

00577



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**

45146
500676
2013-02-13

45146
Health Canada /
Santé Canada
486924
DEC 07 2012
2013-01-23
OCS / BSC



A1 Applicant's Information

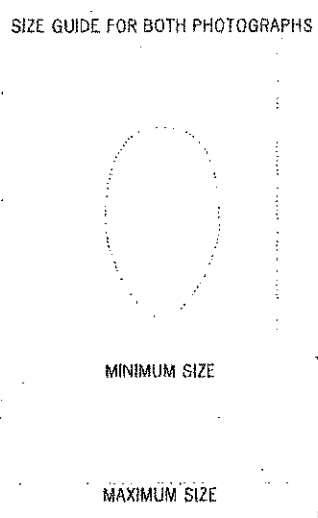
Mrs. Miss Ms. Mr.
 Applicant's full name: DAVEY / SHAWN / ROBERT
 Date of Birth: 08 / JUNE / 1970
 Address: 32037 SEVENTH AVE Apartment Number: _____
 City: MISSION Province: BC Postal Code: V2V 2A7

If no street address is available, please provide lot and concession number:
 Lot Number: _____
 Concession Number: _____
 Telephone: () _____
 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.
- 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.



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: KAREN MARILYN JONES

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: DAVEY, SHAWN ROBERT

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 DECEMBER 19, 2012

SHAWN DAVEY
 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.

Form D

Application for Licence to Produce Marihuana by a Designated Person

This form is to be completed by the applicant (the person who has applied for an *Authorization to Possess* marihuana) who wishes to have someone else grow the marihuana for them. This application is to be signed by **both** the applicant and the person who has been designated as the grower.

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**

D1 Applicant's Information

Mrs. Miss Ms. Mr.
 Applicant's full name: DAVEY / SHAWN / ROBERT
 Date of Birth: 08 / JUNE / 1970
 Address: 32037 SEVENTH AVE Apartment Number:
 City: MISSION Province: BC Postal Code: V2V 2A7

If no street address is available, please provide lot and concession number:
 Lot Number:
 Concession Number:
 Telephone: ()
 Fax: ()
 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: (MMAT) - 429100-12

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).

D2 Designated Person's Information

Mrs. Miss Ms. Mr.
 Designated person's full name: Karen / Marlene / Jones
 Date of Birth: 07 / 02 / 1956
 Address: 26768 Cunningham Ave Apartment Number:
 City: Maple Ridge Province: BC Postal Code: V2W - 1M8

If no street address is available, please provide lot and concession number:
 Lot Number:
 Concession Number:
 Telephone: (604) 462-0163
 Fax: ()
 E-mail: Kmj1956@live.com

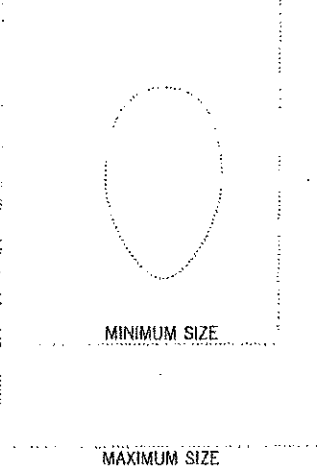
Mailing Address (if different from above):
 Address or P.O. Box: Apartment Number:
 City: Province: Postal Code:

D3 Photograph of Designated Person

Please complete and check both boxes:

- Two copies of a current photograph that clearly identifies the designated person have been enclosed.
- The back of one photograph of the designated person has been signed by the applicant (not the designated person) certifying that it is a true likeness of the designated person.

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: A photograph is required every year.

D4 Production Site

Please choose one of the following three options:

- As the designated person, I plan to produce marihuana at my ordinary place of residence (the address that was provided on Page 1 of this form).

OR

- As the designated person, I plan to produce marihuana at the applicant's ordinary place of residence (the address that was provided by the applicant on Page 1 of Form D).

If you make either of these two selections, please proceed directly to D5. If not, please check the box on page 3 and provide the requested information.

OR

(continued on next page)

Name: DAVEY, SHAWN ROBERT

(D4 continued)

As the designated person, I plan to produce marihuana somewhere other than either at my ordinary place of residence or at the ordinary residence of the applicant.

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

Proposed production site:

Address: 26768 Cunningham Ave

Apartment Number:

City: Maple Ridge

Province: BC

Postal Code: V2W-1M8

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

Lot Number:

Concession Number:

This site is owned by either the applicant or the designated person: Yes No

IMPORTANT: If the marihuana is to be produced at a site that is not the ordinary residence of and not owned by the applicant or the designated person, the owner(s) of the production site must complete *Form F: Consent of Property Owner*.

D5 Mode of Production

The marihuana will be produced (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 the declaration on D8 Part B with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

Name: DAUBY, SHAWN ROBERT

D6 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: Fully fenced, alarmed, guard dogs.

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: locked in safe, in house.

Address where the marihuana will be stored:

Address: 26768 Cunningham Ave Apartment Number: _____
City: Maple Ridge Province: BC Postal Code: V2W 1M8

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

D7 Authority to Communicate to Canadian Police

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

Name: DAVEY, SHAWN ROBERT

D8 Part A—Applicant's Declaration and Signature

I, the applicant, declare and confirm that the information contained in this form is correct and complete.

Shawn D. Davay
APPLICANT'S SIGNATURE

December 01/12
DATE

Shawn Davay
PRINT NAME

D8 Part B—Designated Person's Declaration and Signature

I, the designated person, declare that:

- i. Within the ten (10) year period preceding the date of this application, I have not been convicted as an adult of a designated drug offence committed in Canada and that I have attached a document from a Canadian police force in support of this declaration. **(Note: Please consult the Applicant Guide for explanation of "designated drug offence.")**
- ii. I declare that, within ten (10) years preceding the date of this application, I have not been convicted, as an adult, of an offence committed outside of Canada that, if committed in Canada, would have constituted a designated drug offence.
- iii. If I've indicated on this application that I plan to produce marihuana 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.
- iv. I declare and confirm that the dried marihuana will be stored indoors.
- v. I declare and confirm that the information contained in this form is correct and complete.

Karen Jones
DESIGNATED PERSON'S SIGNATURE

Dec 1, 2012
DATE

Karen Jones
PRINT NAME

IMPORTANT:

1. Please ensure that D8 Part A has been signed and dated by the applicant, and D8 Part B has been signed and dated by the designated person.
 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.
 5. Remember to include the document from a Canadian police force also known as a criminal record check for the designated person.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

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**

F1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name: Gary and Karen Jones
Address: 26768 Cunningham Ave Apartment Number:
City: Maple Ridge Province: BC Postal Code: V2W 1M8

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) _____ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

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

PROPERTY OWNER'S SIGNATURE _____ DATE _____

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: Gary Edward Jones
Address: 26768 Cunningham Ave Apartment Number:
City: Maple Ridge Province: BC Postal Code: V2W 1M8

Co-property owner's full name: Karen Marlene Jones
Address: 26768 Cunningham Ave Apartment Number:
City: Maple Ridge Province: BC Postal Code: V2W 1M8

(continued on next page)

(F2 continued)

I give my consent to (full name of applicant or applicant's designated person) Karen Marlboro Jones to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

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

Gary Jones _____ DATE Dec 1, 2012
PROPERTY CO-OWNER'S SIGNATURE
GARY JONES
PRINT NAME

Karen Jones _____ DATE Dec 1, 2012
PROPERTY CO-OWNER'S SIGNATURE
Karen Jones
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.

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: DAVEY / SHAWN / ROBERT

Date of Birth: 08 / JUNE / 1976

Telephone: (604) 814-2414

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: MMAD-4370212

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: 26718 Cunningham Ave Apartment Number: _____

City: MARLE RIDGE Province: BC Postal Code: V6W 1M8

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:

fully fenced perimeter, alarmed to local RCMP.

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

locked in safe, fully fenced perimeter, alarmed to local police.

Address where the marihuana will be stored:

Address: 20768 Cunningham Ave

Apartment Number:

City: Maple Ridge Province: BC

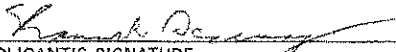
Postal Code: V2W 1M8

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: DAVEY, SHAWN ROBERT

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana 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 marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

 DECEMBER 1ST 2018
APPLICANT'S SIGNATURE DATE

SHAWN DAVEY
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.



Royal Canadian Mounted Police

Gendarmerie royale du Canada

CANADIAN POLICE CERTIFICATE FOR VISA APPLICANTS/FOREIGN TRAVEL/FOREIGN WORK PERMITS

CERTIFICAT DE LA POLICE CANADIENNE POUR LES REQUÉRANTS DE VISA/VOYAGES À L'ÉTRANGER/PERMIS DE TRAVAIL À L'ÉTRANGER

Name - Nom Karen Mariene JONES (MARTIN) nee		DOB - DDN 1956-02-07
Address - Adresse 26788 Cunningham Avenue Maple Ridge, B.C. V2W 1M8		Signature of Applicant - Signature du requérant <i>Karen Jones</i>

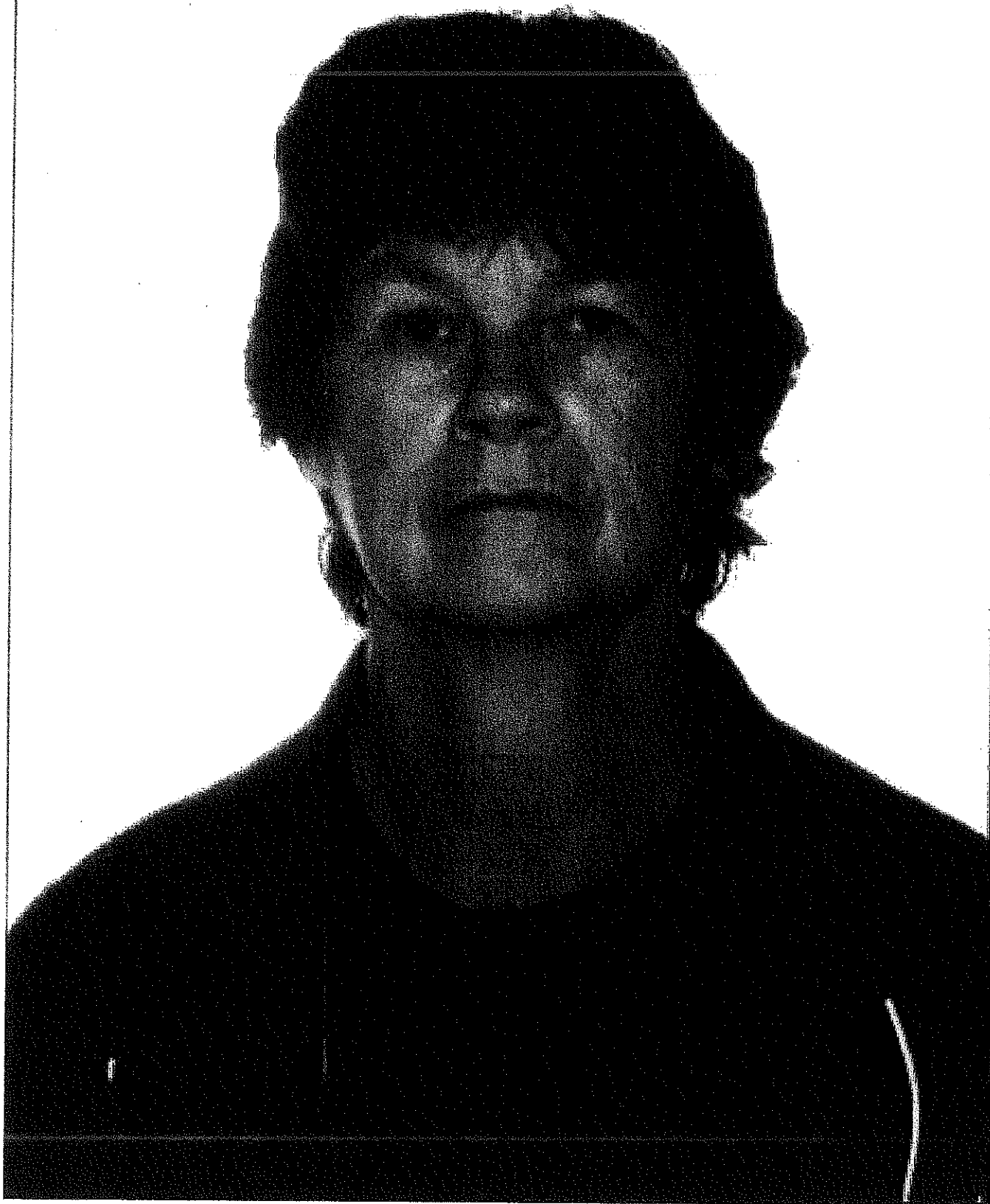
This certifies that a search, based on the above name and date of birth, failed to disclose any such person with a record of criminal convictions in the national repository for criminal records in Canada. "SEARCH NOT CONFIRMED BY FINGERPRINTS".

La présente atteste que nos recherches dans le fichier judiciaire national du Canada ont révélé qu'aucune personne de ce nom née à cette date n'a fait l'objet de condamnations criminelles «RECHERCHE NON CERTIFIÉE PAR LES EMPREINTES»

Issued at (Unit) - Délivré par (service) Ridge-Meadows RCMP Detachment 11990 Haney Place Maple Ridge, B.C. V2X 9B8	Name and rank - Nom et grade E. McRae - Information Officer
	Signature <i>E. McRae</i> MIE 1743
	Date 2012-11-21

Canada

719



LONDON DRUGS #47
101 - 22709 Lougheed Hwy
Maple Ridge, BC CANADA

DEC 02 2012

Photo Taken _____
Date

I certify this to be a true likeness of

Karen Maclean-Jones

Signature of _____

Frank Dewey



Health
Canada

Santé
Canada

Healthy Environments
and Consumer Safety
Branch

Direction générale,
Santé environnementale et
sécurité des consommateurs

Address Locator: 0300A

Your file *Voire référence*

Ottawa ON K1A 1B9

Our file *Notre référence*

Dear Applicant:

Subject: Application under the Marihuana Medical Access Regulations (MMAR)

You have applied for:

- an *Authorization to Possess* dried marihuana for the first time
 - and a *Personal-Use Production Licence*
 - and a *Designated Person Production Licence*
 - and Health Canada's supply of dried marihuana
- a renewal of an *Authorization to Possess* dried marihuana and a source of marihuana
 - but with changes to the previous Authorization information
- an amendment to the current Authorization information

However, your application is incomplete. **Missing elements are indicated on the attached form.**

Please submit a complete application to the Marihuana Medical Access Program at the address indicated below, with the required completed forms. Your application will be reviewed only once all required information is received.

Should you have any questions, please visit the Health Canada website at www.healthcanada.gc.ca/mma or contact our office toll-free at 1-866-337-7705, or fax at (613) 952-2196, or by email at mmap-pamm@hc-sc.gc.ca.

Marihuana Medical Access Program
Controlled Substances and Tobacco Directorate
Health Canada
Address Locator: 0300A
Ottawa ON K1A 1B9

Encl.

Canada

Form A: Application for Authorization to Possess Marijuana for Medical Purposes

NOT OK: See below OK

- Form A required and/or page(s) _____ required
- Applicant's information missing (section A1)
 - The address provided cannot be confirmed as a physical address; please provide a valid civic/physical address.
- Please confirm the order of the applicant's name (section A1); name order should be entered as: Last / First/ Middle on this and any other form completed by the applicant.
- 2 copies of the photograph not included and/or not signed by the supporting medical practitioner (section A2)
- Source of marijuana not indicated (section A4)
- Marijuana source indicated is not a legal source. Choose one of the three legal source options (section A4)
- Form not signed and/or dated by applicant (section A6)
- Complete the Form(s) A, C, D, E1, E2 and F, as appropriate, depending on your source of marijuana

Form B: Medical Practitioner's Form

NOT OK: See below OK

- Form B required, either Form B1 or B2 must be completed by your medical practitioner
- Form B was completed, however page(s) _____ required
- Your medical condition does not fall under category 1, Form B2 should be completed instead
- Your medical condition does not fall under category 2, Form B1 should be completed instead
- Applicant's name not indicated, please have your medical practitioner complete part 1 and re-sign and date Form B (section B1-1 OR B2-1)
- Your medical condition(s) and symptom(s) were not indicated, please have your medical practitioner complete part 2 and re-sign and date Form B (section B1-2 OR B2-2)
- Daily amount not indicated, please have your medical practitioner complete part 3 and re-sign and date Form B (section B1-3 OR B2-3)
- Your case must be assessed by a medical specialist and the details related to the specialist's assessment must be provided (section B2-5)
- Form not signed and/or dated by medical practitioner (section B1-5 OR B2-5)
- For all cases above, please have the supporting medical practitioner named in section B1-1 or B2-1 re-sign and date Form B1/2-5.

Form C: Application for Licence to Produce Marijuana by Applicant

NOT OK: See below OK

- Form C required and/or page(s) _____ required
- Applicant's information missing (section C1)
- Production site not indicated (section C2)
- Mode of production not indicated (section C3)
- Production and/or storage site security measures missing (section C4)
 - Indoor Outdoor Storage
- Storage site address missing (section C4)
- Storage location must be at the production site or your ordinary place of residence (section C4)
- Form not signed and/or dated by applicant (section C5)

Form D: Application for Licence to Produce Marijuana by a Designated Person

NOT OK: See below OK

- Form D required and/or page(s) _____ required
- Applicant's information missing (section D1)
- Designated person's information missing (section D2)
- Please confirm the order of the designated person's name (section D2); name order should be entered as: Last / First/ Middle and must exactly match the Criminal Record Check provided.
- 2 copies of the photograph not included and/or not signed by applicant (section D3)
- Production site not indicated (section D4)
- Mode of production not indicated (section D5)
- Production and/or storage site security measures missing (section D6)
 - Indoor Outdoor Storage
- Storage site address missing (section D6)

Client: Shawn Davey

Client ID: 45146

Form D: Application for Licence to Produce Marijuana by a Designated Person (cont'd)

NOT OK: See below OK

- Storage location must be at the production site or your designated person's ordinary place of residence (section D6)
- Form not signed and dated by applicant (section D8-A)
- Form not signed and/or dated by designated person (section D8-B)
- Original, within one year, criminal record check is required (section D8-B)
- Provide additional and original document from a Canadian police force clearly establishing that the proposed designated person has not been convicted as an adult of a designated drug offence within 10 years preceding the application (section D8-B)

Form E1: Application to Obtain Dried Marijuana

NOT OK: See below OK

- Form E1 required and/or page(s) _____ required
- Applicant's information missing (section E1-1)
- Delivery instructions not indicated (section E1-3)
- Form not signed and/or dated by applicant (section E1-4)

Form E2: Application to Obtain Marijuana Seeds

NOT OK: See below OK

- Form E2 required and/or page(s) _____ required
- Applicant's information missing (section E2-1)
- Delivery instructions not indicated (section E2-3)
 - Delivery instructions must be to the designated person (E2-3)
- Form not signed and/or dated by applicant (section E2-4)

Form F: Consent of Property Owner

NOT OK: See below OK

- Form F required and/or page(s) _____ required
- Property owner's information missing (section F1)
- Production site address missing (section F1)
- Property owner's consent not provided (section F2)
 - Applicant's name not provided
 - Designated person's name not provided
- Form not signed and/or dated by property owner(s) (section F2)

Form R: Renewal

NOT OK: See below OK

- All Forms are required for renewal
- Form R cannot be used, you will need to complete Form(s) A, C, D, E1, E2 and F, as appropriate
- Form R was completed, however page(s) _____ required
- Applicant's information missing (section R1)
- Source of marijuana not indicated (section R2)
- Medical practitioner's information missing (section R3)
- Form not signed and dated by medical practitioner (section R4-A)
- Form not signed and dated by applicant (section R4-B)

Comments:

- Please note that if you are changing your source, a Form A is always required
- As you do not own or co-own your production site, a Form F will be required with each renewal
- Note to Medical Practitioners: We have received the enclosed Form B1/2 for your patient, _____. Please provide the enclosed application package to _____ in order to submit a complete application
- As your licence expires in less than 10 weeks, we are unable to complete your amendment request at this time. Please submit a complete Form(s) _____ in order to ensure a complete renewal application

Continued onto next page

Medical Practitioners

- The person who signed the medical declaration on Form B (B1 or B2) does NOT comply with the definition of a medical practitioner in support of applications under the *Marihuana Medical Access Regulations* (section B1-1 or B2-1)
- Your case must be assessed by a medical specialist, note that Dr. _____ does not appear to be registered as a specialist with the Royal College of Physicians and Surgeons of Canada or the Royal College of Physicians and Surgeons of _____ (section B2-5)
- Your photographs must be signed by your new supporting medical practitioner/ the signature on the photographs does not match that of the supporting medical practitioner in section B1-5/ B2-5.
- Please note that the Form B1/B2 is dated from more than 1 year ago. Please have your supporting medical practitioner re-sign and re-date the Form B1/B2.

Revocation is Required

- In order to change your production source, a signed & dated letter of revocation is required. It must clearly indicate that you wish to revoke your current Personal-Use Production Licence
- In order to change your production source, a signed & dated letter of revocation is required from your designated grower. It must clearly indicate that they wish to revoke their Designated Person Production Licence. If you are unable to acquire a letter from your designated grower, you can provide a signed & dated letter requesting to revoke your entire authorization to possess. If you wish to do so, a complete application package will be required.
- Please note that you cannot change your supporting medical practitioner before the renewal of your licence. If you wish to do so, you must provide a signed and dated letter stating you wish to revoke your entire authorization to possess. You can also return your pink licence(s) to our offices. Otherwise, please keep these forms and resubmit your application 10 weeks before the expiry of your current licence

Address Discrepancies

- Note that Section 5(c) of the *Marihuana Medical Access Regulations* states that the mailing address must correspond to the physical/civic address. A separate mailing address should only be provided if the mail is undeliverable to the applicant/ designated persons's civic address. (Our offices may not mail correspondence to your appointed representative)
- You have applied to be a designated grower for _____. However, you also have a current licence to produce for _____. According to that account, your ordinary residence and mailing address is _____. Before we can fulfill _____'s request, you must send in an amendment for _____'s account. As such, a Form D with _____'s information will be required

Section 56 Request

- To process your renewal or application we require the application to be supported by a medical doctor. Please submit a new Form B1 or B2, supported by a medical doctor, and be sure to have them sign the back of the applicant photos in order for your application to be processed.
- Please note that your request for a Section 56 exemption and the affidavit have been submitted to the Office of Controlled Substances (OCS) for further consideration.

Further Supporting Documentation Required

- Please submit a proof of ownership document (i.e. Articles of Constitution of a Company), which will show that _____ has authority to sign for _____
- The physical address indicated as the proposed production site is unverifiable, please provide a government issued document or municipal tax/utility bill clearly substantiating that _____ is a legal address in the city of _____.
- The documents enclosed herein are being returned as they do not substantiate that the physical address indicated as the proposed production site is a valid legal address; please provide a government issued document or municipal tax/utility bill clearly substantiating that _____ is a legal address in the city of _____.

Designated Grower Production Licence Applications

- Please note that we are unable to complete your application at this time. Due to privacy restrictions, we are unable to divulge any further information. Please contact your designated grower for further information
- Please provide the completed CRC (or Form D) to your applicant to resubmit for a complete application
- Please note that we are unable to complete your application at this time. Due to privacy restrictions, we are unable to divulge any further information. Please contact the applicant for further information.

Invalid Declarations

- Please note that the declarations on Form _____ have been altered, and as such it has made the form invalid. Please complete a new Form _____
- Under the *Marihuana Medical Access Regulations*, the specialist must concur that the specialist is aware that marihuana is being considered for an alternative treatment

Other

- All original forms and photographs have been returned to you. Please resubmit all forms with the appropriate changes for a complete application.
- Copies of your forms have been returned to you. All original forms and/or photographs have been kept on file. Please resubmit all copied forms with the appropriate changes for a complete application.
- A portion of your application has been kept on file. Please resubmit all forms and/or photographs with the appropriate changes for a complete application.
- All elements of your application have been kept on file.

Should you have any questions regarding this checklist, please contact the Program via the toll free number at 1-866-337-7705 or by email at mmap-pamm@hc-sc.gc.ca.



Royal Canadian Mounted Police

Gendarmerie royale du Canada

CANADIAN POLICE CERTIFICATE FOR VISA APPLICANTS/FOREIGN TRAVEL/FOREIGN WORK PERMITS

CERTIFICAT DE LA POLICE CANADIENNE POUR LES REQUÉRANTS DE VISA/VOYAGES À L'ÉTRANGER/PERMIS DE TRAVAIL À L'ÉTRANGER

Name - Nom Karen Marlene JONES (MARTIN) nee	DOB - DDN 1956-02-07
Address - Adresse 28768 Cunningham Avenue Maple Ridge, B.C. V2W 1M8	Signature of Applicant - Signature du requérant <i>Karen Jones</i>

This certifies that a search, based on the above name and date of birth, failed to disclose any such person with a record of criminal convictions in the national repository for criminal records in Canada. "SEARCH NOT CONFIRMED BY FINGERPRINTS".

La présente atteste que nos recherches dans le fichier judiciaire national du Canada ont révélé qu'aucune personne de ce nom née à cette date n'a fait l'objet de condamnations criminelles «RECHERCHE NON CERTIFIÉE PAR LES EMPREINTES»

Issued at (Unit) - Délivré par (service) Ridge-Meadows RCMP Detachment 11990 Haney Place Maple Ridge, B.C. V2X 9B8	Name and rank - Nom et grade E. McRae - Information Officer
	Signature - <i>E. McRae</i> M1E1743 Date 2012-11-21

Canada

Shawn Davey

Reference # 522835

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Information

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31619 Keystone Ave., Mission, BC, V4S 1G4, Canada	1976-08-08	604-820-5264 (N/A)

[View Contact](#)

Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500876	Closed	2013-01-02	Mail	In	Application
522835	Closed	2013-02-04	Mail	Out	Licence Package
522846	Closed	2013-02-04	Mail	Out	Licence Package
551705	Closed	2013-02-27	Mail	In	Application
738513	Closed	2013-08-12	Mail	In	Application
738503	Closed	2013-08-19	Mail	Out	Licence Package

[Create an Associated Correspondence](#)

Attachments

Report Filename	Document Type	Date Created
MMAP-522835-DAVEY (RR PUPL by AP to AP).doc	Letter	2013-02-04 12:32:36 PM

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

Comments and Attachments

[Add/Edit Notes](#)

Revocation by Request:
 AP revoking PUPL to change to DPPL
 Old PUPL remains valid until 2013-02-17
 New DP effective 2013-02-18 LT 732 772 610 CA -LChellew Feb 4/13

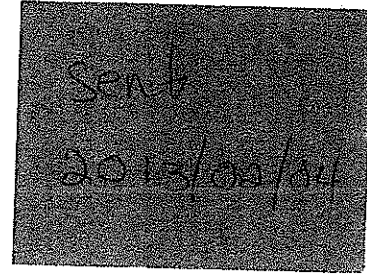
“Revocation by Request:

AP revoking PUPL to change to DPPL

Old PUPL remains valid until 2013-02-17

New DP effective 2013-02-18 LT 732 772 610 CA -LChellew Feb 4/13”

Address Locator: 0300A
Ottawa ON K1A 1B9



Reference # 522835

Mr. Shawn Davey
32037 Seventh Ave.
Mission, BC V2V 2A7

Dear Mr. Shawn Davey:

Subject: Application under the *Marihuana Medical Access Regulations* (MMAR)

This is further to your request to revoke your *Personal-Use Production Licence* (PUPL), which was issued to you under the terms of the *Marihuana Medical Access Regulations* (MMAR).

Please note that your PUPL, which allowed you to produce dried marihuana will hereby be revoked fourteen (14) days from the date of this letter. The revocation will be made pursuant to subsection 63(1) of the MMAR, which states the following,

“On request by the holder of a licence to produce, the
Minister shall revoke the licence.”

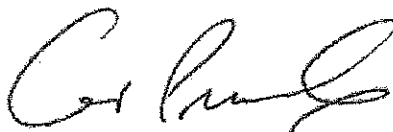
As additional documentation was provided to complete your amendment request a new Authorization will be sent separately. As per subsection 60(2) of the MMAR you are required to return your previously issued *Authorization to Possess ATP* and PUPL document (and previously issued ID card, if applicable), which was issued November 1, 2012, to the address below within 30 days of receipt of your new Authorization.

Moreover, as per section 65(2) the holder of the licence to produce shall discontinue production of marihuana. Within 10 days after destroying the marihuana, the holder of the authorization or the licence shall notify the Minister, in writing of the amount of marihuana destroyed. Please note that the holder of a valid authorization to possess is not required to destroy dried marihuana that is not in excess of the maximum quantity permitted under the authorization.

If you have any questions regarding this letter or the MMAR, please visit the Health Canada website at www.healthcanada.gc.ca/mmar, or contact the Marihuana Medical Access Program via email at mmap-pamm@hc-sc.gc.ca, toll-free at 1-866-337-7705 or by mail at:

Marihuana Medical Access Program
Controlled Substances and Tobacco Directorate
Health Canada
Address Locator: 0300A
Ottawa, ON K1A 1B9

Sincerely,



Louis Proulx
A/Director
Bureau of Medical Cannabis
Controlled Substances and Tobacco Directorate
Healthy Environments and Consumer Safety Branch
Health Canada

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

Senders 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 matières dangereuses et consent aux modalités sur le reçu du client.

Customer Receipt / Reçu du client		Date
Item number / N° de l'article: LT 757 263 975 CA		VA NO IS B J
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		604 820 5264

Mr. Shawn Robert Davey
32037 Seventh Ave.
Mission, BC V2V 2A7

For delivery confirmation www.canadapost.ca OR 1 888 590-6333
Confirmation de la livraison www.postescanada.ca OU

Sendin warranty that this item does not contain dangerous goods and agrees with the terms and conditions in Customer Receipt.
L'expéditeur garantit que cet objet ne contient pas de marchandises dangereuses et consent, aux modalités, sur le reçu, de client.

Customer Receipt / Reçu du client
Item number / N° de l'article: **LT 757 263 989 CA** Date: 7/4 14/14 011

From / Expéditeur
Customer No. / N° du client: Rien
Name / Nom:

Address / Adresse:
City / Prov. / Postal Code / Code postal:

To / Destinataire
Customer No. / N° du client: 604 460 0163
Telephone No. / N° de téléphone:

Karen Marlene Jones
26768 Cunningham Ave.
Maple Ridge, BC V2W 1M8

Shawn Davey

Reference # 522846

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31319 Keystone Ave., Mission, BC, V4S 1G4, Canada	1978-08-08	804-820-5264 (N/A)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500876	Closed	2013-01-02	Mail	In	Application
522835	Closed	2013-02-04	Mail	Out	Licence Package
522846	Closed	2013-02-04	Mail	Out	Licence Package
551705	Closed	2013-02-27	Mail	In	Application
736513	Closed	2013-09-12	Mail	In	Application
738603	Closed	2013-09-19	Mail	Out	Licence Package

Attachments

Report Filename	Document Type	Date Created
REPORT_FILENAMEE06twBCCy.pdf	Application Authorization or Production Licence	2013-02-04 12:35:27 PT
REPORT_FILENAMEEnF5n4HWF.pdf	Application Authorization or Production Licence	2013-02-04 12:35:27 PT
REPORT_FILENAMEEGUZ/Dyly.pdf	Letter	2013-02-04 12:35:27 PT

Correspondence Notes

Add/Edit Notes

Do not send out letter - revocation letter under reference # 522835 -LChellew Feb 4/13 Canada Post Tracking: AP # LT 757 263 975 CA, DP # LT 757 263 989 CA. 1st verification by CG 2013/02/11

"Do not send out letter - revocation letter under reference # 522835 -LChellew Feb 4/13 Canada Post Tracking: AP # LT 757 263 975 CA, DP # LT 757 263 989 CA. 1st verification by CG 2013/02/11"



Health Canada Santé
Canada Canada

1 of 1

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-13

Client ID: 45146
Shawn Davey
32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

Dear: Shawn Davey

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-42760-13
Client ID: 45146

**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.

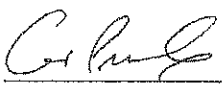
<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada
GENDER:	Male
MAILING ADDRESS: 31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	
AUTHORIZATION #: APPL-SRD-06-D30720800-76-13-A	

<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: 750 grams .

<u>MEDICAL PRACTITIONER INFORMATION</u>
NAME: Dr. Gwyllyn S. Goddard

<u>VALIDITY DATE: 26-Sep-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>Louis Proulx A. Directeur, Bureau du cannabis médical A. Directeur, Bureau de Médical Cannabis Contrôle des Substances et Tobacco Santé Canada Direction des substances contrôlées et de la lutte au tabagisme Health Canada / Santé Canada</small>	DATE OF ISSUE: 26-Sep-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. Gwyllyn S. Goddard

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





Health Canada Santé Canada

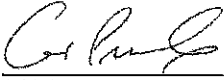
Address Locator: 0300A
Ottawa ON K1A 1B9

MMAD-42760-13
Client ID: 45146

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:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada
GENDER:	Male
MAILING ADDRESS: 31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	
LICENCE #:	APPL-SRD-06-D30720800-76-13-A
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	31819 Keystone Ave., Mission, BC, V4S 1G4, 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 122 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	31819 Keystone Ave., Mission, BC, V4S 1G4, 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: 5490 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:
 <small>Louis Frank A Director, Bureau du cannabis médical A Director, Bureau of Medical Cannabis Contrôleur des Substances de Tabacco D'écrouissage Director of Substances controlled and of the base or tobacco Health Canada Santé Canada</small>	26-Sep-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.

Shawn Davey

Reference # 551705

Grade Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	1976-06-08	604-530-5984 (N/A)

Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500676	Closed	2013-01-02	Mail	In	Application
522836	Closed	2013-02-04	Mail	Out	License Package
522846	Closed	2013-02-04	Mail	Out	License Package
551705	Closed	2013-02-27	Mail	In	Application
736513	Closed	2013-09-12	Mail	In	Application
739603	Closed	2013-09-19	Mail	Out	License Package

Upload File

Report Filename	Document Type	Date Created
45146_Davey_LETTER.pdf	Application	2013-03-05 10:29:34 AM
45146_Davey_AUTHORIZATION DOCS.pdf	Application	2013-03-05 10:29:27 AM

Download Selected File

Add / Edit Notes

REC'D AUTHORIZATION DOCS + LETTER
 Closed no action. Return Pink docs + a letter regarding no plants to destroy.
 2013-03-05 msok

"REC'D AUTHORIZATION DOCS + LETTER

Closed no action. Return Pink docs + a letter regarding no plants to destroy.

2013-03-05 msok"

D0571

February 18th, 2013

Marihuana Medical Access Program
Controlled Substances and Tobacco Directorate
Health Canada
Address Locator 0300A
Ottawa, ON K1A 1B9

RE: Shawn Davey, Reference #: 5228358

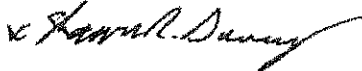
To Whom It May Concern:

As per subsection 60(2) of the MMAR referenced in your letter dated February 4th, 2013, please find enclosed my Authorization to Possess and Personal-Use Production Licence, which was revoked by my request.

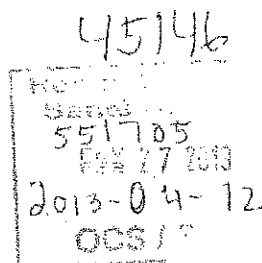
In regards to section 65(2), due to the start up costs involved, I never started production at my home address once my licence changed to state it as my production site; therefore I do not have any marihuana to destroy.

Should you require more information, please do not hesitate to contact me at 604-814-2414 or via mail at 32037 Seventh Ave, Mission, BC V2V 2A7.

Sincerely,



Shawn Robert Davey





Health Canada / Santé Canada

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-12

**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:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
GENDER:	Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, 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: 420 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Gwyllyn S. Goddard	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 19-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:		DATE OF ISSUE:	19-Jul-2012
Stéphane Lessard Director / Directeur Medical Cannabis Bureau Bureau du Cannabis Médical Controlled Substances and Tobacco Directorate Direction des Substances Contrôlées et de la Lutte au Tabagisme			

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

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

c.c.: Dr. Gwyllyn S. Goddard

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.



Health Canada / Santé Canada

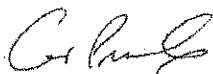
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-12

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:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
GENDER:	Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	32037 Seventh Ave., Mission, BC, V2V 2A7, 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 69 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	32037 Seventh Ave., Mission, BC, V2V 2A7, 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: 3105 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 19-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.	

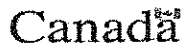
ISSUED BY:  <small>Louis Proulx A Director, Services de cannabis médicaux A Director, Bureau of Medical Cannabis Commandant adjoint(e) de l'inspection pharmaceutique Directeur des médicaments spécialisés et de la lutte au tabagisme Health Canada - Santé Canada</small>	DATE OF ISSUE: 01-Nov-2012
--	--------------------------------------

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.



Shawn Davey

Reference # 736513

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

PERSONAL DETAILS View Contact

First Name Shawn	Surname Davey	Mailing Address 31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	Date Of Birth 1876-08-08	Primary Phone 604-920-5264 (N/A)
---------------------	------------------	--	-----------------------------	-------------------------------------

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500876	Closed	2013-01-02	Mail	In	Application
522835	Closed	2013-02-04	Mail	Out	Licence Package
522846	Closed	2013-02-04	Mail	Out	Licence Package
551705	Closed	2013-02-27	Mail	In	Application
736513	Closed	2013-09-12	Mail	In	Application
739803	Closed	2013-09-19	Mail	Out	Licence Package

Attachments

Report Filename	Document Type	Date Created
45146_Davey_APBk.jpg	Application	2013-09-16 01:37:53 PT
45146_Davey_AP.jpg	Application	2013-09-16 01:37:46 PT
45146_Davey_A_B1_C_E2_F.pdf	Application	2013-09-16 01:37:37 PT

Comments Add / Edit Notes

PUPL renewal with changes
 Received forms A, B1 C, E2 F AP's photos signed by MD.
 MD verified and not in restricted list
 Pre-review - complete
 2013-09-16 - Sajjour

"PUPL renewal with changes

Received forms A, B1 C, E2 F AP's photos signed by MD

MD verified and not in restricted list

Pre-review - complete

2013-09-16 – Sajjour"

D3072



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**

45146
 Health Canada/
 Santé Canada
 SEP 12 2013
 736513
 OCS/BSC/MMAD

2013-10-25

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: DAVEY / SHAWN / ROBERT

Date of Birth: 08 / 06 / 1976

Address: 31819 Keystone Ave Apartment Number: _____

City: Mission Province: BC Postal Code: V4S 1G4

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

Lot Number: _____

Concession Number: _____

Telephone: (778) 240 8261

Fax: () _____

E-mail: Shawn r Davey 0608 @Hotmail.com

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):

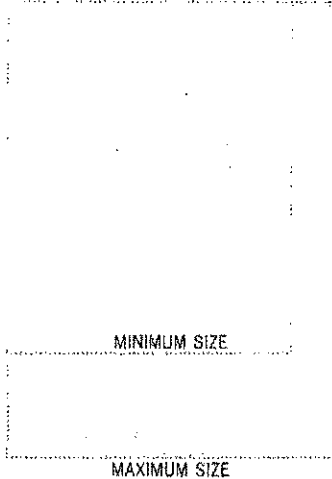
Address or P.O. Box: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

A2 Photograph of Applicant

- I have enclosed two copies of a current photograph that clearly identifies me.
- 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: SHAWN ROBERT DAVEY

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.

Shawn R. Davey
 APPLICANT'S SIGNATURE

Sept 07/2013
 DATE

SHAWN ROBERT DAVEY
 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.



Health Canada Santé Canada

Form B1

Medical Practitioner's Form for Category 1 Applicants

This form is to be completed for *Category 1* 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.

B1-1 Information on Medical Practitioner

Medical practitioner's full name: GWYLLYN S. GODDARD
 Provincial medical licence number: CPSBC 25374 MSP 28773

STAMP (IF AVAILABLE)

Dr. Gwyllyn S. Goddard
 25-6014 Vedder Road
 Chilliwack BC V2R 5M4
 Tel: 1-604-858-5300
 Fax: 1-604-858-5364

Medical specialization (if applicable): GP
 Business Address: as above Suite Number:
 City: Province: Postal Code:
 Telephone: ()
 Fax: ()
 E-mail: gwyllyn@gmail.com

B1-2 Medical Condition and Symptoms

Applicant's full name: Davey / Shawn / Robert
 Date of Birth: 1976 / 06 / 08
 Telephone: (604) 820-5264 or (604) 814-2414

Details on medical condition(s) and symptom(s)

Please check (✓) in the table below the medical condition(s) and the symptom(s) that are the basis for the application (if applicable).

	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANOREXIA	WEIGHT LOSS	SEVERE NAUSEA	SEIZURES
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY							
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS	✓						
EPILEPSY							

OR

(continued on next page)

(B1-2 continued)

- If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):

Medical Condition(s) and Symptom(s):

.....

.....

.....

.....

B1-3 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 twenty-five grams (use letters to write amount) *dd*
- b. the following method and form of administration (please check appropriate box):
 - Inhalation
 - Oral COOKING AND BAKING AND TEA

Dr. Gwyllyn S. Goddard
 25 6014 Vedder Road
 Chilliwack BC V2R 5M4
 Tel: 1-604-858-5300
 Fax: 1-604-858-5364

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/marijuana/index_e.html or by calling toll free at 1-855-337-7705.

B1-4 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: 12 *dd*

Name: Shawn Davey

B1-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided below.

- i. a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
- b. conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- ii. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marijuana as a drug.
- iii. I declare that the information contained in this form is correct and complete.


 MEDICAL PRACTITIONER'S SIGNATURE Dr. Gwyllyn S. Goddard
25-6014 Vedder Road
 PRINT NAME GWYLLYN S. GODDARD Chilliwack BC V2R 5M4
Tel: 1-604-858-5360
Fax: 1-604-858-5364
 DATE August 29, 2013

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: Shawn Davey

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: DAVEY / SHAWN / ROBERT

Date of Birth: 08 / 06th / 1976

Telephone: (778) 240-8261

E-mail: shawndavey0608@hotmail.com

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization:

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:

Fully Fenced Yard, Guard Dog + Alarm system with Video Surveillance

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

Fully Fenced Yard, Guard Dog + Alarm system with Video Surveillance

Address where the marihuana will be stored:

Address: 31819 Keystone Ave Apartment Number:
 City: Mission Province: BC Postal Code: V4S 1G4

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: SHAWN ROBERT DAVEY

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.

Shawn R. Davey
APPLICANT'S SIGNATURE

Sept 07/2013
DATE

SHAWN ROBERT DAVEY
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.

Form E2

Application to Obtain Marihuana Seeds

This form is to be completed by applicants who wish to obtain marihuana seeds only from Health Canada who either:

hold or have applied for an *Authorization to Possess marihuana* and a license to Produce marihuana under the *Marihuana Medical Access Regulations*;

OR

hold an Exemption for the possession and production of marihuana for medical purposes under Section 56 of the *Controlled Drugs and Substances Act*.

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: If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months only.

E2-1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: DAVEY / SHAWN / ROBERT

Date of Birth: 08 / 06 / 1976

Address: 31819 keystone Ave Apartment Number:

City: Mission Province: BC Postal Code: V4S 1G4

Telephone: (778) 240-8261 240-8261 VSD

Fax: ()

E-mail: shawn.r.davey0608@hotmail.com

E2-2 Cost

Marihuana seeds will be provided at a cost of \$20.00 per package of 30 seeds. The quantity provided will be calculated based on the maximum number of plants you or your designated person are permitted, by licence or exemption, to produce or cultivate (an amount that is based on your daily approved amount). Representatives of Health Canada will contact you to both determine the quantity of seeds that are required and complete the order.

Typical costs are:

One package: \$20*

Two packages: \$40*

Three packages: \$60*

*(plus applicable taxes)

Note: Before moving on to Section E2-3, please ensure that you are aware of the cost.

E2-3 Delivery Instructions

I would like the seeds delivered to the address provided in Section E2-1 of this application form.

IMPORTANT: To obtain seeds to grow marihuana, you must also have a valid *Personal-Use Production Licence*, or fill out *Form C: Application for Licence to Produce Marihuana by Applicant*.

OR

(continued on next page)

(E2-3 continued)

I would like the seeds delivered to my designated person:

Mrs. Miss Ms. Mr.

Designated person's full name:

Address:

Apartment Number:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

IMPORTANT: To obtain seeds for someone to grow marihuana for you, you must also fill out Form D: Application for Licence to Produce Marihuana by a Designated Person.

Note: Before moving on to Section E2-4, please ensure that:

1. You have indicated where you would like the marihuana seeds delivered.
2. You have a *Personal-Use Production Licence*, or have completed *Form C: Application for Licence to Produce Marihuana by Applicant* if you want to grow the marihuana plants yourself OR *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

E2-4 Notice to Applicants, Declaration and Signature

Please read carefully before using this product.

It is important for you to be aware of the following risks and recommendations about the product:

- Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the *Food and Drugs Act*.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety, effectiveness or quality of marihuana within the meaning given to those words under the *Food and Drugs Act* and the *Food and Drug Regulations*.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- The use of marihuana carries with it a number of potential health risks, including impaired immune system, interaction with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marihuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you voluntarily accept and assume the risks and dangers associated with the use of this product.

(continued on next page)

Name: SHAWN ROBERT DAVEY

(E2-4 continued)

- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the *Criminal Code*, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence, and others.
- Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not consume marihuana.
- Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.

- i. I have read Section E2-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
- ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.
- iii. I attest that the information on this form is correct and complete.


Sept 107/2013

 APPLICANT'S SIGNATURE DATE

SHAWN ROBERT DAVEY

 PRINT NAME

IMPORTANT:

1. Please ensure that you have read the Notice to Applicants and have signed the declaration.
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.

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

F1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name:

Craig Peveril Blunt

Address:

31819 Keystone Ave

Apartment Number:

City: Mission

Province:

B.C.

Postal Code:

V4S 1G4

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) Shawn Robert Dewar 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.

PROPERTY OWNER'S SIGNATURE

[Handwritten Signature]

DATE

Aug 29 / 2013

PRINT NAME

Craig Blunt

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)

(F2 continued)

I give my consent to (full name of applicant or applicant's designated person) _____ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

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

PROPERTY CO-OWNER'S SIGNATURE _____

DATE _____

PRINT NAME _____

PROPERTY CO-OWNER'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.



THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION
L'ASSOCIATION CANADIENNE DE PROTECTEURS MÉDICALS

RELEASE FORM FOR MEDICAL PRACTITIONERS

Marihuana Medical Access Regulations

The Canadian Medical Protective Association recommends to member-physicians assisting patients in their application under the *Marihuana Medical Access Regulations*, that they ask patient-applicants to sign a release from liability. The following form of release was developed and approved by The Canadian Medical Protective Association:

Health Canada/
Santé Canada
SEP 2013
OCS / BSC / MMAD

I, Shawin Robert Davy
(print name of applicant)

agree not to make any claim or complaint or commence any proceedings against

Dr(s). G. GOODARD

(print name of physician signing the medical declaration and, in the case of a category 2 symptom, name of physician acting as specialist under section 6 of the *Marihuana Medical Access Regulations*)

in relation to the application process under the *Marihuana Medical Access Regulations* or my use of marihuana.

I release Dr(s). G. GOODARD

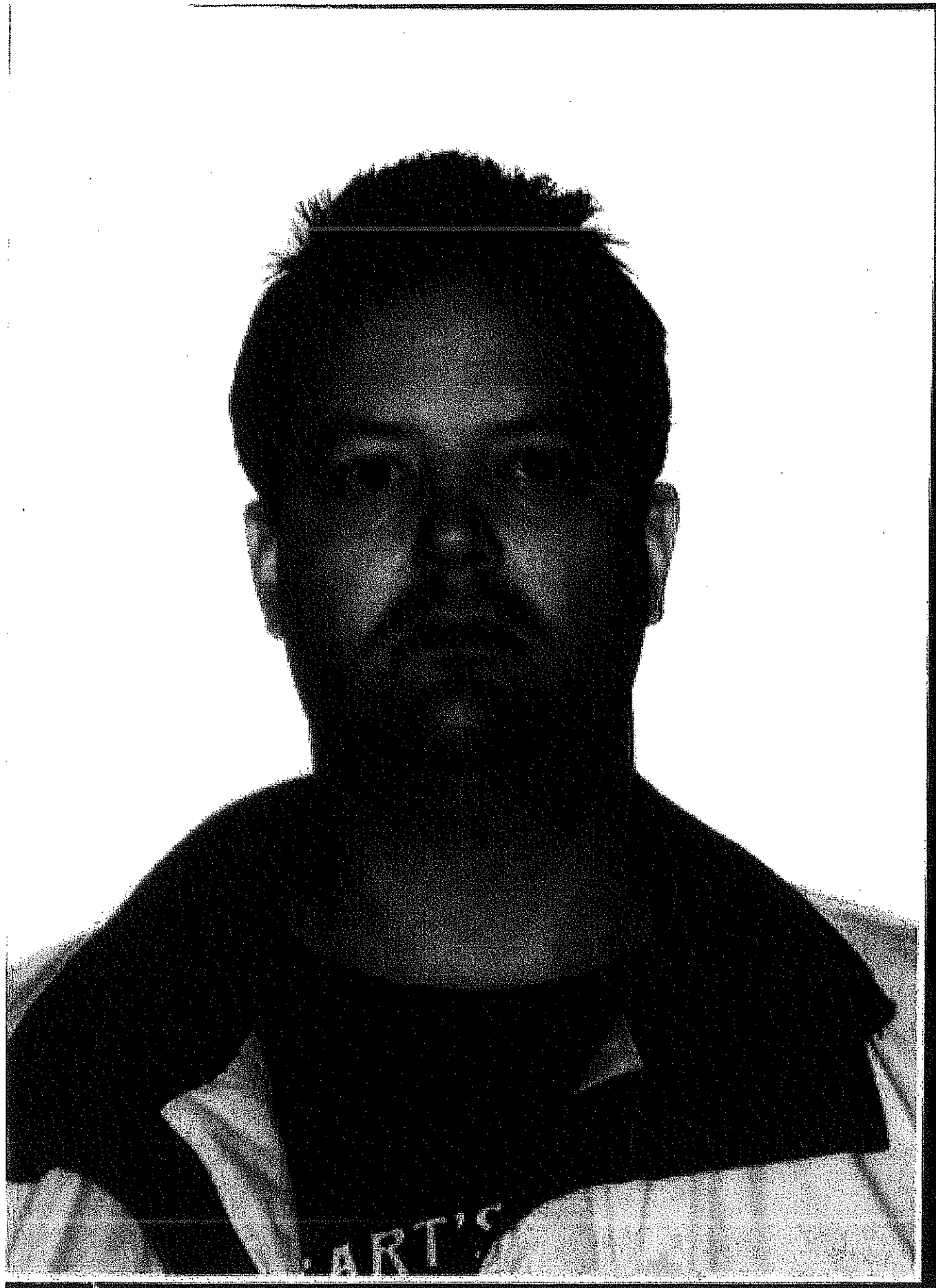
from any and all actions, causes of actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of my application under the *Marihuana Medical Access Regulations* or my use of marihuana. This release from liability is to be binding on my heirs, executors and assigns.

Shawin Robert Davy
Signature of Applicant

Sept 07/2013
Date

[Signature]
Signature of Witness

Sept 7/2013
Date



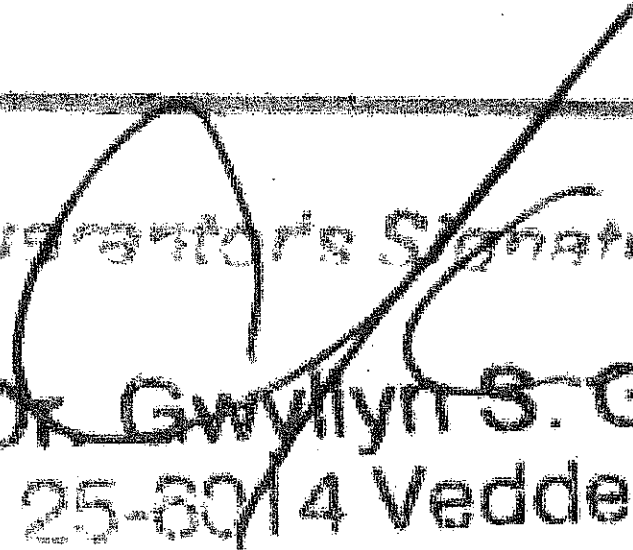
LONDON DRUGS #55
#200 - 32555 London Way
Mission, BC CANADA

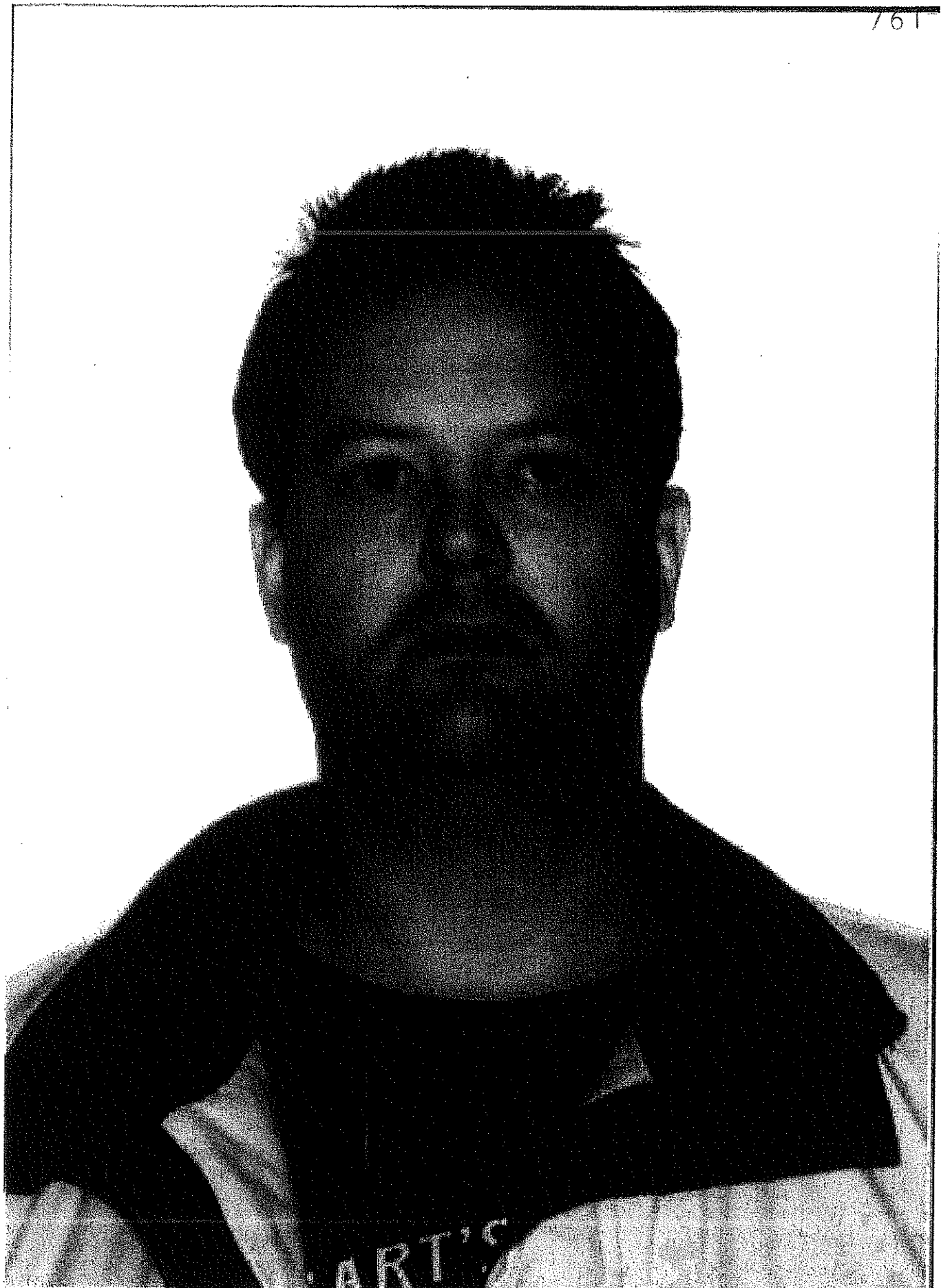
Photo Taken **SEP 05 2013**
Date

I certify this to be a true likeness of

SHAWN DAVEY

Guarantor's Signature


Dr. Gwilym S. Goddard
25-6014 Vedder Road
Mission BC V2R 5M4



ART'S

Shawn Davey

Reference #739603

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
Shawn	Davey	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	1976-08-08	604-820-5284 (N/A)

Correspondence Create an Associated Correspond...

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
487248	Closed	2012-12-14	Mail	Out	Rmt Letter
500576	Closed	2013-01-02	Mail	In	Application
522835	Closed	2013-02-04	Mail	Out	Licence Package
522845	Closed	2013-02-04	Mail	Out	Licence Package
561705	Closed	2013-02-27	Mail	In	Application
738513	Closed	2013-09-12	Mail	In	Application
739603	Closed	2013-09-18	Mail	Out	Licence Package

Attachments

Report Filename	Upload File	Download Selected File	Delete Selected File
REPORT_FILENAME7fpX0WR.pdf	Document Type		Date Created
REPORT_FILENAME7us4k83x.pdf	Application Authorization or Production Licence		2013-09-19 08:04:25 AM
	Application Authorization or Production Licence		2013-09-19 08:04:25 AM
	Licence ID Card		2013-09-19 08:04:25 AM

Notes Add / Edit Notes

Canada Post Tracking: AP # LT 757 777 927 CA. 1st verification by Mario 2013/09/23

"Canada Post Tracking: AP # LT 757 777 927 CA. 1st verification by Mario 2013/09/23"

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 CANADA

Service 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 matières dangereuses et consent aux modalités sur le reçu du client.

Customer Receipt / Recu du client Date

Item No. **LT 757 777 927 CA** YR MM DD

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

Mr. Shawn Robert Davey
31819 Keystone Ave.
Mission, BC V4S 1G4

Confirmation des postes

INSTRUCTIONS FOR ORDERING AND PAYING FOR YOUR SHIPMENT OF MARIHUANA SEEDS AND/OR DRIED MARIHUANA

- Complete the shipment order form for your supply of marihuana seeds and/or dried marihuana for medical purposes.
- Print your name, phone number, customer number FTO - PC and control number 03072
- Indicate the amount of marihuana seeds you want to have delivered for your shipment and/or indicate the amount of dried marihuana you want to have delivered for your shipment.
- If paying by credit card, please fill out the credit card portion of the shipment order form.
- You can order up to 0 grams or a lesser quantity (minimum of 5 grams).
- You can order up to 13 package(s) of seeds or a lesser quantity.

Cost:

- The cost for dried marihuana for medical purposes is \$5/gram plus applicable taxes (minimum of 5 grams per month). The cost for marihuana seeds is \$20/package (30 seeds/package) plus applicable taxes.
- See reverse of shipment order form for tax information.
- You will not be reimbursed for any and all opened packages, even if returned.

Payment:

- Your shipment is payable to the Receiver General for Canada in Canadian funds by certified cheque, money order, Visa, Amex or Master Card.

Shipment:

- Shipments will not be made on an urgent basis. You are only allowed to order once a month.
- Shipments will only be sent once payment is fully processed and when forms are completed properly.

Receipt:

- You will receive a statement of account/receipt with each shipment.

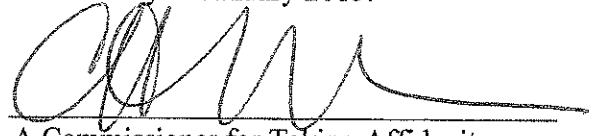
Once the form is completed please send your payment and shipment order form to:

Accounts Receivable
Ottawa ON K1A 0K9
Address Locator: 3203B
Fax: 1-613-957-3495
Email: ar-cr@hc-sc.gc.ca

If you have any further questions about your shipment or the process please contact the Marihuana Medical Access Division, toll-free at 1-866-337-7705 or write to:

Medical Marihuana Production Division
Controlled Substances and Tobacco Directorate
Health Canada
Address Locator: 3503B
Ottawa ON K1A 1B9

This is **Exhibit "D"** referred to in the
Affidavit of **JEANNINE RITCHOT**
Affirmed before me at the City of Ottawa,
in the Province of Ontario,
this 15th day of January 2015.



A Commissioner for Taking Affidavits



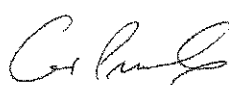
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-102108-12

**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: Brian Dudley Alexander	DATE OF BIRTH: 31-May-1970
ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3, Canada	GENDER: Male
MAILING ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3, 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: 900 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Gerald Owen Mitchell	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 18-Dec-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.	

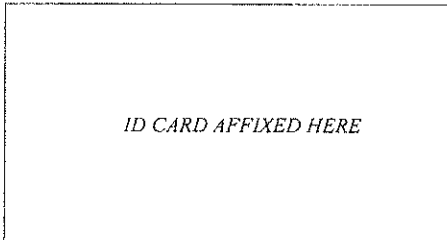
ISSUED BY:  <small>Louis Prozak A. Directeur, Bureau de cannabis médical A. Directeur, Bureau of Medical Cannabis Contrôleur Substances & Tabac/Directeur Direction des substances contrôlées et de la lutte au tabagisme Health Canada - Santé Canada</small>	DATE OF ISSUE: 18-Dec-2012
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PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

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

c.c.: Dr. Gerald Owen Mitchell



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

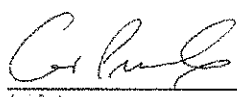
MMAD-102108-12

768

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:	Brian Dudley Alexander
DATE OF BIRTH:	31-May-1970
ADDRESS:	7635 Spencer St., Mission, BC, V2V 3E3, Canada
GENDER:	Male
MAILING ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	31819 Keystone Ave., Mission, BC, V4S 1G4, 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 146 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	7635 Spencer St., Mission, BC, V2V 3E3, 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: 6570 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 18-Dec-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:	DATE OF ISSUE:
 <small>Louis Proulx A Directeur, Bureau du cannabis médical A Director, Bureau of Medical Cannabis Cannabidiol Substances & Tobacco Directorate Direction des substances contrôlées et de la lutte au tabagisme Health Canada Santé Canada</small>	18-Dec-2012

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.

Brian Duddley Alexander

Reference 284194

Search Administration Reports Help Exit

View Contact

First Name Brian	Surname Alexander	Mailing Address 7535 Spencer St., Mission, BC, V2Y 3E3, Canada	Date Of Birth 1970-05-31	Primary Phone 604-374-4990 (N/A)
---------------------	----------------------	---	-----------------------------	-------------------------------------

Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
284194	Closed	2012-02-20	Mail	In	Application
308816	Closed	2012-03-26	Mail	Out	RNI Letter
475008	Closed	2012-11-22	Mail	In	Application
484558	Closed	2012-12-11	Mail	Out	Licence Package
484573	Closed	2013-01-02	Email	Out	Police/RCMP Inquiry

Upload File | **Download Selected File** | **Delete Selected File**

Report Filename	Document Type	Date Created
Dudley_Alexander_AP_Front.jpg	Application	2012-03-26 11:51:42 AM
Dudley_Alexander_AP_Back.jpg	Application	2012-03-26 11:51:34 AM
Dudley_Alexander_A_B2_C_E2_F.pdf	Application	2012-02-27 12:24:50 PM

Add / Edit Notes

Rec'd Form A, B2, C, E2, F, AP Pics	
Ehsan Manoussi 2012-02-27	
New AP - incomplete:	
- Case need to be assessed by specialist	
Sending forms back to AP.	

Rec'd Form A, B2, C, E2, F, AP Pics

Ehsan Manoussi 2012-02-27

New AP - incomplete:

- Case need to be assessed by specialist

Sending forms back to AP.

LT 702 331 905 CA

2012-03-26 msok

Form A

Application for Authorization to Possess Marijuana 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:

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

98485

Health Canada/
Santé Canada

FEB 28 2012
282/194

OCS / BSC / MMAD

2012-04-02

A1 Applicant's Information

Mrs. Miss Ms. Mr.
 Applicant's full name: ALEXANDER, BRIAN I DUDLEY
 Date of Birth: 31 MAY 1970
 Address: 7635 SPENCER ST Apartment Number: _____
 City: MISSION Province: BC Postal Code: V6V3E3
 If no street address is available, please provide lot and concession number:
 Lot Number: _____
 Concession Number: _____
 Telephone: (604) 374-4990
 Fax: () _____
 E-mail: B.ALEXAN@HOTMAIL.COM
 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.
- 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.

MINIMUM SIZE _____
 MAXIMUM SIZE _____

A3 Appointed Representative

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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: _____

ALEXANDER, BRIAN DUDLEY

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*.

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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

JAN 27, 2012

PRINT NAME

ERIAN DUDLEY ALEXANDER

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.



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.

B2-1 Information on Medical Practitioner

Medical practitioner's full name: GERALD OWEN MITCHELL
Provincial medical licence number: 17106

STAMP (IF AVAILABLE)


Medical specialization (if applicable): F.P.
Business Address: 1925 MCCALLUM RD. Suite Number: 102.
City: ABBOTSFORD Province: B.C. Postal Code: V2S3N2
Telephone: 1 604. 8559455
Fax: 1 604. 8559469
E-mail:

B2-2 Medical Condition(s) and Symptoms

Applicant's full name: ALEXANDER, BRIAN, DUDLEY
Date of Birth: 1970 MAY 13

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

Medical Condition(s): CHRONIC PAIN FROM
ASSOCIATED TRAUMATIC
INJURIES TO JOINTS,
AND FRACTURE (R.)
Symptom(s): HAND.
OSTEO ARTHRITIS, SCIATICA.

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 THIRTY grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
 - Inhalation
 - Oral

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: BRIAN ALEXANDER

(B2-5 continued)

Please complete the following:

Name of the medical specialist: _____

The medical specialist's area of specialization: ORTHOPAEDIC SURGERY

Date of the specialist's assessment of the applicant's case: 1985

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

Gerrard Mitchell

PRINT NAME

GERRARD MITCHELL

DATE

24 JAN 12

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: _____

BRIAN ALEXANDER

Form C

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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**

Canada

C1 Applicant's Information

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Mrs. Miss Ms. Mr.

Applicant's full name: ALEXANDER I BRIAN I DUSLEY

Date of Birth: 31 MAY 1970

Telephone: (604) 374-4990

E-mail: B.ALEXAN@HOTMAIL.COM

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization:

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: 31819 KEYSTONE AVE Apartment Number:

City: MISSION Province: BC Postal Code: V4S 1G4

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:

FULLY FENCED YARD, GUARD DOG, + ALARM SYSTEM WITH VIDEO SURVEILLANCE

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

FULLY FENCED YARD WITH GUARD DOG + ALARM SYSTEM WITH VIDEO SURVEILLANCE

Address where the marihuana will be stored:

Address: 7635 SPENCER ST

Apartment Number:

City: MISSION

Province: BC

Postal Code: V2V 3E3

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: ALEXANDER, BRIAN DUDLEY

C5 Declarations and Signature

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- i. If I've indicated on this application that I plan to produce marihuana 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 marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

APPLICANT'S SIGNATURE

DATE

JAN 07, 2012

PRINT NAME

BRIAN DUDLEY ALEXANDER

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.

Form E2

Application to Obtain Marihuana Seeds

This form is to be completed by applicants who wish to obtain marihuana seeds only from Health Canada who either:

hold or have applied for an *Authorization to Possess marihuana* and a license to Produce marihuana under the *Marihuana Medical Access Regulations*;

OR

hold an Exemption for the possession and production of marihuana for medical purposes under Section 56 of the *Controlled Drugs and Substances Act*.

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: If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months only.

E2-1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALEXANDER I BRIAN I DUDLEY

Date of Birth: 31 MAY 1970

Address: 7635 SPENCER ST Apartment Number: _____

City: MISSION Province: BC Postal Code: V0V 3E9

Telephone: (604) 374-4990

Fax: ()

E-mail: B.ALEXAN@HOTMAIL.COM

E2-2 Cost

Marihuana seeds will be provided at a cost of \$20.00 per package of 30 seeds. The quantity provided will be calculated based on the maximum number of plants you or your designated person are permitted, by licence or exemption, to produce or cultivate (an amount that is based on your daily approved amount). Representatives of Health Canada will contact you to both determine the quantity of seeds that are required and complete the order.

Typical costs are:

One package: \$20*

Two packages: \$40*

Three packages: \$60*

*(plus applicable taxes)

Note: Before moving on to Section E2-3, please ensure that you are aware of the cost.

E2-3 Delivery Instructions

I would like the seeds delivered to the address provided in Section E2-1 of this application form.

IMPORTANT: To obtain seeds to grow marihuana, you must also have a valid **Personal-Use Production Licence**, or fill out **Form C: Application for Licence to Produce Marihuana by Applicant**.

OR

(continued on next page)

(E2-3 continued)

I would like the seeds delivered to my designated person:

Mrs. Miss Ms. Mr.

Designated person's full name:

Address:

Apartment Number:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

IMPORTANT: To obtain seeds for someone to grow marihuana for you, you must also fill out Form D: Application for Licence to Produce Marihuana by a Designated Person.

Note: Before moving on to Section E2-4, please ensure that:

1. You have indicated where you would like the marihuana seeds delivered.
2. You have a *Personal-Use Production Licence*, or have completed *Form C: Application for Licence to Produce Marihuana by Applicant* if you want to grow the marihuana plants yourself OR *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

E2-4 Notice to Applicants, Declaration and Signature

Please read carefully before using this product.

It is important for you to be aware of the following risks and recommendations about the product:

- Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the *Food and Drugs Act*.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety, effectiveness or quality of marihuana within the meaning given to those words under the *Food and Drugs Act* and the *Food and Drug Regulations*.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- The use of marihuana carries with it a number of potential health risks, including impaired immune system, interaction with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marihuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you voluntarily accept and assume the risks and dangers associated with the use of this product.

(continued on next page)

Name: ALEXANDER, BRIAN DUDLEY

(E24 continued)

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- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the *Criminal Code*, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence, and others.
- Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not consume marihuana.
- Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.

- i. I have read Section E2-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
- ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.
- iii. I attest that the information on this form is correct and complete.

APPLICANT'S SIGNATURE

DATE

JAN 07, 2012

PRINT NAME

ERIAN DUDLEY ALEXANDER

IMPORTANT:

1. Please ensure that you have read the Notice to Applicants and have signed the declaration.
 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.

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 1-866-957-7705.

Please forward all completed applications to:

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

F1 Property Owner InformationMrs. Miss Ms. Mr.

Property owner's full name:

Address: 601 9th Ave

City: Fernie

Province: B.C.

Apartment Number:

Postal Code: V0B 1M0

Production site address (if different from above)

Address: 31819 Keystone Ave

City: Mission

Province: B.C.

Apartment Number:

Postal Code: V4S 1G4

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) BRIAN DUDLEY ALEXANDER to produce marijuana on this property in accordance with the Marijuana Medical Access Regulations.

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

PROPERTY OWNER'S SIGNATURE

DATE

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:

City:

Province:

Apartment Number:

Postal Code:

Co-property owner's full name:

Address:

City:

Province:

Apartment Number:

Postal Code:

(continued on next page)

(f2 cont. next)

I give my consent to the name of applicant or applicant's designated person _____ to produce marijuana on this property in accordance with the *Marijuana Medical Access Regulations*.

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

PROPERTY OWNER'S SIGNATURE _____

DATE _____

PRINT NAME _____

PROPERTY OWNER'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.



PHOTO EXPRESS
JAN 20 2012

PHOTO EXPRESS

22470 DEWDNEY TR. RD

MAPLE RIDGE, B.C.

IDENTIFY THIS TO BE A

TRUE PHOTOGRAPH OF

I certify this to be a
true likeness
of BRIAN
ALEXANDER.

Boonifdall

Brian Duddley Alexander

Reference 308916

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name: Brian Surname: Alexander Mailing Address: 7635 Spencer St., Mission, BC, V2Y 3E3, Canada Date Of Birth: 1970-05-31 Primary Phone: 604-374-4630 (N/A)

Create an Associated Correspondence...

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
284194	Closed	2012-02-20	Mail	In	Application
308916	Closed	2012-03-28	Mail	Out	IRMI Letter
476008	Closed	2012-11-22	Mail	In	Application
494558	Closed	2012-12-11	Mail	Out	Licence Package
494573	Closed	2013-01-02	Email	Out	Police/RCMP Inquiry

Upload File **Download Selected File** **Delete Selected File**

Report Filename	Document Type	Date Created
REPORT_FILENAME0R4N4wK.pdf	Letter	2012-03-26 11:56:51 AM

Add / Edit Notes

RTS mail #284194
 New AP - incomplete
 - Case need to be assessed by specialist
 Sending forms back to AP
 LT 702 331 905 CA

RTS mail #284194

New AP - incomplete:

- Case need to be assessed by specialist

Sending forms back to AP.

LT 702 331 905 CA

2012-03-26 msok Note: Sending forms + photos back to AP. 2012-03-26 msok Checked by second officer

LM 28 Mar 2012



Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-83714-12

Dear Applicant: Alexander Brian Dudley

Subject: Application under the *Marihuana Medical Access Regulations (MMAR)*

You have applied for:

- an *Authorization to Possess* dried marihuana for the first time
 - and a *Personal-Use Production Licence*
 - and a *Designated Person Production Licence*
 - and Health Canada's supply of dried marihuana
- a renewal of an *Authorization to Possess* dried marihuana and a source of marihuana
 - but with changes to the previous Authorization information
- an amendment to the current Authorization information

However, your application is incomplete. **Missing elements are indicated on the attached form.**

Please submit a complete application to the Marihuana Medical Access Division at the address indicated below, with the required completed forms. Your application will be reviewed only once all required information is received.

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

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

Encl.

Applicant: Alexander Brian Dudley

Form A: Application for Authorization to Possess Marihuana for Medical Purposes

NOT OK, See below OK

- Form A required and/or page(s) ____ required
- Applicant's information missing (section A1)
- 2 copies of the photograph not included and/or not signed by a supporting medical practitioner (section A2)
- Source of marihuana not indicated (section A4)
- Marihuana source indicated is not a legal source **choose one of the three** legal source options (section A4)
- Form not signed and/or dated by applicant (section A6)
- Complete the Form(s) A, C, D, E1, E2 and F, as appropriate, depending on your source of marihuana

Form B: Medical Practitioner's Form

NOT OK, See below OK

- Form B required, either Form B1 or B2 must be completed by your medical practitioner
- Form B was completed, however page(s) ____ required
- Your medical condition does not fall under category 1, Form B2 should be completed instead
- Your medical condition does not fall under category 2, Form B1 should be completed instead
- Applicant's name not indicated, please have your medical practitioner complete part 1 and re-sign and date Form B (section B1-1 OR B2-1)
- Your medical condition(s) and symptom(s) were not indicated, please have your medical practitioner complete part 2 and re-sign and date Form B (section B1-2 OR B2-2)
- Daily amount not indicated, please have your medical practitioner complete part 3 and re-sign and date Form B (section B1-3 OR B2-3)
- Your case must be assessed by a medical specialist and the details related to the specialist's assessment must be provided (section B2-5)
- Form not signed and/or dated by medical practitioner (section B1-5 OR B2-5)

Form C: Application for Licence to Produce Marihuana by Applicant

NOT OK, See below OK

- Form C required and/or page(s) ____ required
- Applicant's information missing (section C1)
- Production site not indicated (section C2)
- Mode of production not indicated (section C3)
- Production and/or storage site security measures missing (section C4)
 - Indoor Outdoor Storage
- Storage site address missing (section C4)
- Form not signed and/or dated by applicant (section C5)

Form D: Application for Licence to Produce Marihuana by a Designated Person

NOT OK, See below OK

- Form D required and/or page(s) ____ required
- Applicant's information missing (section D1)
- Designated person's information missing (section D2)
- 2 copies of the photograph not included and/or not signed by applicant (section D3)
- Production site not indicated (section D4)
- Mode of production not indicated (section D5)
- Production and/or storage site security measures missing (section D6)
 - Indoor Outdoor Storage
- Storage site address missing (section D6)
- Form not signed and dated by applicant (section D8-A)
- Form not signed and/or dated by designated person (section D8-B)
- Original criminal record check missing (section D8-B)
- Provide additional and original document from a Canadian police force clearly establishing that the proposed designated person has not been convicted as an adult of a designated drug offence within 10 years preceding the application (section D8-B)
- A recent, within one year, criminal record check (CRC) is required (section D8-B)

MMAD-83714-12

Form E1: Application to Obtain Dried Marihuana

NOT OK, See below OK

- Form E1 required and/or page(s) ____ required
- Applicant's information missing (section E1-1)
- Delivery instructions not indicated (section E1-3)
- Form not signed and/or dated by applicant (section E1-4)

Form E2: Application to Obtain Marihuana Seeds

NOT OK, See below OK

- Form E2 required and/or page(s) ____ required
- Applicant's information missing (section E2-1)
- Delivery instructions not indicated (section E2-3)
- Form not signed and/or dated by applicant (section E2-4)

Form F: Consent of Property Owner

NOT OK, See below OK

- Form F required and/or page(s) ____ required
- Property owner's information missing (section F1)
- Production site address missing (section F1)
- Property owner's consent not provided (section F2)
 - Applicant's name not provided
 - Designated person's name not provided
- Form not signed and/or dated by property owner(s) (section F2)

Form R: Renewal

NOT OK, See below OK

- All Forms are required for renewal
- Form R cannot be used, you will need to complete Form(s) A, C, D, E1, E2 and F, as appropriate
- Form R was completed, however page(s) ____ required
- Applicant's information missing (section R1)
- Source of marihuana not indicated (section R2)
- Medical practitioner's information missing (section R3)
- Form not signed and dated by medical practitioner (section R4-A)
- Form not signed and dated by applicant (section R4-B)

Other: Amendments

NOT OK, See below OK

- Please complete/refer to attached amendments checklist

Comments:

NOT OK, See below OK

- The person who signed the medical declaration on Form B (B1 or B2) does NOT comply with the definition of a medical practitioner in support of applications under the *Marihuana Medical Access Regulations* (section B1-1 or B2-1)
- Your case must be assessed by a medical specialist and the details related to the specialist's assessment must be provided (section B2-5)
- Your case must be assessed by a medical specialist, note that your doctor does not appear to be registered specialist (section B2-5)
- Please submit a proof of ownership document (i.e. Articles of Constitution of a Company) which will show that you have the signing authority for this organisation
- Storage location must be at the production site or your ordinary place of residence (section C4)
- Storage location must be at the production site or your designated person's ordinary place of residence (section D6)
- Other:
 - Please re-submit and make the appropriate changes for a complete application.

Brian Duddley Alexander

Reference 475008

Search Administration Reports Help Exit

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Brian	Alexander	7335 Spencer St., Mission, BC, V2Y 3E3, Canada	1970-05-31	604-274-4590 (N/A)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
284194	Closed	2012-02-20	Mail	In	Application
308916	Closed	2012-03-26	Mail	Out	PMI Letter
475008	Closed	2012-11-22	Mail	In	Application
484558	Closed	2012-12-11	Mail	Out	Licence Package
484573	Closed	2013-01-02	Email	Out	Police/RCMP Inquiry

Upload File **Download Selected File**

Report Filename	Document Type	Date Created
98485_ALEXANDER_FT.jpg	Application	2012-11-27 03:26:45 PT
98485_ALEXANDER_BK.jpg	Application	2012-11-27 03:26:38 PT
98485_ALEXANDER_A_B2_specialist consult_C_E2_F.pdf	Application	2012-11-27 03:26:32 PT

Add / Edit Notes

New PUPL
 Rec'd forms A, B2, specialist consult, C, E2, F + 2 x AP photos signed
 MD verified/not restricted
 Specialist verified/not restricted
 Pre-reviewed by Kelly-Anne 2012-11-27

New PUPL

Rec'd forms A, B2, specialist consult, C, E2, F + 2 x AP photos signed.

MD verified/not restricted.

Specialist verified/not restricted.

Pre-reviewed by Kelly-Anne 2012-11-27

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**

98485

Health Canada /
Santé Canada

FEB 28, 2012
282/194

OCS / BEC / MMAD

98485

475008

BE0013-01-08

2012-04-02

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALEXANDER I BRIAN I DUDLEY

Date of Birth: 31 MAY 1 1970

Address: 7635 SPENCER ST Apartment Number: _____

City: MISSION Province: BC Postal Code: V6V 3E3

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

Lot Number: _____

Concession Number: _____

Telephone: (604) 374-4990

Fax: () _____

E-mail: B. ALEXAN @ HOTMAIL . COM

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.
- 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

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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.**

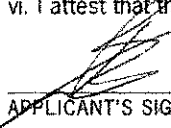
Name: ALEXANDER, BRIAN DUDLEY

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.


JAN 27, 2012

 APPLICANT'S SIGNATURE DATE

BRIAN DUDLEY ALEXANDER

 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.



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.

B2-1 Information on Medical Practitioner

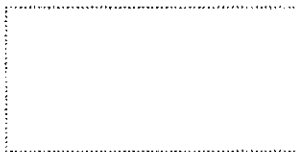
Medical practitioner's full name:

GERALD OWEN MITCHELL

Provincial medical licence number:

17106

STAMP (IF AVAILABLE)



Medical specialization (if applicable):

F.P.

Business Address:

1925 MCCALLUM RD. Suite Number: 102.

City:

ABBOTSFORD

Province:

B.C.

Postal Code:

V2S3N2

Telephone:

1604 8559455

Fax:

1604 8559459

E-mail:

B2-2 Medical Condition(s) and Symptoms

Applicant's full name:

ALEXANDER, BRIAN, BUDLEY

Date of Birth:

1970, MAY, 31

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

Medical Condition(s):

CHRONIC PAIN FROM

ASSOCIATED TRAUMATIC

INJURIES TO JOINTS,

AND FRACTURE OF (R.)

Symptom(s):

HAND.

DYSID ARTHRITIS, SCIATICA.

CHRONIC PAIN - KNEES, HANDS, FEET,
ANKLES

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 THIRTY grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
 - Inhalation
 - Oral

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: BRIAN ALEXANDER

(B2-5 continued)

Please complete the following:

Name of the medical specialist: DR ALASTAIR YOUNGER

The medical specialist's area of specialization: ORTHOPAEDIC SURGERY

Date of the specialist's assessment of the applicant's case: 22 OCT 2012

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.

G. Mitchell

MEDICAL PRACTITIONER'S SIGNATURE

GERALD MITCHELL

PRINT NAME

14 NOV 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: BRIAN ALEXANDER



Independent Medical Assessment for Brian ALEXANDER on October 22, 2012

Brian was seen today at the Specialist Referral Clinic for the purpose of preparing an independent medical report.

He presents with problems in both ankles. It is worse on the right-hand side. He had sprains when he was younger and he started getting discomfort in both ankles. This is localized across the joint and is made worse on activity. It deteriorates the longer he spends at work during each day. He says that it is no longer unstable but now the main problem is discomfort. The ache is localized in the anterior joint. He says it is sore if his foot is resting in toes down position and is also a problem if he is standing for a prolonged period of time. He works as a framer and therefore has to do a lot of work on his feet.

He is self-employed and gets a helper on occasion. He says he would have difficulty taking any time off work.

He has also noticed on the right-hand side that he has some stiffness in the second and third toes. He is unable to dorsiflex his toes during stance. He has difficulty going on his tiptoes because of discomfort in the forefoot.

Treatment to date has included simply remaining mobile. A brace and orthotics have not been tried to date. He says he has no other area of obvious discomfort. He said he had a sprain after twisting his ankle on a foundation about six or seven years ago. He also had a sprain when he was a child and was placed in a cast for a time and then got back to full mobility. He is now 42 years old.

Past Medical History: He smokes. He is otherwise healthy and well.

Allergies: He is allergic to **codeine**.

Physical Examination: Unfortunately he has not done the patient questionnaire at this time. He is 6 foot 4 inches tall and weighs 185 pounds. He is able to heel walk and toe walk. Most of the pain is actually localized within the ankle joint area and his ankles are both unstable in anterior drawer and inversion stress test. He appears to have osteophytes on the lateral side of the right ankle also. His peroneus longus and brevis appear to be intact. He has no other discomfort on the subtalar, talonavicular and calcaneocuboid joints. He has a neutral hindfoot and forefoot alignment.

Radiographs: Plain x-rays involve standing views of both feet. There is no obvious abnormality identifiable on these films.

An AP and lateral view however is also required of his ankle.

Page 2

RE: ALEXANDER, Brian

Opinion: I talked to Brian a fair amount about what his options are. He would likely require ankle arthroscopy, as well as lateral ligament reconstruction if this was to be surgically managed. It would also be dependent on how much cartilage damage is present. To this end, I think that it would be beneficial to get an MRI of his ankle and see if there is any cartilage damage present. If there is, this may push us a bit more towards a surgical solution. In the meantime, he would benefit from getting a brace which he can get from Kintec on the Langley Bypass. It would be worthwhile to wear both of these braces both left and right side during his work day to try and prevent his ankle from moving and rolling over. He would also benefit from physiotherapy to strengthen both ankles. I suggest finding a good local physiotherapist in the Maple Ridge area. If this fails to get his ankle to settle down, then we may have to consider surgery but I will review him back after his MRI has been performed. This we will do through St. Paul's Hospital and see if there is any other cause for concern on this MRI. I have been unable to find a reason why his toes continue to hurt but I am not sure that this is that disabling and therefore too much to worry about at this time.

Alastair Younger, MD, FRCSC

Orthopaedic Surgeon

Dictated but not read

AY/dap

Mr. Brian Alexander
7635 Spencer Street
Mission, BC V2V 3E3

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: ALEXANDER I BRIAN I DUDLEY

Date of Birth: 31 / MAY / 1970

Telephone: (604) 374-4990

E-mail: B.ALEXAN@HOTMAIL.COM

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization:

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: 31819 KEYSTONE AVE Apartment Number:

City: MISSION Province: BC Postal Code: V4S 1G4

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:

FULLY FENCED YARD, GUARD DOG, & ALARM SYSTEM WITH VIDEO SURVEILLANCE

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

FULLY FENCED YARD WITH GUARD DOG & ALARM SYSTEM WITH VIDEO SURVEILLANCE

Address where the marihuana will be stored:

Address: 7635 SPENCER ST Apartment Number:
 City: MISSION Province: BC Postal Code: V2V 3E3

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: ALEXANDER, BRIAN AIDLEY

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana 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 marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

APPLICANT'S SIGNATURE

DATE

JAN 07, 2012

PRINT NAME

BRIAN DUDLEY ALEXANDER

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.

Form E2

Application to Obtain Marihuana Seeds

This form is to be completed by applicants who wish to obtain marihuana seeds only from Health Canada who either:

hold or have applied for an *Authorization to Possess marihuana* and a license to Produce marihuana under the *Marihuana Medical Access Regulations*;

OR

hold an Exemption for the possession and production of marihuana for medical purposes under Section 56 of the *Controlled Drugs and Substances Act*.

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: If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months only.

E2-1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALEXANDER I BRIAN I DUDLEY

Date of Birth: 31 MAY 1970

Address: 7635 SPENCER ST Apartment Number: _____

City: MISSION Province: BC Postal Code: V2V 3E3

Telephone: (604) 374-4990

Fax: ()

E-mail: B.ALEXAN@HOTMAIL.COM

E2-2 Cost

Marihuana seeds will be provided at a cost of \$20.00 per package of 30 seeds. The quantity provided will be calculated based on the maximum number of plants you or your designated person are permitted, by licence or exemption, to produce or cultivate (an amount that is based on your daily approved amount). Representatives of Health Canada will contact you to both determine the quantity of seeds that are required and complete the order.

Typical costs are:

One package: \$20*

Two packages: \$40*

Three packages: \$60*

*(plus applicable taxes)

Note: Before moving on to Section E2-3, please ensure that you are aware of the cost.

E2-3 Delivery Instructions

I would like the seeds delivered to the address provided in Section E2-1 of this application form.

IMPORTANT: To obtain seeds to grow marihuana, you must also have a valid *Personal-Use Production Licence*, or fill out *Form C: Application for Licence to Produce Marihuana by Applicant*.

OR

(continued on next page)

(E2-3 continued)

 I would like the seeds delivered to my designated person: Mrs. Miss Ms. Mr.

Designated person's full name: _____

Address: _____

Apartment Number: _____

City: _____

Province: _____

Postal Code: _____

Telephone: () _____

Fax: () _____

E-mail: _____

IMPORTANT: To obtain seeds for someone to grow marihuana for you, you must also fill out Form D: Application for Licence to Produce Marihuana by a Designated Person.**Note:** Before moving on to Section E2-4, please ensure that:

1. You have indicated where you would like the marihuana seeds delivered.
2. You have a *Personal-Use Production Licence*, or have completed *Form C: Application for Licence to Produce Marihuana by Applicant* if you want to grow the marihuana plants yourself OR *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

E2-4 Notice to Applicants, Declaration and Signature**Please read carefully before using this product.**

It is important for you to be aware of the following risks and recommendations about the product:

- Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the *Food and Drugs Act*.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety, effectiveness or quality of marihuana within the meaning given to those words under the *Food and Drugs Act* and the *Food and Drug Regulations*.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- The use of marihuana carries with it a number of potential health risks, including impaired immune system, interaction with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marihuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you voluntarily accept and assume the risks and dangers associated with the use of this product.


(continued on next page)

Name: _____

ALEXANDER, BRIAN DUDLEY

(E2-4 continued)

- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the *Criminal Code*, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence, and others.
 - Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not consume marihuana.
 - Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.
- i. I have read Section E2-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
 - ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.
 - iii. I attest that the information on this form is correct and complete.



 APPLICANT'S SIGNATURE

 DATE

 JAN 27, 2012

 PRINT NAME

 BRIAN DUDLEY ALEXANDER
IMPORTANT:

1. Please ensure that you have read the Notice to Applicants and have signed the declaration.
 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.

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

F1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name: Craig Blunt

Address: 601 9th Ave

City: Fernie Province: B.C.

Apartment Number:

Postal Code: V0B 1M0

Production site address (if different from above)

Address: 31819 Keystone Ave

City: Mission Province: B.C.

Apartment Number:

Postal Code: V4S 1G4

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) BRIAN DUDLEY ALEXANDER to produce marihuana on this property in accordance with the Marihuana Medical Access Regulations.

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

[Signature]
PROPERTY OWNER'S SIGNATURE

DATE Feb 5, 2012.

Craig Blunt.
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:

City: Province:

Apartment Number:

Postal Code:

Co-property owner's full name:

Address:

City: Province:

Apartment Number:

Postal Code:

(continued on next page)

(2 continued)

I give my consent to (full name of applicant or applicant's designated person) _____ to produce marijuana on this property in accordance with the *Marijuana Medical Access Regulations*.

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

PROPERTY OWNER'S SIGNATURE _____

DATE _____

PRINT NAME _____

PROPERTY CO-OWNER'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.

Brian Duddley Alexander

Reference 475008

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name Brian	Surname Alexander	Mailing Address 7535 Spencer St. Mission, BC, V7Y 3E3, Canada	Date Of Birth 1979-05-31	Primary Phone 604-574-4996 (N/A)
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Create an Associated Correspond...

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
284194	Closed	2012-02-20	Mail	In	Application
308816	Closed	2012-03-26	Mail	Out	RMI Letter
475008	Closed	2012-11-22	Mail	In	Application
484550	Closed	2012-12-11	Mail	Out	Licence Package
484573	Closed	2013-01-02	Email	Out	Police/RCMP Inquiry

Attachments

Report Filename	Document Type	Date Created
REPORT_FILENAME7CemkwrY.pdf	Application Authorization or Production Licence	2012-12-11 03:23:30 PT
REPORT_FILENAME7Ny49hBr.pdf	Application Authorization or Production Licence	2012-12-11 03:23:30 PT

Add / Edit Notes

[First Privacy check done - C.Lindquist - Dec 18, 2012 - Xpresspost Tracking No.: LT 757 506 955 CA]

[First Privacy check done - C.Lindquist - Dec 18, 2012 - Xpresspost Tracking No.: LT 757 506 955 CA]



OR 1 888 550-6333

www.canadapost.ca OR 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 matières dangereuses et consent aux modalités sur le reçu du client.

Customer Receipt Reçu du client

Item number: **LT 757 506 955 CA**

Y A	M M	D J
-----	-----	-----

Telephone No. N° de téléphone

From Expéditeur

Customer No. N° du client

Name Nom

Address Adresse

City / Prov. Ville / Prov.

Postal Code Code postal

To Destinataire

Customer No. N° du client

Name Nom

Mr. Brian Dudley Alexander

7635 Spencer St.

Mission, BC V2V 3E3

Telephone No. N° de téléphone

A1631

INSTRUCTIONS FOR ORDERING AND PAYING FOR YOUR SHIPMENT OF MARIHUANA SEEDS AND/OR DRIED MARIHUANA

- Complete the shipment order form for your supply of marihuana seeds and/or dried marihuana for medical purposes.
- Print your name, phone number, customer number FTO-PC and control number D1559.
- Indicate the amount of marihuana seeds you want to have delivered for your shipment and/or indicate the amount of dried marihuana you want to have delivered for your shipment.
- If paying by credit card, please fill out the credit card portion of the shipment order form.
- You can order up to 0 grams or a lesser quantity (minimum of 5 grams).
- You can order up to 15 package(s) of seeds or a lesser quantity.

Cost:

- The cost for dried marihuana for medical purposes is \$5/gram plus applicable taxes (minimum of 5 grams per month). The cost for marihuana seeds is \$20/package (30 seeds/package) plus applicable taxes.
- See reverse of shipment order form for tax information.
- You will not be reimbursed for any and all opened packages, even if returned.

Payment:

- Your shipment is payable to the Receiver General for Canada in Canadian funds by certified cheque, money order, Visa, Amex or Master Card.

Shipment:

- Shipments will not be made on an urgent basis. You are only allowed to order once a month.
- Shipments will only be sent once payment is fully processed and when forms are completed properly.

Receipt:

- You will receive a statement of account/receipt with each shipment.

Once the form is completed please send your payment and shipment order form to:

Accounts Receivable
 Ottawa ON K1A 0K9
 Address Locator: 3203B
 Fax: 1-613-957-3495
 Email: ar-cr@hc-sc.gc.ca

If you have any further questions about your shipment or the process please contact the Marihuana Medical Access Division, toll-free at 1-866-337-7705 or write to:

Medical Marihuana Production Division
 Controlled Substances and Tobacco Directorate
 Health Canada
 Address Locator: 3503B
 Ottawa ON K1A 1B9

Brian Duddley Alexander

Reference 494573

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

View Contact

First Name: Brian
 Surname: Alexander
 Mailing Address: 7035 Spencer St., Mission, BC, V2V 2E3, Canada
 Date of Birth: 1970-05-31
 Primary Phone: (001-374-4390 (N/A))

Create an Associated Correspond...

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
284194	Closed	2012-02-20	Mail	In	Application
398916	Closed	2012-03-26	Mail	Out	RMI Letter
475008	Closed	2012-11-22	Mail	In	Application
494550	Closed	2012-12-11	Mail	Out	Licence Package
494573	Closed	2013-01-02	Email	Out	Police/RCMP Inquiry

Upload File **Download Selected File**

Report Filename	Document Type	Date Created
Reference-494573-Cpl. Jeffrey Scott-2013-01-02.pdf	Letter	2013-01-02 05:33:43 PT

Add / Edit Notes

Name (first/last): Brian Alexander
 Date of Birth: AFDY GP
 Physical Address: 31819 Keystone Ave, Mission
*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

Name (first/ last): Brian Alexander

Date of Birth:

AND/ OR

Physical Address: 31819 Keystone Ave, Mission

*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

To confirm please indicate one of the following in the space below.

The Investigation File number:

-OR- the Act under the CDSA/MMAR which forms the basis of the investigation

-OR- Rationale for the request:

*The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?:

YES 12-2060 _____ NO _____

Name (first/ last):

Date of Birth:

AND/ OR

Physical Address: 32973 5 Ave, Mission, BC

*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

To confirm please indicate one of the following in the space below.

The Investigation File number:

-OR- the Act under the CDSA/MMAR which forms the basis of the investigation

-OR- Rationale for the request:

*The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?:

YES 3926 _____ NO _____

Name (first/ last):

Date of Birth:

AND/ OR

Physical Address: 13122 Degraff Road, Mission, BC

*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

To confirm please indicate one of the following in the space below.

The Investigation File number:

-OR- the Act under the CDSA/MMAR which forms the basis of the investigation

-OR- Rationale for the request:

*The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?:

YES 12-3879 _____ NO _____

Name (first/ last): Carl HOLM

Date of Birth:

AND/ OR

Physical Address: 8545 Stave Lake Road, Mission, BC

*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

To confirm please indicate one of the following in the space below.

The Investigation File number:

-OR- the Act under the CDSA/MMAR which forms the basis of the investigation

-OR- Rationale for the request:

*The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?:

YES 12-8652 _____ NO _____

Physical Address: 7713 Grand Street Mission, BC

*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

To confirm please indicate one of the following in the space below.

The Investigation File number:

-OR- the Act under the CDSA/MMAR which forms the basis of the investigation

-OR- Rationale for the request:

*The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?:

YES 12-4408 _____ NO _____

Name (first/ last):

Date of Birth:

AND/ OR

Physical Address: 7882 Thrasher Street, Mission, BC

*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

To confirm please indicate one of the following in the space below.

The Investigation File number:

-OR- the Act under the CDSA/MMAR which forms the basis of the investigation

-OR- Rationale for the request:

*The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?:

YES 12-10078 _____ NO _____



Health Canada / Santé Canada

Healthy Environments and Consumer Safety Branch
Direction générale de la santé environnementale et de la sécurité des consommateurs

OUR MISSION: To help the people of Canada maintain and improve their health.

NOTRE MISSION: Aider les Canadiennes et les Canadiens à maintenir et à améliorer leur état de santé.

Visit our Website at / Visitez notre site Internet

www.healthcanada.gc.ca/mma /
www.santecanada.gc.ca/amr

TO/A

Name/Nom: Corporal Jeffrey Scott

Date: 2013-01-02

Organization/Organisme: Mission RCMP - NCO - Street Crime Unit

Tel./Tél.: 604-820-3507

Fax/Télécopieur:

No. of Pages, including this page/N° de pages, incluant cette page:

4

FROM/DEName/Nom: Marihuana Medical Access Division/Division de l'accès médical à la marihuana

Tel./Tél.: 1-866-337-7705

Fax/Télécopieur: (613) 952-2196

Directorate	Controlled Substances and Tobacco Directorate/ Direction des substances contrôlées et de la lutte au tabagisme	Direction
Division	Marihuana Medical Access Division/Division de l'accès médical à la marihuana	Division
Section	Authorizations and Licences Section/Section des autorisations et des licences	Section
Address Locator	Address Locator: 0300A/Indice de l'adresse : 0300A	Localisateur d'adresse
Location	OTTAWA, ONTARIO	Lieu
Postal Code	K1A 1B9	Code postal

MESSAGE: CONFIDENTIAL / CONFIDENTIEL

Reference-494573

Re: Confirmation of information further to your email received on 2012-12-30.

1) NAME OF CLIENT: Brian Alexander
(DOB: Not provided)

DOB: 1970-05-31

LICENCE NUMBER: APPL-BDA-05-D15591518-70-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor

NUMBER OF PLANTS INDOOR: 146

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 6570 grams

PHYSICAL ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3

PRODUCTION ADDRESS: 31819 Keystone Ave., Mission, BC, V4S 1G4

STORAGE ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3

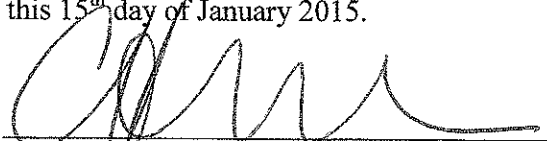
POSSESSION AMOUNT (Carry): 900 grams

ISSUE DATE: 2012-12-18

EXPIRY DATE: 2013-12-18

CURRENT STATUS: VALID, ISSUED

This is **Exhibit "E"** referred to in the
Affidavit of **JEANNINE RITCHOT**
Affirmed before me at the City of Ottawa,
in the Province of Ontario,
this 15th day of January 2015.



A Commissioner for Taking Affidavits



Address Locator: 3503B
Ottawa ON K1A 1B9

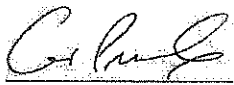
MMAD-102869-12

828

**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:	Tanya Louise Beemish
DATE OF BIRTH:	02-Jul-1986
ADDRESS:	34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada
GENDER:	Female
MAILING ADDRESS: 34-13909 102 Ave., Surrey, BC, V3T 5X8, 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: 150 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Clarissa Wallace	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 04-Jan-2014 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.	

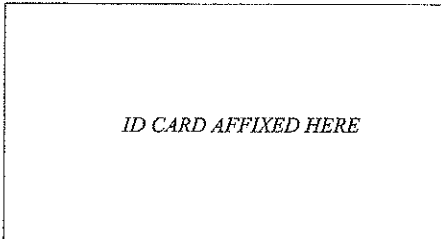
ISSUED BY:  <small>Louis Prout À-Directeur, Bureau du cannabis médical A-Director, Bureau of Medical Cannabis Contrôleur Substances de Tabac/Directorate Direction des substances contrôlées et de la lutte au tabagisme Health Canada / Santé Canada</small>	DATE OF ISSUE: 04-Jan-2013
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PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

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

c.c.: Dr. Clarissa Wallace



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



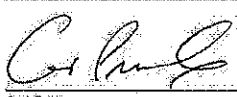
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-102869-12

DESIGNATED PERSON PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 40 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana. 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.

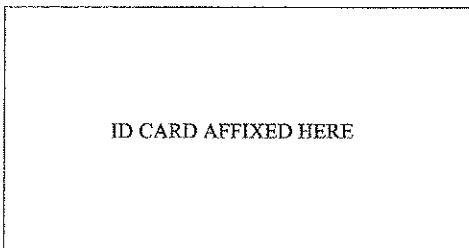
<u>HOLDER OF LICENCE INFORMATION</u>		<u>AUTHORIZED PERSON INFORMATION</u>	
NAME:	David Wesley Hebert	NAME:	Tanya Louise Beemish
D.O.B.:	26-Jul-1981	D.O.B.:	02-Jul-1986
GENDER:	Male	GENDER:	Female
ADDRESS:	34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada	ADDRESS:	34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada
MAILING ADDRESS:	34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada	MAILING ADDRESS:	34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada
<u>TERMS AND CONDITIONS</u>			
PRODUCTION SITE:	34-13909 102 Ave., Surrey, BC, V3T 5X8, 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>Designated Person Production Licence</i> is 25 PLANTS (indoor) or 0 PLANTS (outdoor) .		
STORAGE SITE:	34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada		
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Designated Person Production Licence</i> is: 1125 grams and it must be stored indoors.		
<u>EXPIRY DATE</u>			
Please note this <i>Designated Person Production Licence</i> expires on 04-Jan-2014 Should you wish to renew your <i>Designated Person Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.			

ISSUED BY:  <small>Louise Probit A. Directeur, Bureau de cannabis médical / A. Director, Bureau of Medical Cannabis Contrôle des Substances & Tabac (CST) Direction des substances contrôlées et de la lutte au tabagisme Santé Canada / Santé Canada</small>	DATE OF ISSUE: 04-Jan-2013
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PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:
Information you should know about your
Designated Person Production Licence

c.c.: Tanya Louise Beemish



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

Tanya Beemish

Reference #484598

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name: Tonya Surname: Beemish Mailing Address: 34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada Date Of Birth: 1986-07-02 Primary Phone: 604-614-8116 (N/A)

Correspondences Create an Associated Correspond...

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
484598	Closed	2012-12-03	Mail	In	Application
482850	Closed	2012-12-27	Mail	Out	Licence Package

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created
124308_Beemish_DP_Original_CRC.pdf	Application	2012-12-11 03:44:57 PT
124308_Beemish_DP_EK.jpg	Application	2012-12-11 03:44:49 PT
124308_Beemish_DP.jpg	Application	2012-12-11 03:44:41 PT

Correspondence Notes Add / Edit Notes

Rec'd forms A, B2, D, E2, DP Original CRC, AP pics (signed by MD) and DP pics (signed by AP)
 New DPPL Application Complete
 Verified MD in CPS BC (MD is a specialist) ; not on restricted list
 NOTE - Please use the date the MD/Specialist signed the forms as the assessment date, since the assessment date cannot be future-dated.
 AKritsch 2012-12-11

"Rec'd forms A, B2, D, E2, DP Original CRC, AP pics (signed by MD) and DP pics (signed by AP)

New DPPL Application Complete

Verified MD in CPS BC (MD is a specialist) ; not on restricted list

NOTE - Please use the date the MD/Specialist signed the forms as the assessment date, since the assessment date cannot be future-dated.

AKritsch 2012-12-11"

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

124308.
Health Canada /
Santé Canada
DEC 03 2012
484598.
OCS / BSC
2013-01-17

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Beemish / Tanya / Louis

Date of Birth: 02 / 07 / 1986

Address: # 34 - 12909 102 Ave

Apartment Number: # 34

City: Surrey

Province: BC

Postal Code: V3T 5X8

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

Lot Number:

Concession Number:

Telephone: (604) 614 8116

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:

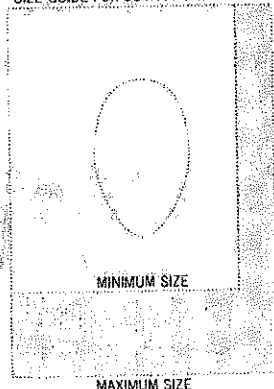
Postal Code:

A2 Photograph of Applicant

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

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: Hebert / David / Wesley

Mailing Address: 13909 102 Ave Apartment Number: #34

City: Surrey Province: BC Postal Code: V3T 5X8

Telephone: (778) 808 2858

Fax: ()

E-mail: dhebert81@gmail.com

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: DAVID WESLEY HEBERT

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: Tanya L Beemish

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.

Tanya Beemish _____ Oct 20 2012
APPLICANT'S SIGNATURE DATE

Tanya Beemish
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.



Health
Canada Santé
Canada

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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 1-800-337-7705.

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

Canada

B2-1 Information on Medical Practitioner

Medical practitioner's full name: Dr Clarissa Wallace
Provincial medical licence number: 18679

STAMP (IF AVAILABLE)
Dr. Clarissa Wallace
24434
202 - 301 East Columbia St.
New Westminster, BC V3L 3W5

Medical specialization (if applicable): Endocrinology
Business Address: _____ Suite Number: _____
City: _____ Province: _____ Postal Code: _____
Telephone: 1604 522-8399
Fax: 1604 522-2635
E-mail: _____

B2-2 Medical Condition(s) and Symptoms

Applicant's full name: BEEMISH, TANYA, Louisa
Date of Birth: 1981 July 1 02

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

Medical Condition(s): Type 1 Diabetes
Severe gastroparesis

Symptom(s): recurrent vomiting - repeated hospitalization

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