



**CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY OFFICE OF MEDICAL CANNABIS
APPLICANT SIGNATURE PAGE FOR REGISTRY IDENTIFICATION CARD**

This applicant signature page is for one of the following initial or renewal registry ID cards:

- In-State Patient Registry Identification Card
- Visiting Qualified Patient Registry Identification Card
- Designated Caregiver Registry Identification Card
 - If you are applying as a designated caregiver, you expressly agree to be designated as a caregiver for the registered qualified patient identified in your application and pledge not to divert medicinal cannabis to anyone other than the registered qualified patient to whom you are connected through the Cabinet's registration process.

For Minor Qualified Patients, please use the Minor Patient Application Signature Page.

I hereby verify and affirm that all of the information provided in and with this Application for a Registry Identification Card is true and accurate. I understand that if the Cabinet for Health and Family Services later determines any of the information provided in the Application for a Registry Identification Card to be false, misleading, or inaccurate, the Cabinet may suspend or revoke any registry identification card issued to me and any caregiver designated by me, if applicable. I further pledge not to divert medicinal cannabis to anyone who is not permitted to possess medicinal cannabis pursuant to KRS Chapter 218B and understand the potential penalties for doing so, including criminal prosecution and revocation of any registry identification card issued by the Cabinet.

Printed Name of Applicant

Signature of Applicant

STATE OF _____
COUNTY OF _____

The above-named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Application for a Registry Identification Card were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2025.

Notary Public, State at Large
My Commission Expires: