

NONRESIDENT MEDICAL MARIJUANA DECLARATION UNSWORN DECLARATION UNDER PENALTY OF PERJURY*



State of Nevada, WASHOE County

This section is filled out by the nonresident patient:

Patient Name _____

Address _____

Patient Card ID # (if applicable) _____

I am entitled to engage in the medical use of marijuana in _____, the state in which my card was issued.

The state that issued my medical marijuana card grants an exemption from criminal prosecution for the use of marijuana.

A physician advised me that the medical use of marijuana may mitigate the symptoms or effects of my medical condition.

My medical marijuana card, functional equivalent or letter of approval has an expiration date, and it currently is not expired.

I hereby agree to and will abide by the legal limits for possession of medical marijuana in the State of Nevada, that amount being two and one-half ounces during any one 14-day period.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (date)

Signature of patient

Printed name of patient

This section is filled out by MM dispensary agent:

I have received and inspected the above named patient's medical marijuana registry card, functional equivalent or letter of approval, and an additional, government-issued, photo Identification (ID).

Signature of MM dispensary agent Date

Printed Name of MM dispensary agent

SILVER STATE RELIEF - SPARKS, NV
Name of Dispensary

* NRS 53.045 Use of unsworn declaration in lieu of affidavit or other sworn declaration; exception.