



MEDICAL CANNABIS PROGRAM | SELF-CERTIFICATION FORM (65+ YEARS OLD)

INSTRUCTIONS

District of Columbia residents who are **65 years of age or older** may self-certify that they will only use cannabis purchased from a DC dispensary for medical purposes in lieu of being required to secure and submit a recommendation from their healthcare provider with their patient application.

To self-certify, applicants must include this completed and signed self-certification with their application.

SELF-CERTIFICATION STATEMENT

I, by attestation with signature below, under the penalty of perjury, affirm and attest that I am **65 years of age or older** at the signing of this document. I further affirm that I will only use cannabis purchased from a DC dispensary for medical purposes. I understand my rights and obligations as set forth of the Medical Cannabis Program and agree to these requirements.

The undersigned certifies that the application is complete and accurate and signs this attestation willingly and without reservations and fully aware of its meaning and effect. Any person who knowingly makes a false statement on an application, or in any accompanying statement under oath that ABRA may require, shall be guilty of the offense of making false statements. The making of a false statement, whether made with or without the knowledge or consent of the applicant, shall, at the discretion of the ABC Board, constitute sufficient cause for denial of the application or revocation of the registration. The making of false statements shall also constitute the basis for a criminal offense under D.C. Official Code § 22-2514.

First Name

Middle Initial *(if applicable)*

Last Name

Signature

Date (MM/DD/YYYY)