please mail out - Christine - July 15/2010.

Done- Auth/PUPL- July 16, 2010- Charlotte

Tracking: LT560438702CA

July 16, 2010

I was able to speak directly with Mr. Allard, further to his inquiry informing him that MMAD is finalising his request, and should be sent out today by courier. Mr. Allard, states that he did not receive his request when he was initially told he was going to receive it.

I apologized to Mr. Allard, and informed him that we agree that MMAD was in error by having not had the renewal sent out on July 9 2010 as told to his MP. I provided Mr. Allard with the tracking number as indicated per the mail log above and informed him that it should be mailed out by courier today July 16, 2010.

Mr. Allard said that he is not going to let this go for the MMAD program, although having taken the time to discuss the process and the strategies that will soon be implemented to help mitigate some of the lengthy delays, which he states he was grateful for having been informed a little that change is something applicants can look forward to.

He feels as an applicant who's now been part of the program for 6 years, having submitted his renewal request several months in advance of his expiry date, MMAD should have not been late with his renewal and then be given a date that it was to be issued, was not honoured by MMAD.

He states "this has created a great deal of stress for him, as well, as what he is hearing from several applicants. "

He states t"hat he is going to the media about this, and should expect to see his complaint publishes in the media and possible subpoenas issued to those of our staff as he had called some officers and left msgs about this and was not taken seriously."

He thanked me for the call, and said I was very helpful in taking the time to discuss this matter with him.

Cheryle.A"



Health Canada Santé Canada

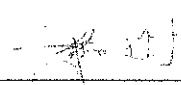
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-1792-11

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada
GENDER:	Male
MAILING ADDRESS: 6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 300 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Jatinder Singh Mander	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 15-Jul-2012 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

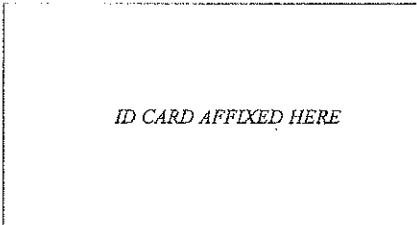
ISSUED BY:	DATE OF ISSUE:
 <hr/> Jeannine R. Richot, Director / Directrice Medical Cannabis / Cannabis médical Office of Controlled Substances / Bureau des substances contrôlées	15-Jul-2011

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marihuana

c.c.: Dr. Jatinder Singh Mander



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.


Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-1792-11

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada
GENDER:	Male
MAILING ADDRESS: 6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada
MODE OF PRODUCTION:	Indoor Outdoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor) .
STORAGE SITE:	6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 3750 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 15-Jul-2012 Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:	DATE OF ISSUE:
 <hr/> Jeannine R. Ritchot, Director / Directrice Medical Cannabis / Cannabis médical Office of Controlled Substances / Bureau des substances contrôlées	15-Jul-2011

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.

Neil Allard

Reference #MMAD-08261-11

Grade Developer Forms Runtime - Web

Search Administration Reports Help Exit

CCorrespondence

Contact details [View Contact](#)

First Name: Neil Surname: Allard Mailing Address: #12 Hamilton Ave, Nanaimo, BC, V9R 4G6, Canada Date Of Birth: 1954-05-25 Primary Phone: 360-753-0125 (N/A)

Correspondence [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
23323C	Closed	2009-06-20	Call	Out	Physician inquiry
25313C	Closed	2009-07-09	Call	In	General Inquiry
MMAD-03625	Closed	2010-03-17	Mail	In	Application
42134C	Closed	2010-07-13	Call	In	General Inquiry
MMAD-08281	Closed	2011-04-07	Mail	In	Application
MMAD-08274	Closed	2011-04-07	Mail	In	Other
MMAD-08261	Closed	2011-04-07	Mail	In	Application

Attachments [Upload File](#) [Download Selected File](#) [Delete Selected File](#)

Report Filename	Document Type	Date Created
ALLARD.NV_AP_Form R.pdf	Application	2011-08-01 10:32:52 AM

Correspondence Notes [Add/Edit Notes](#)

no action the application is pending to get app Diquo a submit the renewal (Danielle) LEGACY: Mail Subject: Form- R
LEGACY correspondence notes: For Review - Apr 9, 2011 & Alia

“no action the application is pending to get app Diquo a submit the renewal (Danielle) LEGACY: Mail Subject - Form- R

LEGACY correspondence notes - For Review - Apr 9, 2011 & Alia”

Neil Allard

Reference #MMAD-08274-11

Oracle Developer: Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V8R 4G6, Canada	1954-05-25	250-753-0125 (N/A)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
42134C	Closed	2010-07-13	Call	In	General Inquiry
MMAD-08281	Closed	2011-04-07	Mail	In	Application
MMAD-08274	Closed	2011-04-07	Mail	In	Other
MMAD-08261	Closed	2011-04-07	Mail	In	Application
MMAD-08638	Closed	2011-04-11	Mail	In	Application
MMAD-08638	Closed	2011-04-11	Mail	In	Application
138227	Closed	2011-06-15	Mail	Out	Licence Package

Attachments

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

LEGACY: Mail Subject - Consent for parliamentarians, letter fr MP
 LEGACY correspondence notes - Mail Already Open 4 Apr 9, 2011, Alia

"LEGACY: Mail Subject - Consent for parliamentarians, letter fr MP

LEGACY correspondence notes - Mail Already Open 4 Apr 9, 2011, Alia"

Neil Allard

Reference #MMAD-08261-11

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name: Allard Surname: Allard Mailing Address: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada Date Of Birth: 1984-05-25 Primary Phone: 250-753-0125 (N/A)

Correspondence [Create an Associated Correspondence](#)

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
42134C	Closed	2010-07-13	Call	In	General Inquiry
MMAD-08261	Closed	2011-04-07	Mail	In	Application
MMAD-08274	Closed	2011-04-07	Mail	In	Other
MMAD-08261	Closed	2011-04-07	Mail	In	Application
MMAD-08638	Closed	2011-04-11	Mail	In	Application
MMAD-08639	Closed	2011-04-11	Mail	In	Application
136227	Closed	2011-08-15	Mail	Out	Licence Package

Attachments [Upload File](#) [Download Selected File](#) [Delete Selected File](#)

Report Filename	Document Type	Date Created

Correspondence Notes [Add / Edit Note](#)

LEGACY: Mail Subject - Form-R
 LEGACY correspondence notes - For Review - Apr 9, 2011 J Alia

"LEGACY: Mail Subject - Form- R

LEGACY correspondence notes - For Review - Apr 9, 2011 J Alia"

Assigned To GFF
Held By FR 3rd

R1 Applicant Information

Mrs. Miss Ms. Mr.

Print Name

Applicant's full name: ALLARD, NEIL VICTOR

Date of Birth: 25 1 month 1954 Gender: M.

Address: 6860 WAYNE PLACE Apartment Number:

City: LANTZVILLE Province: B.C. Postal Code: V0R 2H0

Telephone: (250) 390-2822

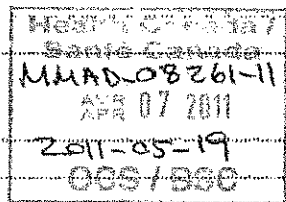
Fax: ()

E-mail:

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:



Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

City: Province: Postal Code:

R2 Source of Marijuana

You are required to choose one of the following:

I plan to purchase dried marijuana from Health Canada and request that my approval to receive dried marijuana be renewed.

IMPORTANT: If you want to purchase dried marijuana but do not currently have approval to receive the Health Canada product, you are required to complete **FORM E1: Application to Obtain Dried Marijuana.**

OR

I plan to produce my own marijuana and request that my existing *Personal-Use Production Licence* be renewed.

IMPORTANT: If you want to produce your own marijuana and do not currently hold a valid *Personal-Use Production Licence*, you are required to complete **FORM C: Application for Licence to Produce Marijuana by Applicant.**

OR

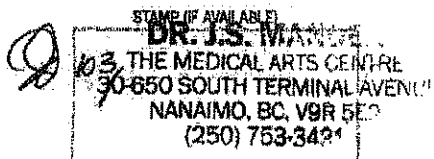
I plan to have a designated person grow marijuana for me.

IMPORTANT: You are required to complete **FORM D: Application for Licence to Produce Marijuana by a Designated Person even if renewing an application.**

TOTAL P.05

R3 Information on Medical Practitioner

Medical practitioner's full name: DR. JATINDER S. MANDER
Provincial medical licence number: 27166



Business Address: 103 - 650 TERMINAL AVE Suite Number: _____
City: NANAIMO Province: B.C. Postal Code: V9R 5E2
Telephone: (250) 741-0447
Fax: ()
E-mail: _____

R4-A Medical Practitioner's Declaration and Signature

I declare that I am the treating medical practitioner of the individual making this renewal application for an Authorization to Possess under the Marijuana Medical Access Regulations and that there have been no changes to the information provided in the last declaration signed by me.

[Signature] MANDER DATE 06/04/2011
MEDICAL PRACTITIONER'S SIGNATURE DATE
J. MANDER
PRINT NAME

R4-B Applicant's Declaration

I declare that I hold a valid Authorization to Possess under the Marijuana Medical Access Regulations and that there have been no changes to the information provided in my last approved application for an Authorization to Possess and, if applicable, Application to Obtain Dried Marijuana or Application for Licence to Produce Marijuana.

[Signature] DATE April 6, 2011
APPLICANT'S SIGNATURE DATE
NEIL ALLARD
PRINT NAME

Neil Allard

Reference #MMAD-08638-11

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name: Neil Surname: Allard Mailing Address: 712 Herdson Ave., Nanaimo, BC, V9R 4G6, Canada Date Of Birth: 1954-05-25 Primary Phone: 250-753-0125 (NWA)

Correspondences Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-08261	Closed	2011-04-07	Mail	In	Application
MMAD-08576	Closed	2011-04-11	Mail	In	Application
MMAD-08638	Closed	2011-04-11	Mail	In	Application
136227	Closed	2011-08-15	Mail	Out	Licence Package
268294	Closed	2012-02-09	Call	Out	Application
338312	Closed	2012-04-26	Mail	In	Application
338318	Open	2012-05-03	Mail	Out	FW: Letter

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

LEGACY: Mail Subject - Form R
 LEGACY correspondence notes - Mail already open - April 13, 2011 - Miruna

"LEGACY: Mail Subject - Form R

LEGACY correspondence notes - Mail already open - April 13, 2011 - Miruna"

Assigned COFR
HEB KR

R1 Applicant's Information

Mrs. Miss Ms. Mr.

Print Name

Applicant's full name: ALLARD, VICTOR

Date of Birth: 205 1 month 1954 Gender: M.

Address: 6860 WAYNE PLACE Apartment Number:

City: LANTZVILLE Province: B.C. Postal Code: VOR 2H0

Telephone: (250) 390-2822

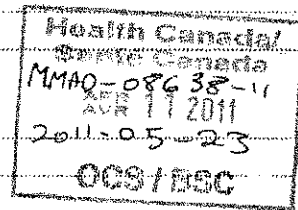
Fax: ()

Email:

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:



Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

City: Province: Postal Code:

R2 Source of Marihuana

You are required to choose one of the following:

I plan to purchase dried marihuana from Health Canada and request that my approval to receive dried marihuana be renewed.

IMPORTANT: If you want to purchase dried marihuana but do not currently have approval to receive the Health Canada product, you are required to complete FORM E1: Application to Obtain Dried Marihuana.

OR

I plan to produce my own marihuana and request that my existing Personal-Use Production Licence be renewed.

IMPORTANT: If you want to produce your own marihuana and do not currently hold a valid Personal-Use Production Licence, you are required to complete FORM C: Application for Licence to Produce Marihuana by Applicant.

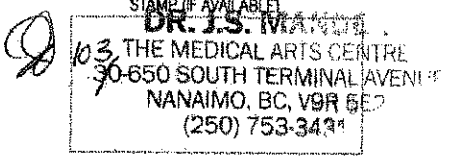
OR

I plan to have a designated person grow marihuana for me.

IMPORTANT: You are required to complete FORM D: Application for Licence to Produce Marihuana by a Designated Person even if renewing an application.

R3 Information on Medical Practitioner

Medical practitioner's full name: DR. JATINDER S. MANDER
Provincial medical licence number: 27166



Business Address: 103 -650 TERMINAL AVE Suite Number:
City: NANAIMO Province: B.C. Postal Code: V9R 5E2
Telephone: (250) 741-0447
Fax: ()
E-mail:

R4-A Medical Practitioner's Declaration and Signature

I declare that I am the treating medical practitioner of the individual making this renewal application for an Authorization to Possess under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in the last declaration signed by me.

[Signature] MANDER DATE 06/04/2011
MEDICAL PRACTITIONER'S SIGNATURE DATE
J. MANDER
PRINT NAME

R4-B Applicant's Declaration

I declare that I hold a valid *Authorization to Possess* under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in my last approved application for an *Authorization to Possess* and, if applicable, *Application to Obtain Dried Marihuana* or *Application for Licence to Produce Marihuana*.

[Signature] DATE Apr 6, 2011
APPLICANT'S SIGNATURE DATE
NEIL ALLARD
PRINT NAME

R

Registered Recommanté

RW 491 113 513 CA RW 491 113 513 CA RW 491 113 513 CA

Standard Registered
Expéditions Recommandées

Standard registered mail does not provide the same level of security as registered mail. Expéditions recommandées ne fournissent pas le même niveau de sécurité que l'expédition recommandée.

*M M A D
 Deep Shaleys & Corbould
 Saskatoon Saskatchewan
 HEALTH CANADA
 ADDRESS TO ORDER: 3503 B
 Ottawa Ontario
 K1A 1B9*

HO-SD
 APR 1 1991
 X-FLAY

From anywhere... to anyone.
 De partout... jusqu'à vous

CANADA POSTES
 POST CANADA

Date of Posting / Date d'envoi: 2011-04-01
 103101
 CANADA POST

POST OFFICE / BUREAU DE POSTE: VANCOUVER
 VANCOUVER

Postage / Taxes: 5.35
 00992928 0103101

CANADA POSTES
CANADA
70¢
2011-11-01
POSTAGE WILL BE PAID BY ADDRESSEE

Neil Allard

Reference #136227

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name: Allard, Mailing Address: 712 Hemlock Ave., Nanaimo, BC V9R 4G8, Canada, Date Of Birth: 1954-06-25, Primary Phone: (250) 753-0125 (MVA)

Correspondence Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-08839	Closed	2011-04-11	Mail	In	Application
136227	Closed	2011-08-15	Mail	Out	Licence Package
268284	Closed	2012-02-09	Call	Out	Application
338312	Closed	2012-04-28	Mail	In	Application
338318	Open	2012-05-03	Mail	Out	RMI Letter
348813	Closed	2012-05-14	Mail	In	Application
353008	Closed	2012-05-28	Mail	Out	Licence Package

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created
REPORT_FILENAME=bxvg.lzVa.pdf	Application Authorization or Production Licence	2011-08-15 11:38:15 AM
REPORT_FILENAME=7nkduki.pdf	Application Authorization or Production Licence	2011-08-15 11:38:15 AM

Correspondence Note Add/Edit Notes

Purolator:51288435620 June 24, 2011 RS

"Purolator 51266435620 June 24, 2011 RS"



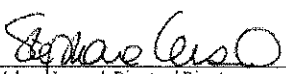
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-1792-12

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
GENDER:	Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 300 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Jatinder Singh Mander	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 15-Jul-2013 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:  Stéphane Lesard, Director / Directeur Medical Cannabis / Cannabis médical Controlled Substances and Tobacco Directorate / Direction des substances contrôlées et de la lutte au tabagisme	DATE OF ISSUE: 15-Jul-2012
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**PLEASE READ ALL ENCLOSED
DOCUMENTS**

ENCLOSED DOCUMENTS:

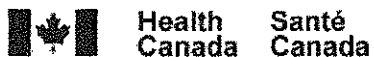
Information you should know about your
Authorization to Possess dried marihuana

c.c.: Dr. Jatinder Singh Mander

ID CARD AFFIXED HERE

All inquiries regarding this authorization should be directed to the Marihuana Medical Access
Division toll-free number: 1-866-337-7705.

Canada




Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-1792-12

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
GENDER:	Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	6860 Wayne Pl. RR 2, Lantzville, BC, V0R 2H0, Canada
MODE OF PRODUCTION:	Indoor Outdoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor) .
STORAGE SITE:	6860 Wayne Pl. RR 2, Lantzville, BC, V0R 2H0, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 3750 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 15-Jul-2013 Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:	 Stéphane Lessard, Director / Directeur Medical Cannabis / Cannabis médical Controlled Substances and Tobacco Directorate / Direction des substances contrôlées et de la lutte au tabagisme	DATE OF ISSUE: 15-Jul-2012
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PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.



Neil Allard

Reference #268294

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G8, Canada	1954-05-25	250-763-0126 (N/A)

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-08639	Closed	2011-04-11	Mail	In	Application
136227	Closed	2011-06-15	Mail	Out	Licence Package
268294	Closed	2012-02-09	Call	Out	Application
338312	Closed	2012-04-26	Mail	In	Application
338318	Open	2012-05-03	Mail	Out	RMI Letter
348613	Closed	2012-05-14	Mail	In	Application
353008	Closed	2012-05-28	Mail	Out	Licence Package

Attachments Upload File Download Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

Spoke with Mr. Allard in terms of his upcoming renewal; he informed me that he is planning to move and he wanted to know what forms he needed to send in for his renewal, I informed him that if he moved and continue with his current pupil then he needs a form A, B1 or B2 depending on his medical condition and form C. He thanked me for taking the call, (Mon Feb 9, 2012)

“Spoke with Mr. Allard in terms of his upcoming renewal, he informed me that he is planning to move and he wanted to know what forms he needed to send in for his renewal, I informed him that if he moved and continue with his current pupil then he needs a form A, B1 or B2 depending on his medical condition and form C. He thanked me for taking the call, (Mon Feb 9, 2012)”

Neil Allard

Reference #338312

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nenoimo, BC, V0R 4G6, Canada	1954-05-26	250-753-0125 (NA)

Correspondence [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-08638	Closed	2011-04-11	Mail	In	Application
138227	Closed	2011-06-16	Mail	Out	License Package
288294	Closed	2012-02-09	Call	Out	Application
338312	Closed	2012-04-26	Mail	In	Application
338318	Open	2012-05-03	Mail	Out	RMI Letter
348613	Closed	2012-05-14	Mail	In	Application
353008	Closed	2012-05-28	Mail	Out	License Package

Attachments [Upload File](#) [Download Selected File](#)

Report Filename	Document Type	Date Created
ALLARD_NEIL_A_B2_C_F.pdf	Application	2012-05-03 03:55:48 PT

Correspondence Notes [Add / Edit Notes](#)

Rec'd Forms A, B2(page 1,2), C, F
Batu O. 2012-05-03

"Rec'd Forms A, B2(page 1,2), C, F

Batu O. 2012-05-03"

NINTH APPLICATION

A0062



Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

OR

renewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year, **Short Form A-Renewal** can be used instead of **Form A**.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7703.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

28
 Health Canada /
 Santé Canada
 APR 26 2012
 338312
 OCS/BSC

2012-06-08

Canada

-NINTH APPLICATION
-change in residential address only
-no change in production site

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD I NEIL L VICTOR

Date of Birth: 251 051 1954

Address: 712 HAMILTON AVE. Apartment Number:

City: NANAIMO Province: B.C. Postal Code: V9R 4G6

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

Telephone: (250) 753-0125

Fax: ()

E-mail:

This address is: A private residence (E.G., HOUSE OR APT.) or Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence:

Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

City: Province: Postal Code:

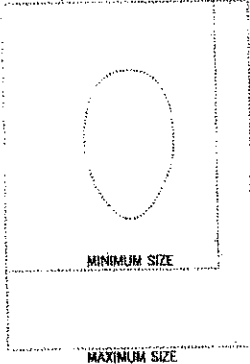
A2 Photograph of Applicant

I have enclosed two copies of a current photograph that clearly identifies me.

PHOTOS ON FILE AT HEALTH CANADA

The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS



IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: This section does not need to be completed if a photograph has been provided within the last 5 years.

A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you not provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (optional):

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs. Miss Ms. Mr.

Representative's full name: GLENDIA I JEAN I BARR

Mailing Address: 6860 WAYNE PLACE Apartment Number: _____

City: LANTZVILLE Province: B.C. Postal Code: V0R 2H0

Telephone: (250) 390-2822

Fax: () _____

E-mail: _____

A4 Proposed Source of Marijuana

You are required to indicate your proposed source of marijuana by choosing one of the following:

I plan to produce my own marijuana.

You must apply to get licence to grow your own plants and you must fill out **Form C: Application for Licence to Produce Marijuana by Applicant.**

To purchase seeds from Health Canada so you can grow your own plants, you must fill out **Form E2: Application to Obtain Marijuana Seeds.**

OR

I plan to have a designated person grow the marijuana for me.

My designated person will be: _____

You must apply to get a licence for someone to grow plants for you and you must fill out **Form D: Application for Licence to Produce Marijuana by a Designated Person.**

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out **Form E2: Application to Obtain Marijuana Seeds.**

OR

I plan to purchase dried marijuana from Health Canada.

To purchase a supply of dried marijuana from Health Canada, you must fill out **Form E1: Application to Obtain Dried Marijuana.**

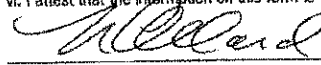
Name: NEIL ALLARD

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.

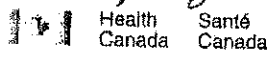

 APPLICANT'S SIGNATURE _____ DATE April 15, 2012
NEIL ALLARD
 PRINT NAME _____

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until ALL appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

*NINTH APPLICATION
- change of residential address only*



Form B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for *Category 2 applicants* by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

Revised April 2007



NINTH APPLICATION
- change of residential address only

B2-1 Information on Medical Practitioner

Medical practitioner's full name: DR. JATINDER S. MANDER

Provincial medical licence number: 27166

STAMP IS AVAILABLE
DR. J.S. MANDER
THE MEDICAL ARTS CENTRE
30-650 SOUTH TERMINAL AVENUE
NANAIMO, BC, V9R 5E2
(250) 753-3431

Medical specialization (if applicable): FAMILY PRACTICE

Business Address: 103-650 TERMINAL AVE Suite Number:

City: NANAIMO Province: B.C. Postal Code: V9R 5E2

Telephone: (250) 741-0447

Fax: ()

E-mail:

B2-2 Medical Condition(s) and Symptoms

Applicant's full name: ALLARD | NEIL | VICTOR

Date of Birth: 1954 | MAY | 25

Please specify the medical condition(s) and symptom(s) that are the basis for the application.

Medical Condition(s): myalgic encephalomyelitis

Symptom(s): Mr. ALLARD experiences intolerable side effects with most conventional medications. Medical marijuana (cannabis) is an effective treatment for his numerous symptoms. These symptoms include muscle and joint pain, nausea, digestive problems, poor appetite, mood and sleep difficulties, fatigue, headaches, and tinnitus. These symptoms are chronic and are related to his condition of M.E. A long list of ineffective conventional treatments was previously provided.

Note: You may wish to provide any information that you might consider useful or pertinent for the review of the application.

B2-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- a. The proposed daily amount of dried marihuana is less than or equal to TEN grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
 Inhalation Oral
uses a VAPORIZER tea BAKED goods

Note to Physicians: For more information on daily amounts, you can refer to the following documents:
■ Information for Health Care Professionals — Marihuana
■ Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.

B2-4 Duration

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months. If you are signing the authorization for a shorter period, please specify the number of months:

B2-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided on Page 3.

1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);
 b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
2. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marihuana as a drug.
3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
 b. if you are not a medical specialist, please declare:
 - i. that the applicant's case has been assessed by a specialist;
 - ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
 - iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
 - iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.

(signature required on next page)

Name: NEIL ALLARD



Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-967-7705.

Please forward all completed applications to:
**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

NINTH APPLICATION

- NO CHANGE TO PRODUCTION SITE

488

C1 Applicant's Information

Mrs. Miss Ms. Mr.
 Applicant's full name: ALLARD I NEIL I VICTOR
 Date of Birth: 251 051 1954
 Telephone: (250) 753-8125
 Email: _____

If you already hold an Authorization to Possess dried marijuana under these Marijuana Medical Access Regulations, please indicate the number of that Authorization: APPL-NVA-05-ADD 621404-54-11-A

IMPORTANT: If you have not been authorized to possess dried marijuana under the Marijuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marijuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marijuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marijuana for Medical Purposes).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

I plan to produce marijuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marijuana for Medical Purposes).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: 6860 WAYNE PLACE Apartment Number: _____
 City: LANTZVILLE Province: B.C. Postal Code: V0R 2H0

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marijuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production

I plan to produce marijuana (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

1. The Regulations allow you to grow marijuana indoors in the winter and outdoors in the summer. You cannot grow marijuana indoors and outdoors at the same time.
2. Please be sure to read Part C5 of this form with respect to growing marijuana near locations frequented by minors if you plan to grow marijuana outdoors.

C4 Security Measures for Growing and Storing Marijuana

IMPORTANT: The Marijuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marijuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marijuana against loss or theft: *The production site is located on one acre of land on a low traffic cul-de-sac. My wife, Glenda Barr, is now the site manager and occupies the house and land by herself. The entire property is surrounded by a seven foot fence designed to protect the orchard pomegranate plantings from predators such as deer. Outdoor planting is done in a secluded back yard with very low visibility from outside the property. Indoor planting is in a two section locked room*

Please describe the security measures that will be used to protect your dried marijuana against loss or theft: *no the cuttings are stored in a spare bedroom basement of the home accessed only by the owner or myself. The room is windowless and vented. Dried marijuana is stored in a refrigerator designed for this purpose and is accessed only by the home owner and myself. Motion detectors, chimes on gate.*

Address where the marijuana will be stored:

Address: *6860 WAYNE PLACE* Apartment Number:
 City: *LANIZVILLE* Province: *B.C.* Postal Code: *V0R 2H0*

IMPORTANT: Please note that if the marijuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name: *NEIL ALLARD*

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marijuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marijuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

Neil Allard April 15, 2012
APPLICANT'S SIGNATURE DATE

NEIL ALLARD
PRINT NAME

IMPORTANT:

1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
3. We cannot process the application until ALL appropriate forms are received.
4. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

MARIJUANA APPLICATION



Form F

Consent of Property Owner

This form must be completed and signed by the property owner(s) when the proposed production site is not the ordinary place of residence of the applicant and is not owned by either the applicant or, where applicable, the designated person.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

Canada

F1 Property Owner Information

Mrs. Miss Ms. Mr. GLEND A BARR
Property owner's full name: GLEND A BARR
Address: 6860 WAYNE PLACE Apartment Number:
City: LANTZVILLE Province: B.C. Postal Code: V0R 2H0

Production site address (if different from above)

Address: Apartment Number:
City: Province: Postal Code:

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

F2 Property Owner Consent

a) Sole Owner

I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) NEIL ALLARD to produce marijuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marijuana may also be stored at the production site.

Glenda Barr April 16, 2012
PROPERTY OWNER'S SIGNATURE DATE

Glenda Barr
PRINT NAME

Note: If the property is co-owned, please provide the name and address for each additional property owner in space below.

b) Joint Owner(s)

Co-property owner's full name:

Address: Apartment Number:

City: Province: Postal Code:

Co-property owner's full name:

Address: Apartment Number:

City: Province: Postal Code:

(continued on next page)

Neil Allard

Reference #338318

Grade Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1954-05-25	250-753-0125 (NVA)

Correspondences [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-08838	Closed	2011-04-11	Mail	In	Application
136227	Closed	2011-08-15	Mail	Out	Licence Package
268294	Closed	2012-02-09	Call	Out	Application
338312	Closed	2012-04-28	Mail	In	Application
338318	Open	2012-05-03	Mail	Out	RMI Letter
348813	Closed	2012-05-14	Mail	In	Application
363008	Closed	2012-05-28	Mail	Out	Licence Package

Attachments [Upload File](#) [Download Selected File](#)

Report Filename	Document Type	Date Created
23.doc	Letter	2012-05-03 04:00:42 PM

Correspondence Notes [Add / Edit Notes](#)

RTS - 338312 - B2 page 3 is missing
 Sending B2 back with checklist, All other forms kept on file
 LT 711 597 915 CA
 Batu O. 2012-05-03

"RTS - 338312 - B2 page 3 is missing

Sending B2 back with checklist, All other forms kept on file

LT 711 597 915 CA

Batu O. 2012-05-03"

Neil Allard

Reference #348613

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Hamilton, ON, V9R 1G8, Canada	1964-05-25	250-763-0126 (N/A)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
338312	Closed	2012-04-26	Mail	In	Application
338318	Open	2012-05-03	Mail	Out	RMI Letter
348613	Closed	2012-05-14	Mail	In	Application
353008	Closed	2012-05-29	Mail	Out	Licence Package
424749	Closed	2012-09-12	Mail	In	Application
429842	Closed	2012-09-24	Mail	Out	Licence Package
598220	Closed	2013-04-05	Mail	In	Application

Attachments

Report Filename	Document Type	Date Created
23_B2_letter.pdf	Application	2012-05-22 08:57:36 AM

Correspondence Notes Add / Edit Notes

Rec'd B2 form (all pages included).
 Verified MD and specialist.
 Please use forms from ref# 338312 as they were kept on file.
 Pre-reviewed by Kelly-Anne 2012-05-22

"Rec'd B2 form (all pages included).

Verified MD and specialist.

Please use forms from ref# 338312 as they were kept on file.

Pre-reviewed by Kelly-Anne 2012-05-22"

NEIL ALLARD - 23
 re: missing page 3 of B2 form

May 9, 2012

To : Health Canada

Dear Sir/Madam,

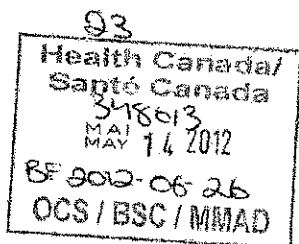
Thank you for identifying my error with regard to the missing p.3 of the B2 form, and bringing it to my attention quickly.

I have enclosed the completed ~~the~~ page as required. ~~Please find it enclosed.~~


Thank you kindly,

Neil Allard

NEIL ALLARD



WINTH APPLICATION
- change of residential address only

 Health Canada Santé Canada

Form B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for *Category 2 applicants* by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medical Access Division
 Drug Strategy and Controlled Substances Programme
 Health Canada
 Address Locator: 3503B
 Ottawa, ON K1A 1B9

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

NINTH APPLICATION
- change of residential address only

B2-1 Information on Medical Practitioner

Medical practitioner's full name: DR. JATINDER S. MANDER

Provincial medical licence number: 27166

STAMP IS AVAILABLE
DR. J.S. MANDER
THE MEDICAL ARTS CENTRE
30-650 SOUTH TERMINAL AVENUE
NANAIMO, BC, V9R 5E2
(250) 753-3431

Medical specialization (if applicable): FAMILY PRACTICE

Business Address: 103-650 TERMINAL AVE Suite Number:

City: NANAIMO Province: B.C. Postal Code: V9R 5E2

Telephone: (250) 741-0447

Fax: ()

E-mail:

B2-2 Medical Condition(s) and Symptoms

Applicant's full name: ALLARD I NEIL I VICTOR

Date of Birth: 1954 I MAY I 25

Please specify the medical condition(s) and symptom(s) that are the basis for the application.

Medical Condition(s): myalgic encephalomyelitis

Symptom(s): MR. ALLARD experiences intolerable side effects with most conventional medications. Medical marijuana (cannabis) is an effective treatment for his numerous symptoms. These symptoms include muscle and joint pain, nausea, digestive problems, poor appetite, mood and sleep difficulties, fatigue, headaches, and tinnitus. These symptoms are chronic and are related to his condition of M.E. A long list of ineffective conventional treatments was previously provided.

Note: You may wish to provide any information that you might consider useful or pertinent for the review of the application.

B2-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marijuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- a. The proposed daily amount of dried marijuana is less than or equal to TEN grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):

Inhalation Oral

uses a VAPORIZER, tea, baked goods

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals — Marijuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at:
http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or
 by calling toll free at 1-866-337-7705.

B2-4 Duration

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

B2-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided on Page 3.

1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);
 - b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
2. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marijuana as a drug.
3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
 - b. if you are not a medical specialist, please declare:
 - i. that the applicant's case has been assessed by a specialist;
 - ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
 - iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
 - iv. the specialist is aware that marijuana is being considered as an alternative treatment for the applicant.

(signature required on next page)


Name: NEIL ALLARD

(B2-5 continued)

Please complete the following:Name of the medical specialist: DR. BRUCE M. CARRUTHERSThe medical specialist's area of specialization: INTERNAL MEDICINEDate of the specialist's assessment of the applicant's case: MARCH 11, 2008

Note: Under the *Marihuana Medical Access Regulations*, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the *Narcotic Control Regulations*.

4. I declare that the information contained in this form is correct and complete.


 MEDICAL PRACTITIONER'S SIGNATURE

DR. J. MANDER
 PRINT NAME

20/04/2012
 DATE

IMPORTANT:

1. Please ensure that you have read and understood the declarations.
2. Please sign and date the declarations.
3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
4. We cannot process the application until ALL appropriate forms are received.
5. Please retain a photocopy of this form for your files.

If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: NEIL ALLARD

Neil Allard

Reference #353008

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4S6, Canada	1994-05-26	250-793-0125 (N/A)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
338312	Closed	2012-04-26	Mall	In	Application
338318	Open	2012-05-03	Mall	Out	RMI Letter
348613	Closed	2012-05-14	Mall	In	Application
353008	Closed	2012-06-28	Mall	Out	Licence Package
424749	Closed	2012-09-12	Mall	In	Application
429842	Closed	2012-09-24	Mall	Out	Licence Package
588220	Closed	2013-04-05	Mall	In	Application

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created
REPORT_FILENAMERJUB86K.pdf	Application Authorization or Production Licence	2012-05-28 04:12:01 PT
REPORT_FILENAME6ebuYPLX.pdf	Application Authorization or Production Licence	2012-05-28 04:12:01 PT
125570_Cote_APBK.jpg	Licence ID Card	2012-05-28 04:12:01 PT

Correspondence Notes Add/Edit Notes

(First Privacy check done (On Dr. env. I scratched out the "S" that was there after "103-650 Terminal Ave" - it's on on form or CanPost - C.Lindquist - May 30, 2012 - Xpresspost Tracking No.: LT 732 764 573 CA) (I also e-mailed Alem B. re Dr. address - C. Lindquist - May 3012)

"[First Privacy check done (On Dr. env. I scratched out the "S" that was there after "103-650 Terminal Ave" - it's on on form or CanPost - C.Lindquist - May 30, 2012 - Xpresspost Tracking No.: LT 732 764 573 CA) (I also e-mailed Alem B. re Dr. address - C. Lindquist - May 3012)"



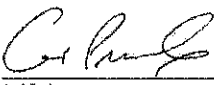
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-1792-12

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations (MMAR)*. You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
GENDER:	Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 600 grams.	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Jatinder Singh Mander	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 15-Jul-2013 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

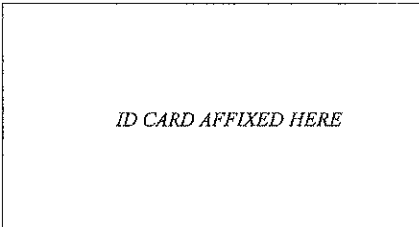
ISSUED BY:  <small>Louis Proulx A-Directeur, Bureau du cannabis médical A-Directeur, Bureau of Medical Cannabis Conseiller Substances & Tabac/Directorate Direction des substances contrôlées et de la lutte au tabagisme Health Canada / Santé Canada</small>	DATE OF ISSUE: 08-Oct-2012
--	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marihuana

c.c.: Dr. Jatinder Singh Mander



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.



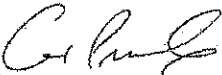
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-1792-12

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
GENDER:	Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
MODE OF PRODUCTION:	Indoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 98 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 4410 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 15-Jul-2013 Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:  <small>Louis Proulx A. Directeur, Bureau des cannabis médicaux A. Directeur, Bureau of Medical Cannabis Contrôle des Substances et Tabac/Dépendance / Direction des substances contrôlées et de la lutte au tabagisme Health Canada / Santé Canada</small>	DATE OF ISSUE: 08-Oct-2012
--	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: information you should know about your *Personal-Use Production Licence*

NOTE: Détails of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.

Neil Allard

Reference #424749

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name: Neil, Surname: Allard, Mailing Address: 112 Henilton Ave., Newwama, BC, V9R 4G6, Canada, Date Of Birth: 1954-05-25, Primary Phone: 250-253-0125 (VWA)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
338318	Open	2012-05-09	Mail	Out	RMI Letter
348613	Closed	2012-05-14	Mail	In	Application
353008	Closed	2012-05-28	Mail	Out	Licence Package
424749	Closed	2012-08-12	Mail	In	Application
429842	Closed	2012-09-24	Mail	Out	Licence Package
588220	Closed	2013-04-06	Mail	In	Application
815803	Closed	2013-05-07	Mail	Out	Licence Package

Attachments

Upload File | Download Selected File

Report Filename	Document Type	Date Created
23_Allard_A_B2_C_Letter.pdf	Application	2012-09-17 08:55:37 AM

Correspondence Notes

Add / Edit Notes

Pre-review complete
 Amendment: PUPL, new production address, increase in dosage
 Rec'd forms A, B2, C, Letter
 Verified MD and specialist in CPS BC; MD, specialist not on restricted list
 Rodica Anca 2012-09-17

"Pre-review complete

Amendment PUPL, new production address, increase in dosage

Rec'd forms A, B2, C, Letter

Verified MD and specialist in CPS BC; MD, specialist not on restricted list

Rodica Anca, 2012-09-17"

September 6, 2012

Neil Allard

712 Hamilton Ave.

Nanaimo, B.C.

V9R 4G6

To: Health Canada, (M.M.A.D.)

Dear Sir /Madam,

I am enclosing an amendment for my change of production site, as well as an increase in dosage. I am in my ninth year of licenced growing. The herbs are very effective but the quantity of my production is too low due to the restricted number of plants I am allowed.

I am growing organically with very minimal yields, nowhere near ten grams per day. I have had problems with clones not rooting; plants stressed by heat, cold, and insects, and plant sickness, just to mention a few problems. Unfortunately, I have not always been able to give due care and attention to my plants because of my own health problems, the cramped production site, and a previously unsuitable home and living situation.

However, I have had a new properly built production site and I am in a home modified for a disabled person. The new production site and home will allow me to continue growing for my own needs.

I need an increase in plant numbers to allow for larger yields and to give me the flexibility to take time off and rest in between flowering my the plants. This will allow me to manage my vegetative plants more easily and also allow me to plan and pace myself with the gardening, as I must do in all other aspects of my life.

Sincerely,

Neil Allard



cc: Dr. J. Mander

cc: Jean Crowder, Member of Parliament

Health Canada/
Santé Canada

SEP 12 2012

OCS / BSC / MMAD

- change in production with address only
- increase in dosage

505



A 0062

Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

OR

renewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year, *Short Form A - Renewal* can be used instead of *Form A*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll free at 1 866 337 7705.

Please forward all completed applications to:
**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

23
Health Canada /
Santé Canada
404 769
SEP 12 2012
2012-10-25
OCS / BSC / MMAD

10



A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD I NEIL I VICTOR

Date of Birth: 25 / 05 / 1954

Address: 712 HAMILTON AVE. Apartment Number: _____

City: NAANAIMO Province: B.C. Postal Code: V9R 4G6

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

Telephone: (250) 753-0125

Fax: () _____

E-mail: _____

This address is: A private residence (E.G., HOUSE OR APT) or Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence: _____

Mailing Address (if different from above):

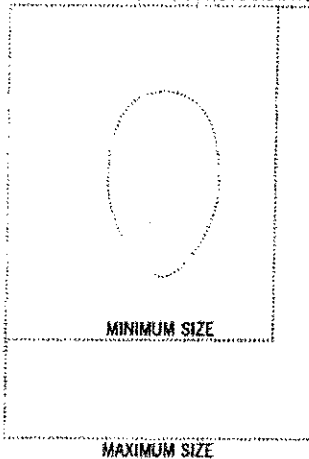
Address or P.O. Box: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

A2 Photograph of Applicant

- I have enclosed two copies of a current photograph that clearly identifies me. *PHOTOS ON FILE AT HEALTH CANADA*
- The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS



IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: This section does not need to be completed if a photograph has been provided within the last 5 years.

A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records—with an appointed representative that you choose (for example, a family member or a friend).

Should you not provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (optional):

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs. Miss Ms. Mr.

Representative's full name: _____

Mailing Address: _____

Apartment Number: _____

City: _____

Province: _____

Postal Code: _____

Telephone: () _____

Fax: () _____

E-mail: _____

A4 Proposed Source of Marihuana

You are required to indicate your proposed source of marihuana by choosing one of the following:

I plan to produce my own marihuana.

You must apply to get licence to grow your own plants and you must fill out
Form C: Application for Licence to Produce Marihuana by Applicant.

To purchase seeds from Health Canada so you can grow your own plants, you must fill out
Form E2: Application to Obtain Marihuana Seeds.

OR

I plan to have a designated person grow the marihuana for me.

My designated person will be: _____

You must apply to get a licence for someone to grow plants for you and you must fill out
Form D: Application for Licence to Produce Marihuana by a Designated Person.

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out
Form E2: Application to Obtain Marihuana Seeds.

OR

I plan to purchase dried marihuana from Health Canada.

To purchase a supply of dried marihuana from Health Canada, you must fill out
Form E1: Application to Obtain Dried Marihuana.

Name: _____

NEIL ALLARD

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.

APPLICANT'S SIGNATURE

DATE

PRINT NAME

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until ALL appropriate forms are received.
3. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

- increase in dosage

 Health Canada Santé Canada

Form B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for Category 2 applicants by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

Canada

- increase in dosage

B2-1 Information on Medical Practitioner

Medical practitioner's full name: DR. JATINDER S. MANDER

Provincial medical licence number: 27166

DR. J. S. MANDER
THE MEDICAL ARTS CENTRE
30-650 SOUTH TERMINAL AVENUE
NANAIMO, BC, V9R 5E2
(250) 753-3431

Medical specialization (if applicable): FAMILY PRACTICE

Business Address: 103 - 650 TERMINAL AVE. Suite Number: _____

City: NANAIMO Province: B.C. Postal Code: V9R 5E2

Telephone: (250) 741-0447

Fax: ()

E-mail: _____

B2-2 Medical Condition(s) and Symptom(s)

Applicant's full name: ALLARD I NEIL I VICTOR

Date of Birth: 1 / 1

Please specify the medical condition(s) and symptom(s) that are the basis for the application.

Medical Condition(s): myalgic encephalomyelitis

Symptom(s): DR. ALLARD experiences intolerable side effects with most conventional medications. Medical marijuana (cannabis) is an effective treatment for his numerous symptoms. These symptoms include muscle and joint pain, nausea, digestive problems, poor appetite, mood and sleep difficulties, fatigue, headaches, and tinnitus. These symptoms are chronic.

Note: You may wish to provide any information that you might consider useful or pertinent for the review of the application.

B2-3 The Proposed Daily Amount

a. The proposed daily amount of dried marijuana is less than or equal to TWENTY grams. *MAC 06/09/12*

b. The following method and form of administration (please check appropriate box):

Inhalation Oral uses a vaporizer, tea, baked goods

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals—Marijuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada web site at www.hc-sc.gc.ca/necs-secs/ocma/index.htm or by calling toll free at 1-866-337-7705.

B2-4 Duration

Under the *Marijuana Medical Access Regulations*, an Authorization to Possess may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

B2-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided on Page 3.

1. a. the applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);
 - b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
2. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marijuana as a drug.
3. a. if you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
 - b. if you are not a medical specialist, please declare:
 - i. that the applicant's case has been assessed by a specialist;
 - ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
 - iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
 - iv. the specialist is aware that marijuana is being considered as an alternative treatment for the applicant.

(signature required on next page)

Name: NEIL ALLARD

(B2-5 continued)

Please complete the following:

Name of the medical specialist: DR. KARL MUEWDELL

The medical specialist's area of specialization: ANESTHESIOLOGY

Date of the specialist's assessment of the applicant's case: JUNE 11, 2012

Note: Under the Marijuana Medical Access Regulations, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the Narcotic Control Regulations.

4. I declare that the information contained in this form is correct and complete.

[Signature]
MEDICAL PRACTITIONER'S SIGNATURE

DR. J.S. MANDER
THE MEDICAL ARTS CENTRE
30-650 SOUTH TERMINAL AVENUE
NANAIMO, BC, V9R 5E2
(250) 753-3431

PRINT NAME
06/09/2012

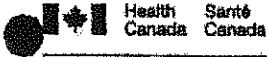
DATE

IMPORTANT:

- 1. Please ensure that you have read and understood the declarations.
 - 2. Please sign and date the declarations.
 - 3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 - 4. We cannot process the application until ALL appropriate forms are received.
 - 5. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: NEIL ALLARD

change of production site address only



Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD last ONEIL first VICTOR middle

Date of Birth: day 25 month 05 year 1954

Telephone: (250) 753-0125

E-mail:

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: HPL-NVA 05-A00 621404-54-11-A

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft:

Production site will be in two locked rooms in my basement. Windows will be boarded. House is on 1/4 acre on a dead end street. Rear of property is fenced. Both neighbours on the sides have dogs that bark at doors & gates. Motion detector at front door entrance in carpet. Basement is accessed only by me. Cloves will be kept in a spare room in basement or a room upstairs accessed only by me.

Please describe the security measures that will be used to protect your dried marihuana against loss or theft:

Dried herbs (canopies) will be stored in a fridge dedicated to this and located in my basement and accessed only by me. Basement is kept locked at all times.

Address where the marihuana will be stored:

Address:

Apartment Number:

City:

Province:

Postal Code:

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name:

NEIL ALLARD

Neil Allard

Reference #429842

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V8R 4G8, Canada	1954-05-25	250-783-0125 (NVA)

Correspondence [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
353009	Closed	2012-05-28	Mail	Out	License Package
424749	Closed	2012-09-12	Mail	In	Application
429842	Closed	2012-09-24	Mail	Out	License Package
589220	Closed	2013-04-05	Mail	In	Application
815803	Closed	2013-05-07	Mail	Out	License Package
832152	Closed	2013-05-22	Call	In	Application Inquiry
832152	Closed	2013-05-27	Call	Out	Application Inquiry

Attachments [Upload File](#) [Download Selected File](#)

Report Filename	Document Type	Date Created
REPORT_FILENAMEJUv45a6A.pdf	Application Authorization or Production Licence	2012-09-24 10:33:33 AM
REPORT_FILENAMEEUMRcpWT.pdf	Letter	2012-09-24 10:33:33 AM
REPORT_FILENAMEET0dXT7uX.pdf	Application Authorization or Production Licence	2012-09-24 10:33:32 AM

Correspondence Notes [Add / Edit Notes](#)

Canada Post Tracking: AP # LT 737 379 563 CA. 1st verification by CG 2012/09/24

"Canada Post Tracking: AP # LT 737 379 563 CA. 1st verification by CG 2012/09/24"

For delivery confirmation www.canadapost.ca OR 1 888 550-6333
 Confirmation de la livraison www.postescanada.ca OU 1 888 550-6333

Canada Post / Postes Canada

Sendez seulement des objets non dangereux, légers et agréés avec les termes et conditions du Reçu du client.
 L'expéditeur garantit que cet envoi ne contient pas de matières dangereuses et consent aux modalités sur le reçu du client.

Customer Receipt / Reçu du client		Date	
Item No. / N° de l'objet	LT 737 379 563 CA	YR	MA DJ
From / Expéditeur		Telephone No. / N° de téléphone	
Customer No. / N° du client			
Name / Nom			
Address / Adresse			
City / Prov. / Ville / Prov.		Postal Code / Code postal	
To / Destinataire		Telephone No. / N° de téléphone	
Customer No. / N° du client		890 753 0125	

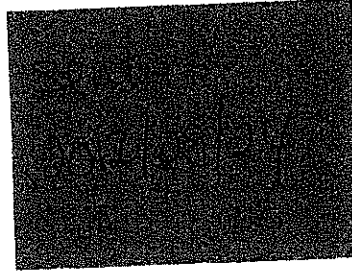
Mr. Neil Victor Allard
 712 Hamilton Ave.
 Nanaimo, BC V9R 4G6



Health
Canada Santé
Canada

1 of 1

Address Locator: 3503B
Ottawa ON K1A 1B9



MMAD-1792-12

Client ID: 23
Neil Allard
712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

Dear: Neil Allard

Subject: Finalized amendment as requested under the Marihuana Medical Access Regulations (MMAR)

The Marihuana Medical Access Division has reviewed and approved the amendment that you requested to your Authorization to Possess or Licence to Produce. The amended documentation is enclosed and is now your valid Authorization to Possess or Licence to Produce. Your previous authorization or licence is now invalid.

Please note that the expiration date of your authorization or licence has not been changed as a result of the approval of this amendment request. Authorizations and licences are valid for a maximum of 12 months from the original date of issue, regardless of any amendments that have been requested or approved. Authorized persons who wish to renew an Authorization to Possess and/or Licence to Produce, may do so by submitting the appropriate renewal application in advance of their expiry date.

Notwithstanding the above, if you have requested a revocation of your Authorization to Possess or Licence to Produce under Section 62(1) of the MMAR, please note the change in the issue and expiry dates on your new enclosed Authorization to Possess or Licence to Produce.

Furthermore, under Section 60(1) of the MMAR, you are required to return your previous authorization and/or licence within 30 days of the receipt of the enclosed amended documentation. If you have any questions regarding this letter or the Regulations, please visit the Health Canada website at www.healthcanada.gc.ca/mma or you can call toll-free at 1-866-337-7705, or write to:

Enclosures



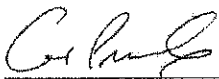
Address Locator: 0300A
Ottawa ON K1A 1B9

MMAD-1792-13
Client ID: 23

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document serves as proof of your authority to possess marihuana for medical purpose. You should have this document with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME: Neil Victor Allard	DATE OF BIRTH: 25-May-1954
ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	GENDER: Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
AUTHORIZATION #: APPL-NVA-05-A00621314-54-12-C	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 600 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Jatinder Singh Mander	
<u>EXPIRY DATE</u>	
This <i>Authorization to Possess</i> expires on: 15-Jul-2013	

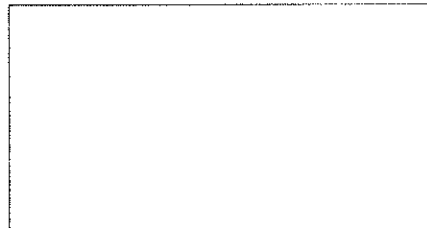
ISSUED BY:  <small>Louis Proak A-Directeur, Bureau du cannabis médical / A-Directeur, Bureau of Medical Cannabis Conseiller substances & Tabac / Direction des substances contrôlées et de la lutte au traffiquage Health Canada / Santé Canada</small>	DATE OF ISSUE: 23-May-2013
---	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your
Authorization to Possess dried marihuana
and / or *Licence to Produce*

c.c.: Dr. Jatinder Singh Mander



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Program toll-free number: 1-866-337-7705.





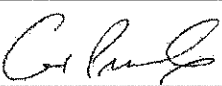
Address Locator: 0300A
Ottawa ON K1A 1B9

MMAD-1792-13
Client ID: 23

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document serves as proof of your authority to produce marihuana for a medical purpose. You should have this document with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
GENDER:	Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
LICENCE #:	APPL-NVA-05-A00621314-54-12-C
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
MODE OF PRODUCTION:	Indoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 98 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 4410 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
This <i>Personal-Use Production Licence</i> expires on: 15-Jul-2013	

ISSUED BY:  <small>Louis Proulx A. Directeur, Bureau du cannabis médical / A. Directeur, Bureau of Medical Cannabis Contrôle des Substances et de Tobacco / Direction des substances contrôlées et de la lutte au tabacisme Health Canada / Santé Canada</small>	DATE OF ISSUE: 23-May-2013
--	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS: Information you should know about your *Authorization to Possess* dried marihuana and / or *Licence to Produce*

All inquiries regarding this licence should be directed to the Marihuana Medical Access Program toll-free number: 1-866-337-7705.

Neil Allard

Reference #589220

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1954-05-25	250-753-0125 (N/A)

Contributions [Create an Associated Correspondence](#)

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
353008	Closed	2012-05-28	Mail	Out	Licence Package
424749	Closed	2012-09-12	Mail	In	Application
429842	Closed	2012-09-24	Mail	Out	Licence Package
589220	Closed	2013-04-05	Mail	In	Application
615803	Closed	2013-05-07	Mail	Out	Licence Package
632152	Closed	2013-05-22	Call	In	Application Inquiry
632152	Closed	2013-05-27	Call	Out	Application Inquiry

Attachments [Upload File](#) [Download Selected File](#)

Report Filename	Document Type	Date Created
23_Allard_R.pdf	Application	2013-04-10 04:58:41 PM
23_Allard_AP_BK.jpg	Application	2013-04-10 04:58:35 PM
23_Allard_AP.jpg	Application	2013-04-10 04:58:30 PM

Correspondence Notes [Add/Edit Notes](#)

Rec'd Form R and AP pics (signed by MD)
 Pre-Review: PUPL Renewal Application Complete
 Verified MD in CPS BC; not on restricted list
 AKritsch 2013-04-10

“Rec'd Form R and AP pics (signed by MD)

Pre-Review: PUPL Renewal Application Complete

Verified MD in CPS BC; not on restricted list

AKritsch 2013-04-10”

A0062

R1 Applicant's Information

Mrs. Miss Ms. Mr.

Print Name

Applicant's full name: ALLARD, NEIL, VICTOR

Date of Birth: 25 / 05 / 1954 Gender: M

Address: 712 HAMILTON AVE. Apartment Number:

City: NANAIMO Province: B.C. Postal Code: V9R 4G6

Telephone: (250) 753-0125 ~~754-0447~~ NO

Fax: ()

E-mail:

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

City: Province: Postal Code:

R2 Source of Marihuana

You are required to choose one of the following:

I plan to purchase dried marihuana from Health Canada and request that my approval to receive dried marihuana be renewed.

IMPORTANT: If you want to purchase dried marihuana but do not currently have approval to receive the Health Canada product, you are required to complete **FORM E1: Application to Obtain Dried Marihuana**.

OR

I plan to produce my own marihuana and request that my existing *Personal-Use Production Licence* be renewed.

IMPORTANT: If you want to produce your own marihuana and do not currently hold a valid *Personal-Use Production Licence*, you are required to complete **FORM C: Application for Licence to Produce Marihuana by Applicant**.

OR

I plan to have a designated person grow marihuana for me.

IMPORTANT: You are required to complete **FORM D: Application for Licence to Produce Marihuana by a Designated Person even if renewing an application**.

23.
Health Canada/
Santé Canada
APR 05 2013
589 220.
OC: WCI/MMAD
2013-05-17

R3 Information on Medical Practitioner

Medical practitioner's full name: DR. J.S. MANDER
Provincial medical licence number: 27166

STAMP (IF AVAILABLE)
DR. J.S. MANDER
THE MEDICAL ARTS CENTRE
30-650 SOUTH TERMINAL AVENUE
NANAIMO, BC, V9R 5E2
(250) 753-3431

Business Address: 30-650 SOUTH TERMINAL AVE. Suite Number:
City: NANAIMO Province: BC Postal Code: V9R 5E2
Telephone: (250) 753-3431 or 741-0447
Fax: ()
E-mail:

R4-A Medical Practitioner's Declaration and Signature

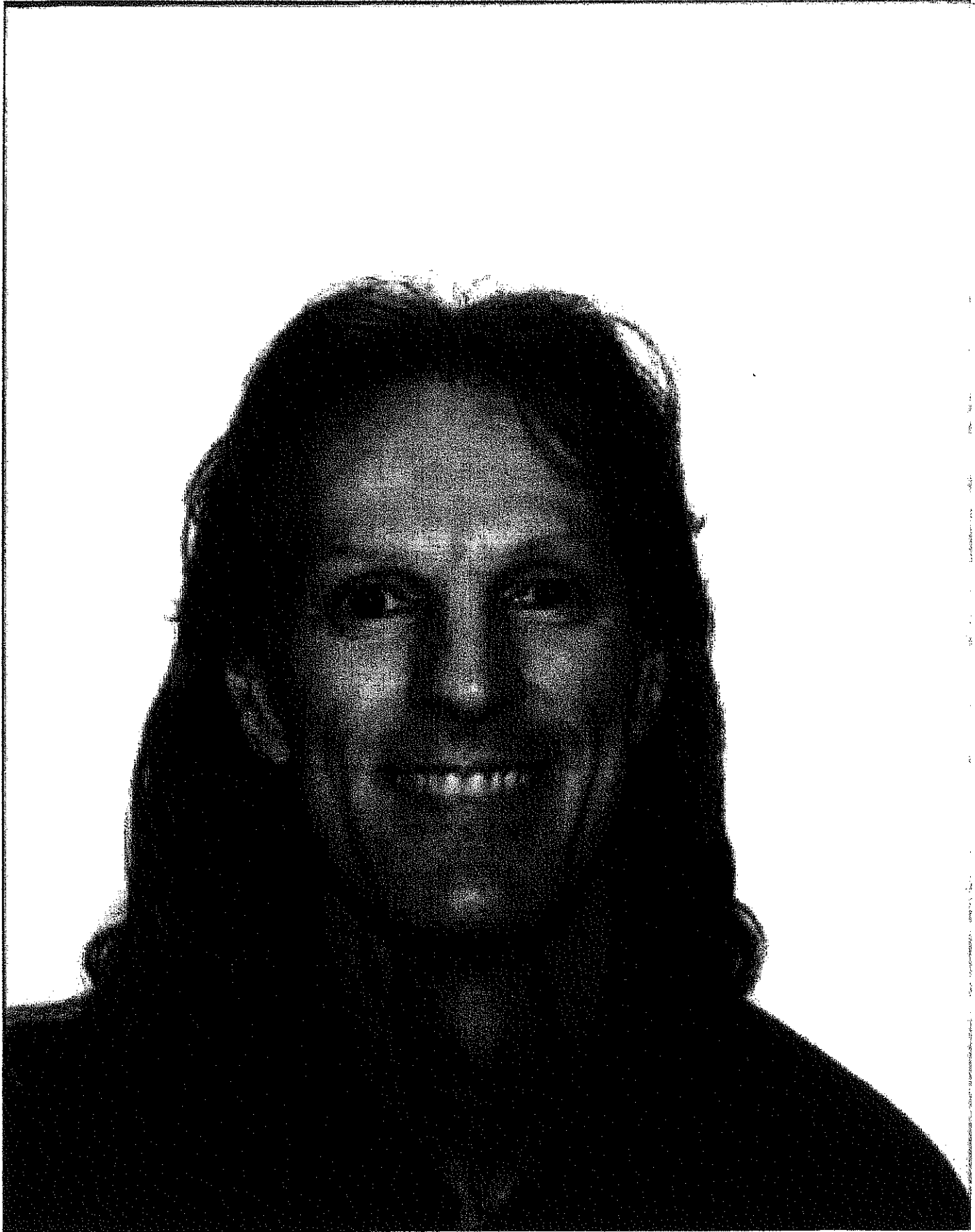
I declare that I am the treating medical practitioner of the individual making this renewal application for an *Authorization to Possess* under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in the last declaration signed by me.

[Signature] 02/07/2013
MEDICAL PRACTITIONER'S SIGNATURE DATE
J. MANDER
PRINT NAME

R4-B Applicant's Declaration

I declare that I hold a valid *Authorization to Possess* under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in my last approved application for an *Authorization to Possess* and, if applicable, *Application to Obtain Dried Marihuana* or *Application for Licence to Produce Marihuana*.

[Signature] March 31, 2013
APPLICANT'S SIGNATURE DATE
NEIL V. ALLARD
PRINT NAME



Portrait Studio in Walmart
6801 Island Hwy N
Nanaimo, BC
V9T 6N8

Photo Taken **MAR 29 2013**

I certify this to be
a true photograph of

NEIL ALLARD

MANDRA

Signature of Official

02/04/2013

Neil Allard

Reference #615803

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name: Neil Allard Surname: Allard Mailing Address: 712 Hamilton Ave., Nanaimo, BC, V9R 4G8, Canada Date Of Birth: 1954-08-25 Primary Phone: 250-753-0125 (N/A)

Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
353088	Closed	2012-05-28	Mail	Out	Licence Package
424749	Closed	2012-09-12	Mail	In	Application
429842	Closed	2012-09-24	Mail	Out	Licence Package
598220	Closed	2013-04-05	Mail	In	Application
615803	Closed	2013-05-07	Mail	Out	Licence Package
632152	Closed	2013-05-22	Call	In	Application Inquiry
632152	Closed	2013-05-27	Call	Out	Application Inquiry

Attachments

Report Filename	Document Type	Date Created
REPORT_FILENAMEEDFTIUCJb.pdf	Application Authorization or Production Licence	2013-05-07 08:53:17 AM
REPORT_FILENAME4FDKERIS.pdf	Letter	2013-05-07 08:53:17 AM
REPORT_FILENAMEwX9IF6F.pdf	Application Authorization or Production Licence	2013-05-07 08:53:17 AM

Correspondence Notes

Add/Edit Notes

Canada Post Tracking: AP # LT 757 909 954 CA. 1st verification by Mario 2013/05/15

"Canada Post Tracking: AP # LT 757 909 954 CA. 1st verification by Mario 2013/05/15"

For delivery confirmation www.canadapost.ca OR 1 888 550-6333
 Confirmation de la livraison www.postescanada.ca OU 1 888 550-6333

Canada Post
 POSTES CANADA

Sender warrants that this item does not contain dangerous goods and agrees with the terms indicated here on Customer Receipt.
 L'expéditeur garantit que cet objet ne contient pas de matières dangereuses et consent aux modalités sur le reçu du client.

Customer N° de l'article	Item N° de l'article	Received by client Reçu du client	Date
	LT 757 909 954 CA		Y A M M D J

From Customer No. N° du client	Expediteur	Telephone No. N° de téléphone
Name Nom	Address Adresse	
City / Prov. Ville / Prov.	Postal Code Code postal	

Mr. Neil Victor Allard
 712 Hamilton Ave.
 Nanaimo, BC V9R 4G6

MC - Marque de commerce de la Société
 canadienne des postes



Health
Canada Santé
Canada

1 of 1

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-1792-13

Client ID: 23
Neil Allard
712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

Dear: Neil Allard

Subject: Finalized amendment as requested under the Marihuana Medical Access Regulations (MMAR)

The Marihuana Medical Access Division has reviewed and approved the amendment that you requested to your Authorization to Possess or Licence to Produce. The amended documentation is enclosed and is now your valid Authorization to Possess or Licence to Produce. Your previous authorization or licence is now invalid.

Please note that the expiration date of your authorization or licence has not been changed as a result of the approval of this amendment request. Authorizations and licences are valid for a maximum of 12 months from the original date of issue, regardless of any amendments that have been requested or approved. Authorized persons who wish to renew an Authorization to Possess and/or Licence to Produce, may do so by submitting the appropriate renewal application in advance of their expiry date.

Notwithstanding the above, if you have requested a revocation of your Authorization to Possess or Licence to Produce under Section 62(1) of the MMAR, please note the change in the issue and expiry dates on your new enclosed Authorization to Possess or Licence to Produce.

Furthermore, under Section 60(1) of the MMAR, you are required to return your previous authorization and/or licence within 30 days of the receipt of the enclosed amended documentation. If you have any questions regarding this letter or the Regulations, please visit the Health Canada website at www.healthcanada.gc.ca/mma or you can call toll-free at 1-866-337-7705, or write to:

Enclosures



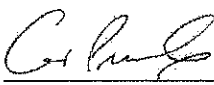
Address Locator: 0300A
Ottawa ON K1A 1B9

MMAD-1792-13
Client ID: 23

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document serves as proof of your authority to possess marihuana for medical purpose. You should have this document with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
GENDER:	Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
AUTHORIZATION #: APPL-NVA-05-A00621622-54-13-A	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 600 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Jatinder Singh Mander	
<u>VALIDITY DATE: 15-Jul-2014</u>	
The date shown as the validity date represents the last day that you may use this licence to obtain medical marihuana from a licenced producer.	
<u>EXPIRY DATE</u>	
The expiry date for your licence is March 31, 2014. At that time this no longer provides you with authorization to possess marihuana; however, until the validity date noted above, you may use this licence to register with a Licensed Producer to purchase marihuana for medical purposes. The documents you receive from your licensed producer may be used as proof that you are authorized to possess dried marihuana for medical purposes.	

ISSUED BY:  <small>Linda Pringle A-Directeur, Bureau de cannabis médical / A-Directrice, Bureau de Medical Cannabis Controlled Substances & Tobacco Directorate / Direction des substances contrôlées et de la lutte au tabagisme Health Canada / Santé Canada</small>	DATE OF ISSUE: 15-Jul-2013
--	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your
Authorization to Possess dried marihuana
and / or *Licence to Produce*

c.c.: Dr. Jatinder Singh Mander

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Program toll-free number: 1-866-337-7705.



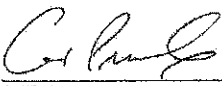
Address Locator: 0300A
Ottawa ON K1A 1B9

MMAD-1792-13
Client ID: 23

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document serves as proof of your authority to produce marihuana for a medical purpose. You should have this document with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Neil Victor Allard
DATE OF BIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
GENDER:	Male
MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	
LICENCE #:	APPL-NVA-05-A00621622-54-13-A
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
MODE OF PRODUCTION:	Indoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 98 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 4410 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
This <i>Personal-Use Production Licence</i> expires on: 31-Mar-2014	

ISSUED BY: 	DATE OF ISSUE: 15-Jul-2013
Louis Provencher A-Directeur, Bureau de cannabis médical A-Director, Bureau of Medical Cannabis Contrôleur Substances de Tabac et de Cannabis Directeur des substances contrôlées et de la lutte au tabagisme Health Canada / Santé Canada	

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS: Information you should know about your *Authorization to Possess* dried marihuana and / or *Licence to Produce*

All inquiries regarding this licence should be directed to the Marihuana Medical Access Program toll-free number: 1-866-337-7705.

A 0062

532

R1 Applicant's Information

Mrs. Miss Ms. Mr.
 Print Name
 Applicant's full name: ALLARD, NEIL, VICTOR
 Date of Birth: 8/5/1964 Gender: M
 Address: 712 HAMILTON AVE. Apartment Number:
 City: NANAIMO Province: B.C. Postal Code: V9R 4G6
 Telephone: (250) 753-0125 ~~744-0447~~
 Fax: ()
 E-mail:

If no street address is available, please provide lot and concession number:
 Lot Number:
 Concession Number:

Mailing Address (if different from above):
 Address or P.O. Box: Apartment Number:
 City: Province: Postal Code:

R2 Source of Marihuana

You are required to choose one of the following:
 I plan to purchase dried marihuana from Health Canada and request that my approval to receive dried marihuana be renewed.
IMPORTANT: If you want to purchase dried marihuana but do not currently have approval to receive the Health Canada product, you are required to complete **FORM E1: Application to Obtain Dried Marihuana**.
OR
 I plan to produce my own marihuana and request that my existing *Personal-Use Production Licence* be renewed.
IMPORTANT: If you want to produce your own marihuana and do not currently hold a valid *Personal-Use Production Licence*, you are required to complete **FORM C: Application for Licence to Produce Marihuana by Applicant**.
OR
 I plan to have a designated person grow marihuana for me.
IMPORTANT: You are required to complete **FORM D: Application for Licence to Produce Marihuana by a Designated Person** even if renewing an application.

23.
 Health Canada /
 Santé Canada
 APR 05 2013
 589 220.
 OC / MMAD
 2013-05-17

R3 Information on Medical Practitioner

Medical practitioner's full name: DR. J.S. MANDERProvincial medical licence number: 27166

STAMP IF AVAILABLE
DR. J.S. MANDER
 THE MEDICAL ARTS CENTRE
 30-650 SOUTH TERMINAL AVENUE
 NANAIMO, BC, V9R 5E2
 (250) 753-3431

Business Address: 30-650 SOUTH TERMINAL AVE. Suite Number: _____City: NANAIMO Province: BC Postal Code: V9R 5E2Telephone: (250) 753-3431 or 741-0447Fax: ()

E-mail: _____

R4-A Medical Practitioner's Declaration and Signature

I declare that I am the treating medical practitioner of the individual making this renewal application for an Authorization to Possess under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in the last declaration signed by me.


 MEDICAL PRACTITIONER'S SIGNATURE

DATE

02/07/2013

PRINT NAME

J. MANDER

R4-B Applicant's Declaration

I declare that I hold a valid Authorization to Possess under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in my last approved application for an Authorization to Possess and, if applicable, Application to Obtain Dried Marihuana or Application for Licence to Produce Marihuana.

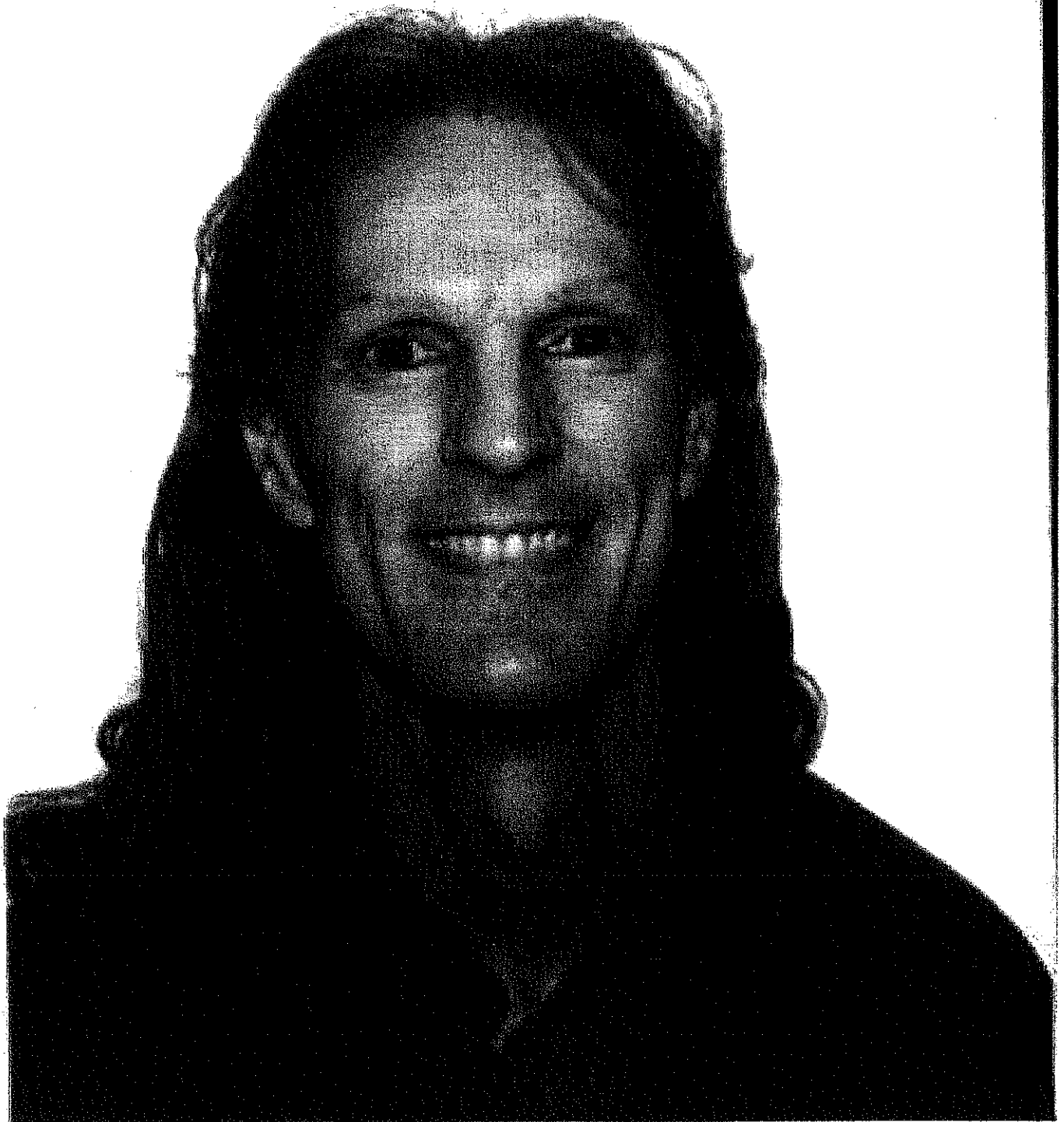

 APPLICANT'S SIGNATURE

DATE

MARCH 31, 2013

PRINT NAME

NEIL V. ALLARD



Portrait Studio in Walmart

6801 Island Hwy N

Nanaimo, BC

V8T 6M9

MAR 29 2013

Photo Taken. _____

I certify this to be
a true photograph of

WEIL ALLARA

EMANDEN

Signature of Official

02/04/2013

Neil Allard

Reference #632152

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

CA Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1954-05-25	(250-753-0125) (VA)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
615803	Closed	2013-05-07	Mail	Out	Licence Package
632152	Closed	2013-05-22	Call	In	Application Inquiry
632152	Closed	2013-06-27	Call	Out	Application Inquiry
638192	Closed	2013-05-27	Call	In	Application Inquiry
638192	Closed	2013-06-03	Call	Out	Application Inquiry
646252	Closed	2013-06-03	Mail	In	Application
665390	Closed	2013-06-19	Mail	Out	Licence Package

Attachments

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

Comments : The caller is really upset because he received his renewal license but it has the same expiry date as his old license. He wants this rectified. The caller is very upset and says he will take legal actions and he wants his call tomorrow between 8am - 10am Pacific Time. A call back would be appreciated. Leave message - yes
 Client ID : 23
 Email Name : NEIL

“Comments : The caller is really upset because he received his renewal license but it has the same expiry date as his old license. He wants this rectified. The caller is very upset and says he will take legal actions and he wants his call tomorrow between 8am - 10am Pacific Time. A call back would be appreciated. Leave message - yes

Client ID : 23

First Name : NEIL

Last Name : ALLARD

Street Address :

City :

Province :

Postal Code :

Day Phone : 2507530125

Extension :

Fax :

Email :

Evening Phone :

Call Date : 22-MAY-13

Call Bank Time : 08:00 - 10:00 (Pacific)

Leave Message : Yes

Subject : Application Inquiry

Language : E

Secondary Client ID :

Secondary First Name :

Secondary Last Name :

Secondary Day Phone :

Tertiary Client ID :

Tertiary First Name :

Tertiary Last Name :

Tertiary Day Phone :

I called 2507530125 and spoke to Neil. As indicated in the comments left by the front line service, he was aggravated from the start of the conversation because of the error made in his license. I had to put him on hold to consult with a TL about his inquiry because he wanted to know what would be the expiry date on his corrected license as the information in the system did not give me that information. He was then frustrated that I had to put him on hold for so long and that I should've investigated the case before calling him. He was not satisfied with my initial response and had additional inquiries, therefore, I had to investigate further. He did not want to understand that. I told him that his application had been processed as an amendment instead of a renewal, consequently, the expiry date remained the same. I told him I would do a request to have it corrected and that I assumed that the expiry date would be July

15th 2014. I told him I could not know for sure until it was printed and issued again. He then told me that he was documenting all the errors done by HC and kept on asking me how many times we do errors like these happen. I told him that I was unable to put a number on that because I can only speak for myself, but it is the first time for me. He said that he was going to bring the information to his MP and wanted to know if he could file a complaint through me. I told him he would have to do it in writing to the MMAP by fax, email or mail. He said that he would not do that because it wouldn't be addressed because he would be sending a letter of complaint to the entity that he complaining about, therefore it would be disregarded. He then expressed his wish to have made me a more compassionate person towards the needs of people who need medical marihuana to which I replied that I already was. I told him that I was expecting for the corrections to be made within a two week period (and pressed the word 'expecting'). He thanked me and we hung up.

Vanessa B

2013.05.27@10:40"

Neil Allard

Reference #638182

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name: Allard Surname: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada Date Of Birth: 1954-08-25 Primary Phone: 250-753-0125 (PWA)

Correspondence [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
632152	Closed	2013-05-22	Call	In	Application Inquiry
632152	Closed	2013-05-27	Call	Out	Application Inquiry
696182	Closed	2013-05-27	Call	In	Application Inquiry
638182	Closed	2013-06-03	Call	Out	Application Inquiry
648252	Closed	2013-06-03	Mall	In	Application
666390	Closed	2013-06-19	Mall	Out	Licence Package
675911	Closed	2013-07-02	Call	In	Application Inquiry

Attachments [Upload File](#) [Download Selected File](#)

Report Filename	Document Type	Date Created

Correspondence Notes [Add / Edit Notes](#)

Preliminary Assessment: (Vanessa B) Approved by Max: 2013.05.27
 The license has been processed as an amendment instead of a renewal. Consequently, the expiry date did not change and is valid only until July 15th, 2013. Please change the expiry date according to his renewal request.
 Thank you!

"Preliminary Assessment: (Vanessa B) Approved by Max. 2013.05.27

The license has been processed as an amendment instead of a renewal. Consequently, the expiry date did not change and is valid only until July 15th, 2013. Please change the expiry date according to his renewal request.

Thank you

CSA request in process - AB, 14 June 2013 Note to Client Services: this AP's renewed authorization/licence is in the process of being reissued. As you may know, the printing team has not printed anything since last week. We are holding off generating new licences pending the SAMM 2 update. When that happens, this AP's renewed authorization/licence will be issued, printed and mailed out - AB, 14 June 2013

Note to file:

Tracking Number: LT757482352CA

Accepted
In transit
Delivered
A bar showing 'In Transit' indicates your item is en route to a postal facility at the destination.
A bar showing 'Check Track History' indicates the delivery of your item has been interrupted. Check the Track History section below for specific details.
For Return to Sender items, the progress bar will not track the delivery of the returned item but new scan events will display in Track History.
A bar showing 'Out for Delivery' indicates that your item is on its way to its final destination.

2013/06/26 2013/06/27 Delivery Times Delivery Times

Sending within Canada?

Sending to the U.S.A.?

Sending internationally?

Expected delivery

Exceptions apply in some areas. Exact delivery standards exist for every origin-destination combination. Consult our delivery standards tool or our shipping products & services information.

Delivery Times

i This is the most up-to-date information available. Check back for updates or sign up for email notifications.

Track History	Date	Time	Location	Description	Retail Location	Signatory Name
---------------	------	------	----------	-------------	-----------------	----------------

2013/06/26	19:12	OTTAWA	Item processed at postal facility			
------------	-------	--------	-----------------------------------	--	--	--

15:24	OTTAWA	Item picked up by Canada Post				
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Brian June 27 2013 @ 12:42

I called 250 753-0125 and spoke to Neil Allard. He was taking detailed notes of the call as he said that he was taking Health Canada to court.

He asked for my last name and I told him we don't provide our last names. I said I was calling regarding a request he had put with our office regarding his licence.

I provided him with the following information

Tracking Number: LT757482352CA

Accepted
In transit
Delivered
A bar showing 'In Transit' Indicates your item is en route to a postal facility at the destination.
A bar showing 'Check Track History' Indicates the delivery of your item has been interrupted. Check the Track History section below for specific details.
For Return to Sender items, the progress bar will not track the delivery of the returned item but new scan events will display in Track History.
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2013/06/26	2013/06/27	Delivery Times	Delivery Times
------------	------------	----------------	----------------

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Sending internationally?

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Delivery Times

i This is the most up-to-date information available. Check back for updates or sign up for email notifications.

Track History	Date	Time	Location	Description	Retail Location	Signatory Name
---------------	------	------	----------	-------------	-----------------	----------------

2013/06/26	19:12	OTTAWA	Item processed at postal facility			
------------	-------	--------	-----------------------------------	--	--	--

15:24	OTTAWA	Item picked up by Canada Post				
-------	--------	-------------------------------	--	--	--	--

He asked me to give him the expiry date on the licence and I provided him with 2014-07-15.

He asked me if I work for Health Canada and I confirmed that I am a Health Canada employee.

He asked about the new regulations and I told him that as things now stand as of April 1st there would be no more home or personal grows, all supply would be from licenced producers.

He said "So that's what you think?, we'll be filing a court injunction against that." He also said he had asked for a copy of the new regs.

He then asked if the police came to his door on July 6th wouldn't he be covered for that. I said no because the current regulations would no longer be in force.

He wanted to know what good the expiry date of July 15th 2014 was and I told him that would be a validity date to allow him to obtain his product from a licenced producer.

He said "Validity date? When did you make that up, will that be on the paper I'll receive? Before I could continue he asked about the validity of the licence to grow until July 15th and I told him I had answered that already. He then started to talk to me about the charter of rights and freedoms and I told him that was beyond the scope of this call centre.

I told him that it sounded like he had a complaint against the program and that all complaints must be submitted in writing.

He then said "Oh, so just a call centre. So you don't work for Health Canada. If you'd told me that up front we could have avoided most of this."

I told him that if he didn't have any other relevant questions and persisted I would have to terminate the call.

He started telling me I was part of a huge corrupt machine and I told him that all complaints were to be submitted in writing.

He wouldn't stop so I terminated the call.

Note to file: the client's attitude through most of this call was rough and combative.

Brian June 27 2013 @ 13:09"

Neil Allard

Reference #646252

Oracle Developer Forum Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details New Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G8, Canada	1954-05-25	250-753-0125 (N/A)

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
632152	Closed	2013-05-22	Call	In	Application Inquiry
632152	Closed	2013-05-27	Call	Out	Application Inquiry
638182	Closed	2013-05-27	Call	In	Application Inquiry
638182	Closed	2013-06-03	Call	Out	Application Inquiry
646252	Closed	2013-06-09	Mail	In	Application
665390	Closed	2013-06-19	Mail	Out	Licence Package
675811	Closed	2013-07-02	Call	In	Application Inquiry

Attachments Upload File Download Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add/Edit Notes

Error Correction/CSAR: AP's authorization/licence reissued as requested by client service action request - AB, 14 June 2013

“Error Correction/CSAR: AP's authorization/licence reissued as requested by client service action request - AB, 14 June 2013”

Neil Allard

Reference #665390

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1954-05-25	250-753-0125 (N/A)

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
632152	Closed	2013-05-22	Call	In	Application Inquiry
632152	Closed	2013-05-27	Call	Out	Application Inquiry
638182	Closed	2013-05-27	Call	In	Application Inquiry
638182	Closed	2013-06-03	Call	Out	Application Inquiry
648252	Closed	2013-06-03	Mail	In	Application
665390	Closed	2013-06-19	Mail	Out	Licence Package
675911	Closed	2013-07-02	Call	In	Application Inquiry

Attachments Upload File Download Selected File

Report Filename	Document Type	Date Created
REPORT_FILENAME6S191QPD.pdf	Application Authorization or Production Licence	2013-06-19 11:32:35 AM
REPORT_FILENAME6bKXL7E.pdf	Application Authorization or Production Licence	2013-06-19 11:32:35 AM
REPORT_FILENAME6BcOxoFR.pdf	Licence ID Card	2013-06-19 11:32:35 AM

Correspondence Notes Add/Edit Notes

Canada Post Tracking: AP # LT 757 482 352 CA. 1st verification by Mario 2013/06/21

"Canada Post Tracking: AP # LT 757 482 352 CA. 1st verification by Mario 2013/06/21"

For delivery confirmation: **Wenckebachpost CA** - 1 800 533 3333
 Confirmation de la livraison: **Wenckebachpost CA** - 1 800 533 3333

Confer warranty that this item does not contain dangerous goods and agrees with the terms and conditions on Expeditor Receipt.
 L'expéditeur garantit que cet objet ne contient pas de marchandises dangereuses et convient aux modalités sur le reçu de l'exp.

Customer Receipt / Recu du client Date

From / de l'expéditeur: **LT 757 482 352 CA** Y A M M D J

Customer No. / N° du Client: Telephone No. / N° du téléphone

Expediteur: Nom

Address: Adresse

City / Proc: Ville / Proc Postal Code / Code postal

To / Destinataire: Telephone No. / N° du téléphone

Mr. Neil Victor Allard
712 Hamilton Ave.
Nanaimo, BC V9R 4G6

Customer of post

Neil Allard

Reference #675911

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Edit

Correspondence

Correspondent Details

View Contact

First Name: Neil, Surname: Allard, Mailing Address: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada, Date Of Birth: 1954-05-25, Primary Phone: 360-753-0125 (NA)

Correspondence

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
632152	Closed	2013-05-22	Call	In	Application Inquiry
632152	Closed	2013-05-27	Call	Out	Application Inquiry
638182	Closed	2013-05-27	Call	In	Application Inquiry
638182	Closed	2013-06-03	Call	Out	Application Inquiry
648252	Closed	2013-06-03	Mail	In	Application
665390	Closed	2013-06-19	Mail	Out	Licence Package
675911	Closed	2013-07-02	Call	In	Application Inquiry

Attachments

Upload File Download Selected File

Report Filename Document Type Date Created

Correspondence Notes

Add/Edit Notes

I was able to speak with Mr. Allard and he was wondering why we sent him two separate licenses with different expiration dates. Did Mr. Allard know that we did make an error with the issue and expiration date on the last License we sent him and that's why we sent him a new one. Mr. Allard thinks we were conspiring against him so he would not be able to produce after March 31, 2014. I let Mr. Allard know that all licenses do become void as of that date and we were not conspiring against him. Mr. Allard said he would be taking us to court because we are ruining lives. He asked what he was supposed to do come March 31, 2014 and I informed him he would need to register with a CLP. Mr. Allard was not too happy about that and let me know that we are being taken to court because we are ruining lives and that we won't be getting away with it.

"I was able to speak with Mr. Allard and he was wondering why we sent him two separate licenses with different expiration dates.

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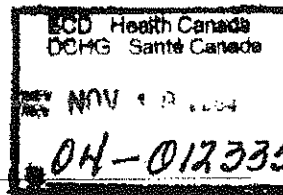
YA July 2, 2013

3:52PM"

NOV 10 2004 *AMH*

"Dosanjh, Ujjal - M.P."
 <DosanjhU@parl.gc.ca>
 2004-11-08 06:15 PM

To: <minister_ministre@hc-sc.gc.ca>
 cc:
 Subject: FW: Proposed Changes to MMAR



From: Neil [mailto:neilonline@shaw.ca]
 Sent: November 8, 2004 6:06 PM
 To: Dosanjh, Ujjal - M.P.
 Subject: Proposed Changes to MMAR

Hard copy to follow by Canada Post:

November 7/04

Neil Allard

489 Hamilton Ave.

Nanaimo, B.C.

V9R 4G1

Honourable Health Minister Ujjal Dosanjh

Minister's Office- Health Canada

Brooke Claxton Bldg., Tunney's Pasture

P. L. 0906C Ottawa, Ontario, Canada

K1A 0K9

Dear Mr. Minister,

Re: The newly proposed medical marijuana regulations (MMAR)

I am a former social worker and medically retired counsellor from Veterans Affairs Canada, I developed a complex set of medical problems in 1993 and was no longer able to work after August, 1995. I was retired in 1999.

I have moved from Vancouver to Nanaimo on Vancouver Island in order to lessen my stress. I continue to see my general practitioner in Vancouver, as there are no doctors taking on patients here, and I have developed a very good rapport with my G. P. in Vancouver and do not want to lose her.

My purpose for writing has do to with the statements in the proposed changes to the MMAR. I recently acquired an authorization to produce my own medical cannabis, after having seen many specialists for my condition. I have written support from two specialists and from my G. P.

They understand how I have tried dozens of pharmaceuticals with very bad side effects. The current therapy of cannabis and small amounts of two mild pharmaceuticals has stabilized my condition so that I feel like I can go on living.

I live alone in my own home and I have had all the necessary work done, at my own expense, so that I may be able to grow my own medicine SAFELY. I live next door to an RCMP officer and I have received no complaints from any neighbors. My garden is indoor and well secured. It poses absolutely no threat to the community, nor do I.

In fact, I am saving professional workers in the medical field, and bureaucrats, a lot of time, work and money, since I supply my own cannabis medicine at my own cost.

If the proposal to phase out my garden is successful, as is planned in the new regulations, I will have to find the two similar strains of cannabis which I use, and will be forced to pay out an amount of \$150.00 per ounce. At five ounces per month, I calculate an amount of \$750.00 per month and any other shipping or traveling costs. I believe this is an outrageous amount to be expected to pay to cover medications. I simply cannot afford it!

If I can SAFELY grow my own cannabis, and I am hurting no one, why on earth would this Government want to change that and create a huge, unnecessary financial burden on me.

I have gone through all of the red tape and hoops designed to discourage my application to grow, and now this authorization is being threatened.

I find this to be very distastefully, very worrisome, and in very bad faith.

I do not want to be forced into court to fight for this, as many are planning on

doing, and I certainly do not want to be bothered by the Police for taking my prescribed medicine.

I urge this government to do the right thing and continue to allow persons such as myself to responsibly provide our own home grown medicine. I, and others who have seen me ill, can attest to the fact that cannabis significantly improves my quality of life and gives me some hope to keep on living.

If the home growing aspect of the program works well for people, why not simply leave it alone?

I urge you to reassess this part of the new proposed regulations so that, I, and many others like me, may continue taking on our own responsibility of assisting ourselves medically, without interference from the government.

Sincerely,

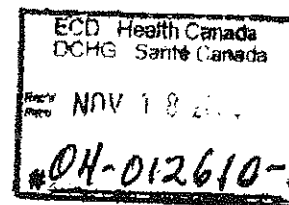
cc: Ms. Jean Crowder, MP

NOV 18 2004

mmh

November 7/04

Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R 4G1



Honourable Health Minister Ujjal Dosanjh
Minister's Office- Health Canada
Brooke Claxton Bldg., Tunney's Pasture
P. L. 0906C Ottawa, Ontario, Canada
K1A 0K9

Dear Mr. Minister,

Re: The newly proposed medical marijuana regulations (MMAR)

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I live alone in my own home and I have had all the necessary work done, at my own expense, so that I may be able to grow my own medicine SAFELY. I live next door to an RCMP officer and I have received no complaints from any neighbors. My garden is indoor and well secured. It poses absolutely no threat to the community, nor do I.

In fact, I am saving professional workers in the medical field, and bureaucrats, a lot of time, work and money, since I supply my own cannabis medicine at my own cost.

If the proposal to phase out my garden is successful, as is planned in the new regulations, I will have to find the two similar strains of cannabis which I use, and will be forced to pay out an amount of \$150.00 per ounce. At five ounces per month, I calculate an amount of \$750.00 per month and any other shipping or traveling costs. I believe this is an outrageous amount to be expected to pay to cover medications. I simply cannot afford it!

If I can SAFELY grow my own cannabis, and I am hurting no one, why on earth would this Government want to change that and create a huge, unnecessary financial burden on me.

I have gone through all of the red tape and hoops designed to discourage my application to grow, and now this authorization is being threatened.

I find this to be very distastefully, very worrisome, and in very bad faith.

I do not want to be forced into court to fight for this, as many are planning on doing, and I certainly do not want to be bothered by the Police for taking my prescribed medicine.

I urge this government to do the right thing and continue to allow persons such as myself to responsibly provide our own home grown medicine. I, and others who have seen me ill, can attest to the fact that cannabis significantly improves my quality of life and gives me some hope to keep on living.

If the home growing aspect of the program works well for people, why not simply leave it alone?

I urge you to reassess this part of the new proposed regulations so that, I, and many others like me, may continue taking on our own responsibility of assisting ourselves medically, without interference from the government.

Sincerely,



cc: Ms. Jean Crowder, MP



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Canada Gazette

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Vol. 138, No. 43 — October 23, 2004

Regulations Amending the Marihuana Medical Access Regulations

30 days to reply

Statutory authority

Controlled Drugs and Substances Act

Sponsoring department

Department of Health



REGULATORY IMPACT ANALYSIS STATEMENT

(This statement is not part of the Regulations.)

Description

The main objective of this initiative, undertaken by Health Canada, is to respond to concerns expressed by the stakeholders in the medical marihuana program by

- streamlining the regulatory requirements and processes associated with applying for an authorization to possess marihuana for medical purposes under the *Marihuana Medical Access Regulations* (MMAR);
- enabling Canadian police to access the information they need in order to prevent unnecessary law enforcement action being taken; and
- moving the provision of marihuana for medical purposes in Canada toward a more traditional health care model.

In presentations to Health Canada, patients have characterized MMAR requirements and processes for obtaining an



Health
Canada

Assistant Deputy Minister

Healthy Environments
and Consumer Safety
Branch

Santé
Canada

Sous-ministre adjoint

Direction générale,
Santé environnementale et
sécurité des consommateurs

JUL 27 2005

Your file / votre référence

Our file / notre référence

Mr. Neil Allard
489 Hamilton Avenue
Nanaimo, British Columbia V9R 4G1

Dear Mr. Allard:

Thank you for your correspondence of November 7, 2004, addressed to the Minister of Health, the Honourable Ujjal Dosanjh, concerning the proposed amendments to the Marijuana Medical Access Regulations (MMAR), which were published in the *Canada Gazette*, Part I, on October 23, 2004. I regret the delay in responding.

Although the Regulatory Impact Analysis Statement that accompanied the proposed amendments published in the *Canada Gazette* referred to future plans to phase out personal production, no changes to the MMAR are being proposed at this time with regard to the licensing scheme which permits authorized persons to produce marijuana for themselves or to designate a person to produce on their behalf. The phaseout of personal production and elimination of licences to produce would require further regulatory amendments and the establishment of a pharmacy-based distribution program. Stakeholders will be consulted and all Canadians will be afforded the opportunity to comment on the proposal at such time as Health Canada may propose MMAR amendments to proceed with the implementation of this plan.

Authorized persons are being notified directly that the present regulatory amendments have been approved by the Treasury Board and were published in the *Canada Gazette*, Part II, on June 29, 2005.

I trust that the foregoing has clarified this matter.

Yours truly,

Susan Fletcher

Canada

Packet Number
Numéro du dossier
04-01221-01-003
04-01221-01-003

Routing Slip / Bordereau D'envoi

For Signature of Pour la signature	For Departmental Secretariat use only À l'usage du Secrétariat du ministère
Originator / Originateur Milton Youden Tel: (613) 948-2168	Special Assistant Adjoint(e) spécial(e)
Reviewed by / Révisé par	Senior Advisor Conseiller(e) principal(e) ASPM/SMD
Prepared By / Préparé par <i>[Signature]</i> Tel: 948-0205	

Verified by / Vérifié par OCS - Carole Bouchard	Date 2005-05-17	Tel: (613) 948-2177
OMS - Dawn McAllister <i>[Signature]</i>	Date 2005-05-17	Tel: (613) 948-6532
Director General / Directeur général A.J.C. Richard Veau <i>[Signature]</i>	Date 2005-05-18	Tel: (613) 948-4080

Cleared With - Avec l'accord de	Date
Legal Services Services juridiques	
Others Autres	

Approved/Noted - Approuvé/Noté

Branch Head/RDG
Responsable de la DG/DR

[Signature]

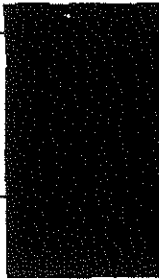
JUL 27 2005

Branch Actonym/RDG
Actonyme de la DG/DR

Deputy Minister - Sous-ministre

Remarks - Remarques

Copied to Liste de diffusion	Date
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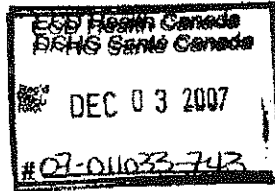


Jean Crowder, MP
Nanaimo – Cowichan



July 20, 2007

Neil Allard
489 Hamilton Avenue
Nanaimo, BC V9R 4G1



copy to
Mr. Crowder
realt...

Dear Neil,

Re: Medical Marijuana Licence

This is to follow up on your most recent contact with my office with respect to Health Canada and difficulties in obtaining your annual licenses for possession and personal-use production of medical marijuana. We have met to discuss the matter before and I regret that you continue to experience the stress of last minute approvals.

I understand that you are interested in contacting the Auditor General to follow up on this persistent issue. My understanding is that the Auditor General will respond to citizen requests. Please include me as a courtesy copy in your letter, addressed as follows:

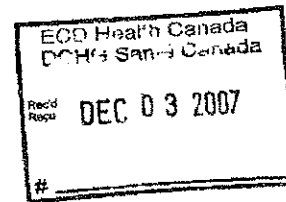
Office of the Auditor General of Canada
240 Sparks Street
Ottawa, Ontario
K1A 0G6

I appreciate that you continue to advocate for medical marijuana users across Canada. My colleagues and I will continue to support you in that endeavour.

Sincerely,

Jean Crowder
Jean Crowder, MP
Nanaimo-Cowichan

JC/mhb



Parliamentary Office

Room 405, West Block, House of Commons
Ottawa, ON K1A 0A6
Tel: (613) 943-2180 Fax: (613) 993-5577

Community Office

101-126 Ingram Street, Duncan, BC V9L 1P1
Tel: (250) 746-4896 1-866-609-9998
Fax: (250) 746-2354



Email: jean@jeancrowder.ca Website: www.jeancrowder.ca

November 21, 2007

Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R 4G1

Office of the Auditor General for Canada
240 Sparks Street
Ottawa, Ontario,
K1A 0G6

Dear Sir/Madam,

Re: Health Canada's medical marijuana program

I am a permanently medically retired counsellor who last served in the federal government at Veterans Affairs Canada. I have suffered with myalgic encephalomyelitis since at least 1995, when I was first diagnosed.

My concern for your Office has to do with the tremendous strain and stress I experience in dealing with Health Canada, for the use of medical marijuana, which has proven to improve my quality of life. I have gone through FOUR applications now.

In spite of the severity of my condition, with many symptoms, I am forced by Health Canada to find a specialist to consult with every year for my application forms instead of having the forms signed by my GP, as is acceptable for other medical conditions. This alone creates the need for travel in cars and ferries to Vancouver. This is very difficult and stressful for me and is counterproductive as I have pointed out to Health Canada.

I have written support for marijuana, from three medical doctors, going back to 2001. I have a letter from Dr. Bruce Carruthers, the leading expert in this condition, recommending marijuana as part of my overall therapy. This was sent to Health Canada along with the two other letters.

My doctors are aware of the many trials with mainstream, conventional drugs, which have left me riddled with very disturbing side effects.

I use marijuana in vapor form, as a tea, or in baking. My specialist and my GP both advocate the continuation of my medical marijuana usage.

Even though I have a permanent medical retirement from Health Canada, this Department refuses to respond to my request for a permanent authorization to produce and use medical marijuana, and insists that I complete and bother my doctors with thick forms every year, months in advance.

In spite of my compliance with these requirements, they are constantly late with permits.

I have had to involve my Member of Parliament, Jean Crowder, to deal with Health Canada on

this matter since the first application, simply because I am too unwell to deal with all of their red tape, and their attitude of apparent wrongdoing, which stresses me out badly. This stress can have a dramatic effect on the severity of my symptoms of my condition, leaving me bedridden and unable to cope with daily life.

The staff in this department have a tendency to treat applicants, not as intelligent taxpayers, but as criminals. I believe we are dealing with an Abuse of Governmental Power in this Department and I am requesting an investigation.

They have been repeatedly late with permits, in spite of my M.P.'s involvement. As a result, I am left at risk medically, legally, and financially, and am forced to become political instead of trying to live a peaceful life without these types of stressors, as my doctors recommend. The end result is that my health deteriorates.

I need your help to intervene. Health Canada has not responded to my written letters requesting information, suggesting change, or to simply to give me a permanent authorization, or allow my GP to sign the forms, so I can avoid all this unnecessary stress.

I have enclosed a copy of correspondence from my Member of Parliament supporting me on this issue, and I authorize your department to contact her and discuss the specifics of my case, if necessary and/or appropriate to your mandate.

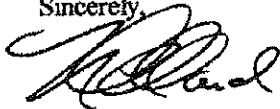
The taxpayers' costs of this program is another matter which I seriously hope you will review. I believe that there are millions of wasted tax dollars on this poorly designed and badly run program.

I am able to produce organic, medical grade marijuana for myself, at a fraction of the cost of what Health Canada charges and I incur all of my own costs. The taxpayer is being duped here.

Cultivation by users enables them to control the product they require and avoid supporting illegal cultivation and all of it's negative implications.

The obvious advantage is that I absorb all the costs of my own cultivation, and therefore part of my own medicine. I also take responsibility for my own health, which translates to much less of a burden on doctors, government, pharmacies, or third party health insurance. It's simple, reasonable, and financially sound. Why all the obstacles?

Sincerely,



Neil V. Allard, B.S.W.

cc: Ms. Jean Crowder, M.P.
 cc: Dr. Bruce Carruthers, M.D. (Internal Medicine)
 cc: Dr. J. Mander, M.D.
 cc: Mr. Tony Clement, Health Minister for Canada

DE 560
HECS

November 22, 2007

Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9r 4G1

ECD Health Canada
DCHG Santé Canada
Rec'd
Rapu DEC 07 2007
#02-011199-678

CX

Minister's Office - Health Canada
Brooke Claxton Building, Tunney's Pasture
Postal Locator: 0906C
Ottawa, Ontario, Canada
K1A 0K9

Attention Mr. Tony Clement:

I am attempting to get help with this Health Canada Medical Marijuana Program.

I am sending this to your office out of courtesy as I believe it is the responsibility of your Office to address the concerns I have raised with the Auditor General.

I have enclosed my letter to the Auditor General of Canada indicating some of the problems of this very badly run program.

Sincerely,



Neil Allard, B.S.W.

cc: Ms Jean Crowder, M.P.



"Glenda Allard Barr"
 <glenda_barr@telus.net>
 2009-04-24 03:32 PM

To <ronald_denault@hc-sc.gc.ca>
 cc <LunneJ@parl.gc.ca>, "Leona Aglukkaq"
 <Minister_Ministre@hc-sc.gc.ca>, "Neil"
 <twinmind@telus.net>

bcc

Subject difficulties with MMAR re: Neil Allard

April 24, 2009
 6860 Wayne Place
 Lantzville, BC
 250 390 2822

Mr. Ronald Denault, Manager
 Marihuana Medical Access Division

Dear Mr. Denault,

ECD - Health Canada	
DC-IG - Santé Canada	
REC'D	APR 27 2009
Per:	
# 09-002908-978	

JB

I am writing with the faint hope of appealing to your sense of compassion and fairness.

My husband, Neil Allard, has submitted his sixth application under the MMAR regulations. His specialist had retired and he is using a doctor, Dr. Jatinder Singh Mander, who is familiar with the use of medical marijuana from his practice in Britain, but signed the Health Canada forms for the first time in support of Neil's application.

All of the paperwork was in order, and then, yesterday, Neil received a letter signed by yourself, and a copy of a letter to his doctor requesting that he again complete form B2. Although reference is made to the need to confirm the dosage, no indication is given of the reason for completing the form again. If there is a need for further confirmation, the form should be designed to reflect this. It does not seem reasonable to ask for resubmission of a form without explaining why the original is not acceptable, or to submit the patient or, indeed, the doctor to the additional stress of dealing with additional paperwork.

Is any consideration made of the fact that MMAD is set up to deal with sick and dying Canadians? Most of the conditions that qualify patients for access to this program are greatly exacerbated by stress, and the application process, including finding a doctor who is willing to deal with the extra work, and, indeed, at times, harassment, involved in the application, is quite onerous. This seems to be a deliberate attempt to discourage doctors from supporting applications under MMAR and limit their ability to best serve the patient.

In my husband's case, as in others I am acquainted with, the relief provided by the use of cannabis as a medicine is a requirement to make life livable. Ordinary tasks that seem quite mundane to those of us who are fortunate enough to have good health can be quite overwhelming to those who are struggling with a terrible illness.

It is a beautiful, sunny day here, and Neil was feeling sufficiently well enough to enjoy the day, to venture outdoors as he is rarely able to do. He has suffered a terrible setback due to what amounts to harassment from MMAD, and is in bed, so far unable even to eat. The stress involved in dealing with this "health" program sabotages his ability to take small pleasures from life.

Neil tried to call you to obtain some answers and assurances, but, as usual, his call was answered by a powerless Call Centre employee who advised that the call would be returned within 3 business days for a call back. Since this is Friday, it is unlikely that call would come before Tuesday or Wednesday. This is a great problem for many patients, since that call back may come when they are sleeping or not fit, because of their health condition, to take the call.

Waiting for that call back and clarification of the issue will take a terrible toll on Neil's health. He is asking if there is any point in continuing with this life if he must continue to endure this kind of suffering. I am not over-dramatizing the effect of this issue. Is this the kind of burden Health Canada wants to inflict on ailing citizens of our great nation?

Neil is fastidious about conforming to the MMAR requirements, yet this is not enough and more hurdles are imposed.

Please, Mr. Denault, could you give some consideration to the suffering endured by our fellow citizens who are in need of support, rather than hindrance, for their well-being. I beseech you to respond to the issues I have raised and contact me to clarify the reason for the challenges presented to participants in this program.

I await your reply and hope for a better future for Canadians who benefit from marijuana as a medicine.

Sincerely,

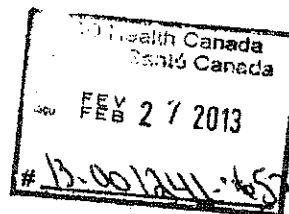
Glenda Allard Barr

cc Ms. Leona Aglukkaq, Minister of Health; Dr. James Lunney, MP; Neil Allard

"If the people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny."

- Thomas Jefferson

Neil Allard
 712 Hamilton Avenue,
 Nanaimo, B.C
 V9R4G6



February 19, 2013,

The Honourable Leona Aglukkaq, P.C., M.P.
 Health Canada
 Brooke Claxton Building, Tunney's Pasture
 Postal Locator: 0906C
 Ottawa, Ontario K1A 0K9

Dear Minister,

Re: the proposed changes to the medical cannabis program

By way of introduction, I am 58 years of age, 5' 11 $\frac{3}{4}$ " tall and weigh 126 pounds. I have been unable to work due to serious ill health since 1995. I was educated as social worker and I am a retired counsellor from Veterans Affairs Canada. I suffer from a condition known as myalgic encephalomyelitis, a serious neuro-immune disorder affecting every system in the body. I also suffer from clinical depression, a lifelong inherited ailment, which was exacerbated by the newer condition. I use cannabis to treat a number of severe symptoms related to these conditions.

Unfortunately my symptoms have become much worse under the weight and strain of these proposed Health Canada medical cannabis program. I have actually begun experiencing nightmares of police raids on my house and horrors of being put in prison.

Can the Minister imagine having to experience nightmares of this type when there was never a crime? I cannot afford to purchase cannabis and I need clean organic specific strains. I absolutely need to continue growing my own cannabis to survive with my poor health.

The really frightening part is that this government wants to imprison me for a minimum of two years if I continue to do what has been well documented by a number of physicians to be very effective treatment for me. This is my own body and my own health! I object profusely! In terms of Charter Rights, I believe this situation is similar to the abortion issue and we know what happened with that.

Once I received my authorization in 2002, I made enquiries to Health Canada about safety issues, inspections, and help with seeds and basic growing information. Unfortunately, I received no help, and was advised to search the internet for seeds. So I wonder how it is that the Minister of Health can site safety issues as a reason for attempting to eliminate our right to grow at home, when the issue was never properly addressed by Health Canada in the first place. In fact it was ignored. Perhaps it was the Minister's intent for this program

to fail so that "big business" could make profits from sick and dying Canadians who do not want pharmaceutical prescription drugs in their bodies.

Without assistance or even proper cooperation from Health Canada, I began putting a lot of time and energy into research and planning and developing knowledge of organic cannabis growing and having a production site built. I have invested substantial amounts of money to set up the production sites; I have just moved residences and had my third production site built by professional tradespeople. My current site is a corner of my basement and is designed for indoor gardening with professional lighting, wiring, insulation, and venting. The heat from the lights is filtered and used to heat my home. I grow for personal use only.

The problem of medical patients or designated growers selling could have been addressed at the start of this program by setting proper limits on the number of lights been used or the actual size of the canopy that light the tops of the plants. I use only two 400 watt bulbs for the vegetative phase and a maximum of two 600 watt lamps for the flowering phase, in a small room adjacent to the first room.

The abuse of the program arises when growers are operating too many high intensity lights, sometimes hundreds of lights, filling an entire house at times. Surely, this could have been properly regulated by limiting the size of the growing canopy or the number of lights. This can still be done!

I have learned how to successfully grow cannabis without the use of harmful chemicals and toxic insect sprays, and I find the oxygen released by the plants, along with the gentle exercise of growing, highly therapeutic.

In terms of conventional medications, I have tried countless prescription drugs but cannot tolerate them because of extreme sensitivities to pharmaceutical medications and I am also concerned about the long term side effects of these toxic drugs. My daily dosage of cannabis is 20 grams which currently costs me approximately \$100 per month and some additional periodic costs at the garden store, as needed. I vaporize the buds and leaves, and I chew the fresh leaves. Many cannabis strains do not work for me and actually worsen some of my symptoms. I have identified twelve strains, high in CBD's specific to my needs and I grow those.

I cannot afford inflated black market prices for an herbal plant which costs pennies to grow but an expected \$8 or so per gram to buy. The math is scary..... 160.00 dollars or more per day! I believe it unreasonable to expect me to afford it. I also believe that a court of law would agree that my constitutional rights are being violated.

I realize that your government is not in favour of legalization, which would essentially solve the problems associated with this program. Health Canada has been forced by the courts to ensure safe access of cannabis for medical need and it has an obligation to do so. My access to cannabis is eliminated if I cannot grow it myself, because I simply cannot afford to purchase it.

On December 16, 2012 the Minister stated in the media that there were 500 authorized patients in the program in 2002, and on December 16, 2012, there were 26,000 patients. It seems to me that the numbers of applicants alone would suggest that cannabis is a highly effective, popular and useful plant and that many Canadians want to grow their own medicine just as they do their own vegetables or other herbs. These numbers increased in spite of the problem getting doctors to sign, and in spite of the endless paperwork, waiting times for return phone calls, delays, lost applications, and hostility towards applicants.

Many doctors have been consistently unwilling to sign the Health Canada application forms and yet with the proposed changes, the Minister is appointing them "gatekeepers", once again, for this program, in spite of a pending appeal on exactly this issue regarding Mathew Mernaugh.

Medical doctors have been educated in the area of prescription drugs and most seem to have little, if any, knowledge about cannabis as a treatment. They also do not want to be the gatekeepers of this program and have said so publicly, so why appoint them "gatekeepers"?

If these proposed regulations are put into effect and home growing is eliminated as an option, I shall have to consult and seek support from my own provincial politicians to ensure that these preposterous criminal mandatory minimum laws are not enforced in the province of British Columbia for medical patients.

Although I am not fond of having to appear in a court of law, I also feel I have no choice but to challenge these disturbing attempts to take away a court given right to grow my own cannabis on the basis of some alleged safety issues.

Guns, alcohol and cigarettes which all take peoples' lives regularly are all acceptable and allowable by this government, but an innocuous highly beneficial plant that has never been known to cause death to anyone in history, is prohibited in spite of the findings of the Ledain Commission in the 1970's, the 2002 Senate report to legalize the herb, and a growing world popularity and interest in the medical use of cannabis.


With respect, does the Minister wish to cause enormous hardship on sick and dying Canadians? Does the Minister not understand the cruelty of threatening sick Canadians with prison sentences for taking care of their own health needs the way they see fit? Does the Minister not think that it would be much wiser to continue to permit home growing rather than to battle in court with taxpayers, using our money to do so?

In short, the Canadian courts has consistently found in favour of patients in these long drawn out court battles. May I suggest that the Minister consider a "grandfather" clause for current patients and growers? Otherwise, I see a lot of very passionate opposition to these changes, including my own, tying up the courts and wasting everyone's time, energy and resources, including taxpayer dollars.

I have documented all of my contacts with Health Canada including all phone calls, letters, applications, renewals and doctor visits, so that the courts can see what sort of bureaucratic hoops I have had to jump through, year after year.

Please acknowledge receipt of this letter. As this is a time sensitive issue and there are deadlines for filing an injunction, I look forward to the Minister's reply.

Sincerely,



Neil Allard

Cc: Dr. J. Mander

Jean Crowder, M.P.

Leonard Krog, MLA

P.S. I have enclosed some basic information about the incredible medical value of the cannabis plant, along with statistics on causes of deaths related to cannabis use.

ANNUAL DEATHS

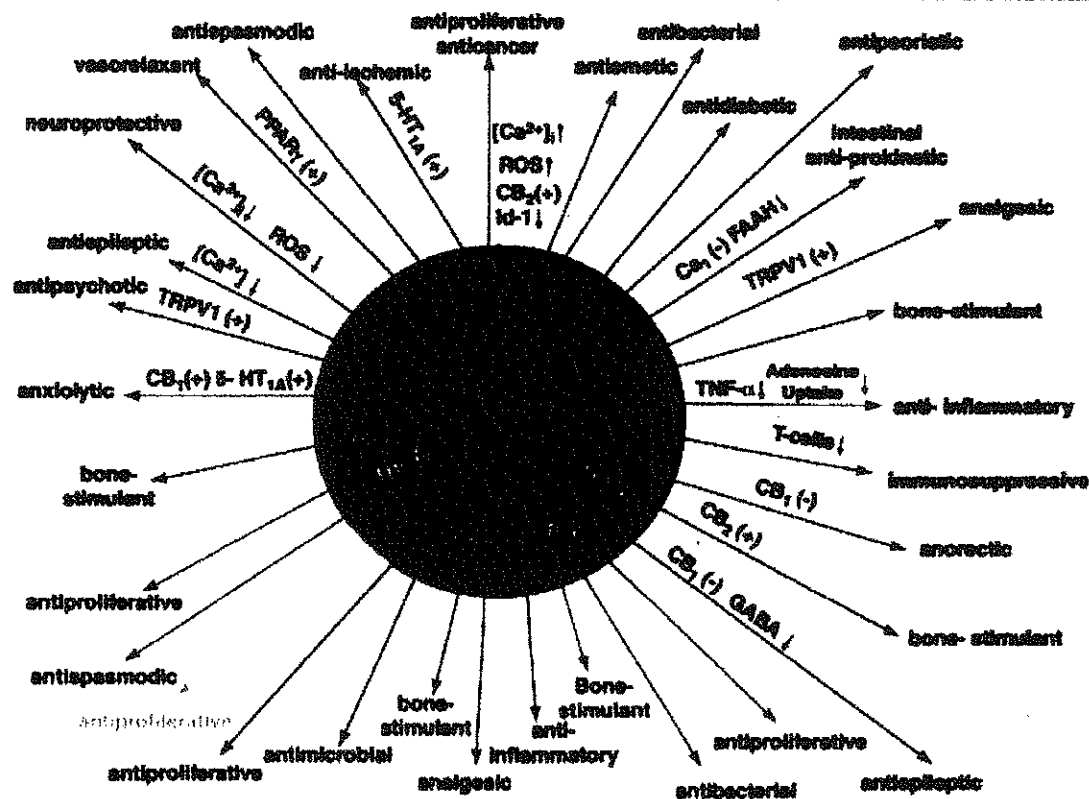
Tobacco	435,000
Poor Diet/Exercise	365,000
Alcohol	85,000
Prescription Drugs	32,000
Vehicle Crashes	26,347
Homicide	20,308
Assaults	7,600
Other	1,000

© 2013 by The American Medical Association

Properties of Cannabinoids

From Cannabis Therapeutics in HIV/Aids, edited by Ethan Russo, M.D.,

Neurologist, and John McPartland. Hawthorne Press 2001, pages: 102 -132



TRENDS in Pharmacological Sciences

Figure 1. Pharmacological actions of non-psychoactive cannabinoids (with the indication of the proposed mechanisms of action).

Abbreviations: Δ^9 -THC, Δ^9 -tetrahydrocannabinol; Δ^8 -THC, Δ^8 -tetrahydrocannabinol; CBN, cannabinol; CBD, cannabidiol; Δ^9 -THCV, Δ^9 -tetrahydrocannabinol; CBC, cannabichromene; CBG, cannabigerol; Δ^9 -THCA, Δ^9 -tetrahydrocannabinolic acid; CBDA, cannabidiolic acid; TRPV1, transient receptor potential vanilloid type 1; PPAR γ , gamma proliferator-activated receptor γ ; ROS, reactive oxygen species; S-HT_{1A}, 5-hydroxytryptamine receptor subtype 1A; FAAH, fatty acid amide hydrolase. Direct or indirect activation; ↑, increase; ↓, decrease.

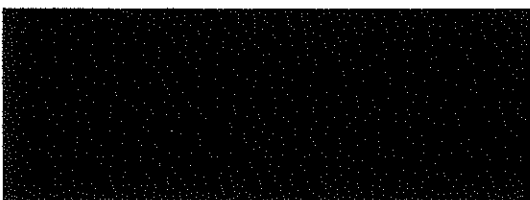
Minister of Health



Ministre de la Santé

Ottawa, Canada K1A 0K9

MAR 05 2013



Thank you for your correspondence of February 19, 2013, concerning the proposed *Marihuana for Medical Purposes Regulations* as published in *Canada Gazette*, Part I.

I am sorry to learn of your health conditions.

The Department has noted your comments regarding this proposal, and they will be given due consideration as the federal regulatory process progresses. Please be advised that Health Canada will not provide direct responses to comments received.

The reforms will continue to provide patient access to marihuana for medical purposes, while reducing risks to public health and safety, including diversion. The reforms will treat dried marihuana like other narcotics used for medical purposes by creating conditions for a new private market that would be responsible for its own production and distribution, governed by stringent security and reporting requirements by Health Canada.

For more information on the proposed regulations, please visit <http://www.hc-sc.gc.ca/dhp-mps/marihuana/about-apos/index-eng.php>.

Thank you for writing.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Leona Aglukkaq'.

Leona Aglukkaq

Canada