

Dossier Number / Numéro de dossier: **MMAD 01985-07** Last Name / Nom: **ALLARD, N.V.**
 Date: **June 27, 2007**
 Revisions Dates:

Original **New** **Amendment**
 Mail **SIPE** **DPE** **Supply Letter**

From/De: **Authorization, Licences and Information Division / Division des autorisations, des licences, et de l'information**

For/Pour: **Signature of R. Denault / Signature de R. Denault**
 Signature of Director / Signature du Directeur
 Signature of Director General / Signature du Directeur général

Reply/Reponse:
 Prepared by / Préparé par: **CAZ** Date: **June 27, 2007**
 Verified by / Vérifié par: Date:

Approved/Approuvé:
 Approved by Ronald Denault / Approuvé par Ronald Denault: **Yes/Oui**
 No/Non

Creation of ID Cards:
 Prepared by / Préparé par: **BD** Date: **JUL 05 2007**
 Production Site: **80**
 Verified/Vérifié
 Comments / Commentaires: **Some as sign, Pamela M. exp. 13 Aug 2007**

Remarks/Remarques:
 Mailing address - same as authorization
exp
9 juillet/07

CANADA POSTES / CANADA
Customer Receipt / Reçu du client
 Item Number: N° de l'article: **LT 202 067 853 CAN** **10 2007**
 From / Expéditeur: **APL**
 To / Destinataire: **250-741-0009**
Mr. Neil Victor Allard
489 Hamilton Ave
Nanaimo BC V9R 4G1
CANADA

Neil Allard

Reference #4380C

Oracle Developer Forms Runtime - Web
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93C Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4Z6, Canada	1954-04-25	250-753-0125 (V/A)

Correspondences Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-01985	Closed	2007-04-12	Mail	In	Application
8200	Closed	2007-07-04	Call	In	MP Request
0133C	Closed	2007-12-10	Call	In	General Inquiry
8984C	Closed	2008-01-18	Call	In	General Inquiry
MMAD-01557	Closed	2008-03-10	Mail	In	Application
10928C	Closed	2008-04-08	Call	In	General Inquiry
MMAD-02353	Closed	2008-04-11	Mail	In	Application

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Correspondence Notes Add / Edit Notes

4. The caller would like to speak with a representative from the MMAD head office concerning a constituent, Neil Allard, renewal. The caller, who is calling on behalf of an MP's office, says that Mr. Allard submitted his renewal almost three months ago and has not heard anything as of yet and is getting extremely worried because his renewal is expiring tomorrow. The caller would like to discuss this matter since the constituent has said that this is a common occurrence. A detailed message can be left on the answering machine if the caller is not available. She requested a callback as soon as possible given the situation.

"4. The caller would like to speak with a representative from the MMAD head office concerning a constituent, Neil Allard, renewal. The caller, who is calling on behalf of an MP's office, says that Mr. Allard submitted his renewal almost three months ago and has not heard anything as of yet and is getting extremely worried because his renewal is expiring tomorrow. The caller would like to discuss this matter since the constituent has said that this is a common occurrence. A detailed message can be left on the answering machine if the caller is not available. She requested a callback as soon as possible given the situation.

July 04 07, 17:04

LORD, Joanna

Can

Tel: (250) 746 4896 Best Time: 9h-17h ET

July 6, 2007:

Left detailed message. Please let Mr. Allard know that his ATP and PUPL will be sent out today and he will receive it sometime next week.

- Marie-Anne"



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
<http://www.healthcanada.gc.ca/mma> or <http://www.santecanada.gc.ca/amm>

TO/A
 Name/Nom: JOANA Lord, MP Office Date: 2007/07/06
 Organization/Organisme: 350 1-866-609-9998
 Tel./Tél: 613-941-2504 Fax/Télécopieur: 1-250-746-2354
 No. of Pages, including this page/N° de pages, incluant cette page: 3

FROM/DE : Ronald Denault, Manager / Gestionnaire
Medical Marijuana Access Division / Division de l'accès médical à la marijuana

Tel./Tél: (613) 951-2504 Fax/Télécopieur: (613) 952-2196

Division	Medical Marijuana Access Division / Division de l'accès médical à la marijuana	Division
Directorate	Drug Strategy and Controlled Substance Programme / Programme de la stratégie antidrogue et des substances contrôlées	Direction
Branch	Healthy Environments and Consumer Safety Branch / Direction générale de la santé environnementale et de la sécurité des consommateurs	Direction générale
Address Locator	Address Locator = 3503B / Indice de l'adresse = 3503B	Indice de l'adresse
Location	Ottawa, Ontario	Lieu
Postal Code	K1A 1B9	Code postal

MESSAGE: CONFIDENTIAL / CONFIDENTIEL

Subject / Sujet :

*AS Discussed on the phone
 please find attached the
 Authorization to Possess
 and Personal Use Products
 The Hard Copy will follow by
 mail & Hentley. - R. Denault*



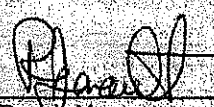
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-01557-08

**PERSONAL-USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES - AMENDMENT**

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licensed 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.

HOLDER OF LICENCE INFORMATION	
NAME:	Neil Victor Allard
ADDRESS:	489 Hamilton Ave Nanaimo BC V9R 4G1
MAILING ADDRESS:	Same as above
DATE OF BIRTH:	25/05/1954
GENDER:	Male
TERMS AND CONDITIONS	
PRODUCTION SITE:	6860 Wayne Pl Lantzville BC V0R 2H0
MODE OF PRODUCTION:	Indoor (winter months) and Outdoor (summer months)
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor) .
STORAGE SITE:	6860 Wayne Pl Lantzville BC V0R 2H0
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is 3750 grams and it must be stored indoors.
EXPIRY DATE	
Please note this <i>Personal-Use Production Licence</i> expires on July 9, 2008 . 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:  Ronald Denault, Manager Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme	DATE OF ISSUE: 2008-04-23
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------



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



Neil Allard

Reference # 8133C

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Correspondence

Contact details [View Contact](#)

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

Correspondences [Create an Associated Correspondence](#)

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-01985	Closed	2007-04-12	Mail	In	Application
4380C	Closed	2007-07-04	Call	In	MP Request
8113C	Closed	2007-12-10	Call	In	General Inquiry
8984C	Closed	2008-01-18	Call	In	General Inquiry
MMAD-01657	Closed	2008-03-10	Mail	In	Application
10628C	Closed	2008-04-08	Call	In	General Inquiry
MMAD-02353	Closed	2008-04-11	Mail	In	Application

Attachments

Report Filenames	Document Type	Date Created

Correspondence Notes [Add / Edit Notes](#)

12/10/2007 16:02
 Language: E
 NEIL ALLARD

"12/10/2007 16:02

Language: E

NEIL ALLARD

Telephone: (250) 741 0009 Ext.:

Telephone (evening):

Best time to call: 13h00 to 17h00 Eastern

Request for Further Information:

The caller will be renewing his application for the fifth time and he would like to know if he has to send new pictures. A callback would be appreciated or a detailed message.

Dec. 13, 2007

I was only able to leave a voice msg regarding Mr. Allard's enquiry. Informing him that if Dr. Carruther's will be supporting his renewal request for next July 2008, he does not require new photos. As well, he may use the short form R, only if no changes have occurred since his last renewal. Such as, Change of Address, Change of Production Site Location, Change of MD's or Change in Dosage. However, if any changes have occurred, he will need to complete to the full application requirements of form A, B2 and C for next renewal.

I reminded him that his current AP/PUPL does not expire before July 9, 2008, and should not submit his renewal forms much before the End of March/ Early April 2008.

Cheryle.A"



Health
Canada

Healthy Environments
and Consumer Safety
Branch

Santé
Canada

Direction générale,
Santé environnementale et
sécurité des consommateurs

2006-01-04

Address Locator: 3503B
Ottawa ON K1A 1B9

Votre site Votre télécopieur

Sur le Net Notre référence
07-011199-678

Mr. Neil Allard
489 Hamilton
Nanaimo, BC V9R 4G1

Dear Mr. Allard,

Thank you for your letter dated November 22, 2007 sent to the Honourable Tony Clement, regarding the approval process to be authorized to possess and cultivate marihuana for medical purposes under the *Marihuana Medical Access Regulations* (MMAR). I have been asked to respond to you directly.

As you may know, marihuana is not approved as a therapeutic drug in any country in the world, and therefore, it cannot be approved in Canada without scientific evidence proving its benefits and defining its risks. At present, while pointing to some potential benefits, current scientific evidence does not establish the safety and efficacy of marihuana to the extent required by the *Food and Drug Regulations* for marketed drugs in Canada.

Medical practitioners play an important role in the diagnosis and treatment of any serious illness. As such, they have a role to play in providing statements under Categories 1 and 2 as part of the *Marihuana Medical Access Regulations* (MMAR) application process, and must support the use of marihuana to treat symptoms of a serious medical condition.

Marihuana cannot be "prescribed" the same way that conventional drugs can. Because the research on the effects of marihuana is very limited at this point, the long term side effects and risks are unknown and therefore, the MMAR requires, among other things, an annual assessment from your physician.

The MMAR outlines the various requirements that need to be met in order to be authorized to possess marihuana for medical purposes.

Since the last amendment to the MMAR in 2005, Health Canada has introduced an abbreviated and quicker renewal form to help the applicants who have had no changes to the information provided since their last approved application for an *Authorization to Possess*.

I understand that I may have not been able to fully address your concerns, but please be assured that your concerns have been noted.

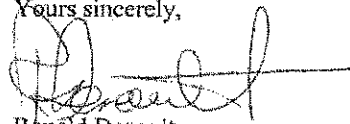
.../2

Canada

-2-

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 contact the Marijuana Medical Access Division toll-free at 1-866-337-7705.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Denault', with a long horizontal line extending to the right.

Ronald Denault
Manager
Marijuana Medical Access Division
Drug Strategy and Controlled Substances
Programme

Neil Allard

Reference # 8984C

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help [D]

Correspondence

Contact Details [View Contact](#)

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

Correspondence [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-01895	Closed	2007-04-12	Mail	In	Application
4380C	Closed	2007-07-04	Call	In	MP Request
8133C	Closed	2007-12-10	Call	In	General Inquiry
8084C	Closed	2008-01-18	Call	In	General Inquiry
MMAD-01657	Closed	2008-03-10	Mail	In	Application
10828C	Closed	2008-04-08	Call	In	General Inquiry
MMAD-02353	Closed	2008-04-11	Mail	In	Application

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Correspondence Notes [Add / Edit Notes](#)

1/18/2008 12:40
 Language: E

"1/18/2008 12:40

Language: E

NEIL ALLARD

Telephone: (250) 741 0009 Ext.:

Telephone (evening):

Best time to call: 9-12pm, ET

Request for Further Information:

The caller would like to speak with a representative in regards to renewing his license. The caller is upset that he will be required to fill out a new application form as oppose to the renewal form R since his production site is changing. A callback would be appreciated. The caller did not indicate whether he could be left a detailed message.

Jan. 23, 2008

I was only able to leave a voice msg for Mr. Allard, concerning his enquiry. I explained that yes, any changes made from his last approval, including prod. site, will require that he complete all the forms again for renewal.

New form A, B2 and C and F signed by the property owner. Should his MD have changed he will need new photos signed by the new supporting MD.

Cheryle.A"

Neil Allard

Reference #MMAD-01557-08

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave, Nanaimo, BC, V9R 4C6, Canada	1954-05-25	250-752-0125 (N/A)

Correspondences Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-01985	Closed	2007-04-12	Mail	In	Application
4380C	Closed	2007-07-04	Call	In	MP Request
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MMAD-01557	Closed	2008-03-10	Mail	In	Application
10928C	Closed	2008-04-08	Call	In	General Inquiry
MMAD-02353	Closed	2008-04-11	Mail	In	Application

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Report Filename	Document Type	Date Created

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LEGACY: Mail Subject - Amendment: Letter, Form C, F
 LEGACY correspondence notes - Amendment LEGACY correspondence notes - For your review. AHayes.Mar.13.08
 Amendment request for change of production and storage sites review complete (ID card NOT received)
 Christine: please prepare PUPL document + cover letter - Sori (Apr 22, 2008)
 Michael: AMENDMENT - document(s) done - please create card(s) - Christine - April 23, 2008
 Card(s) done - MNeu - April 23, 2008
 please sign amendment change of production and storage site - april 23.08St,,,,sent via xpost april 23,2008..gordon

"LEGACY: Mail Subject - Amendment: Letter, Form C, F

LEGACY correspondence notes - Amendment LEGACY correspondence notes - For your review.

AHayes.Mar.13.08

Amendment request for change of production and storage sites review complete (ID card NOT received)

Christine: please prepare PUPL document + cover letter - Sori (Apr 22, 2008)

Michael: AMENDMENT - document(s) done - please create card(s) - Christine - April 23, 2008

Card(s) done - MNeu - April 23, 2008

please sign amendment change of production and storage site - april 23.08St,,,,sent via xpost april 23,2008..gordon

Back to the officer (Helen) after amendment is complete to process renewal - thx - Sori (Apr 22, 2008)

Done - amendment - Robyn - April 24, 2008"

March 5, 2008

Health Canada /
Santé Canada
MHAD-01557-08
MAR 10 2008
2008-04-21
OCS / BSC
Neil Allard

FROM: NEIL V. ALLARD
489 HAMILTON AVE.
NANAIMO, B.C.
V9R 4G1

ph: (250) 741-0009
(250) 390-2822 → (RESIDENCE OF GLENDA BARR
I can be reached here
if not at my home number.)

TO: HEALTH CANADA (MEDICAZ MARIJUANA
PROGRAM)

Dear Sir/Madam:
RE: AUTHORIZATION APPL-NVA-05A0062135454-07A
Production site location amendment.

Thank you for your recent telephone messages pertaining
to my enquiries.

I plan on selling my house ^{soon} which contains the production
site on my current authorization and ^{I plan on} moving the site to
the address indicated on the forms enclosed (FORMS: C and F)

I am aware that my present authorization expires on
July 9, 2008 and I shall be forwarding a new application
with my doctor's signature for the new production site
location for the 5th application (year) in April, as
suggested by your staff.

As you know, I require my current card for
critical I.D. purposes and I will destroy it when
my new card arrives for the new production site.

I shall require this amendment very soon
so that I can continue growing outdoors
at the new location. This requires time for
preparation. I have enclosed the relevant forms, C and F.

Please rush this amendment. This
medicine is crucial to managing my health.

P.S. Please contact
me at either
number above if
required.
Thank you kindly,
Neil Allard
NEIL ALLARD

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD I NEIL I VIVIAN FOR

Date of Birth: 05-1-1954

Telephone: (250) 741-0009

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: APPL-NVA-05A006235454-D7-A

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

C2 Production Site

Please choose one of the following options:

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

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

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

OR

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

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

Proposed production site:

Address: 6860 Wayne Place Apartment Number: 1

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

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

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

C3 Mode of Production

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

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

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

C4 Security Measures for Growing and Storing Marihuana

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

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

Production site is located on one acre of land on a low-traffic cul-de-sac. The owner occupies the house on the land. The entire property is surrounded by a seven foot fence designed to protect the orchard/perma culture plantings from predators. Outdoor planting will be in the secluded backyard with very low visibility from outside the property. Indoor planting will be in a locked room in the basement of the home. Access and visibility will be restricted to the applicant and the owner, who is a

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

Dried marijuanas will be stored in a locked cabinet in the house at the growing site as well as in a locked cabinet at the applicant's home.

Address where the marihuana will be stored:

Address: *6860 Wayne Place*

Apartment Number:

City: *Lantzville*

Province: *B.C.*

Postal Code: *V0R 2H0*

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

Name: *NEIL ALLARD*

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

March 5, 2008

DATE

NEIL ALLARD

PRINT NAME

IMPORTANT:

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

F1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name: GLEND A JEAN BARR

Address: 6860 WAYNE PLACE Apartment Number: _____

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

Production site address (if different from above)

Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

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

Lot Number: _____

Concession Number: _____

F2 Property Owner Consent

a) Sole Owner

I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) NEIL VICTOR ALLARD 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.

Glenda Barr March 5, 2008
PROPERTY OWNER'S SIGNATURE DATE

Glenda Barr
PRINT NAME

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

b) Joint Owner(s)

Co-property owner's full name: _____

Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Co-property owner's full name: _____

Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

(continued on next page)

(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.

Y9R 4C1

Wesley

*Health Services
Mergers Medical
Business Division
Drug Strategy and
Controlled Substances
Programme*

*Address LOCARD: 3503B
Ottawa, Ontario
~~1~~ K1A 1B9*



Registered Recommended
RW 235 166 859 CA RW 235 166 859 CA RW 235 166 859 CA

De partout... jusqu'à vous
POST
DATE DE
2004
L.N. Numéro de
6012895 911080

Neil Allard

Reference #10928C

Oracle Developer Forms Runtime - Web

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Correspondence

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1954-05-25	250-759-0125 (N/A)

Create an Associated Correspondence

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MMAD-01986	Closed	2007-04-12	Mail	In	Application
4380C	Closed	2007-07-04	Call	In	MP Request
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Attachments

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Report Filename	Document Type	Date Created

Correspondence Notes

Add / Edit Notes

4/8/2008 18:51
Language: E
NEIL ALLARD

"4/8/2008 18:51

Language: E

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening): 2507410009

Best time to call: 12:00-17:00

Fax:

E-mail:

Request for Further Information:

The caller would like a representative to call him back in regards to the changes previously sent in for his licence. You may speak to his girlfriend Glenda since the patient is not well. A call back would be appreciated. You may leave a detailed message at both contact numbers.

LEft a detailed message. Helen 2008-04-10"

Neil Allard

Reference #MMAD-02353-08

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

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Neil	Allard	712 Hamilton Ave., Hahelo, BC, V9R 1G8, Canada	1954-05-25	250-753-0125 (WA)

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4380C	Closed	2007-07-04	Call	In	MP Request	<input type="checkbox"/>
8133C	Closed	2007-12-10	Call	In	General Inquiry	<input type="checkbox"/>
8984C	Closed	2008-01-18	Call	In	General Inquiry	<input type="checkbox"/>
MMAD-01557	Closed	2008-03-10	Mail	In	Application	<input type="checkbox"/>
10928C	Closed	2008-04-08	Call	In	General Inquiry	<input type="checkbox"/>
MMAD-02353	Closed	2008-04-11	Mail	In	Application	<input type="checkbox"/>

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Correspondence Notes Add/Edit Notes

LEGACY: Mail Subject - Renewal: Letter, Form A, B2, C, F, Doctor letters
 LEGACY correspondence notes - AP+PL LEGACY correspondence notes - For your review. AHayes.Apr.22.08.
 Review complete Helen 2008-05-09
 Christine please prepare AP+PL docs

"LEGACY: Mail Subject - Renewal: Letter, Form A, B2, C, F, Doctor letters

LEGACY correspondence notes - AP+PL LEGACY correspondence notes - For your review.
 AHayes.Apr.22.08.

Review complete Helen 2008-05-09

Christine please prepare AP+PL docs.

oops: I "mailed" to Michael for cards - I now see that the request to me for an AP+PL was duplicated in MMAD-03843-08 (which had been closed, & was marked "closed" on file). I will send this MMAD-

02353-08 to filerom & continue with 03843-08 as we are now including a letter under that number signed by HE - Christine - June 30, 2008"

April 8, 2008

NEIL ALLARD
489 HAMILTON AVE
NANAIMO, B.C
V9R 4G1

Health Canada /
Santé Canada
MMAAD-0235308
APR 11 2008
LDD-05-23
OCS / BSC

To: MR. RONALD DEVAULT
MANAGER
M.M.A.D., HEALTH CANADA

Mr Devault,

Thank you for your letter of Jan 4, 2008 responding to my requests and concerns.

In your letter to me, you indicate that my concerns have been noted. My Fifth application is enclosed along with a letter from my doctor.

Please read the letter from my medical specialist. He knows me very well and is the leading expert in the area of myelitic encephalomyelitis. He is recommending that a G.P. be allowed to sign my many forms, year after year. The stress over these forms is enormous for me. Please refer to the enclosed letter from Ms. Glenda Barr.

I look forward to hearing from you on this matter.

Sincerely,
Neil Allard

• April 8, 2008

Glenda Barr
6860 Wayne Place
Lantzville, B.C.
VOR 2H0

To: Mr. Ronald Denault
Manager, M.M.A.D., Health Canada

Mr. Denault,

I am writing in support of Neil Allard's request to allow his G.P. to sign his annual application. The forthcoming retirement of his specialist has him in a difficult, stressful position. All the stresses of dealing with M.M.A.D. requirements have a drastic effect on his M.E. symptoms, sometimes leaving him bed-ridden and unable to cope with the basic requirements of daily life. In the past seven months of almost daily contact, I have witnessed the tremendous benefits of medicinal marijuana. I seriously doubt that he would survive for long without it.

My involvement with Neil, exposure to his illness and increasing awareness of the benefits of medical marijuana have prompted me to support this struggle by becoming a designated grower (I am a master gardener and fruit grower) for an MS patient.

I am hopeful that compassion and common sense will be applied to ease Neil's struggles with life by allowing his G.P. to approve the use of this medicine that enables him to function on a daily basis.

Sincerely, Glenda Barr

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD / NEIL / VICTOR

Date of Birth: 25 / 05 / 1954

Address: 489 HAMILTON AVE. Apartment Number: _____

City: NANAIMO Province: B.C. Postal Code: V9R 4G1

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

Lot Number: _____

Concession Number: _____

Telephone: (250) 741-0009

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):

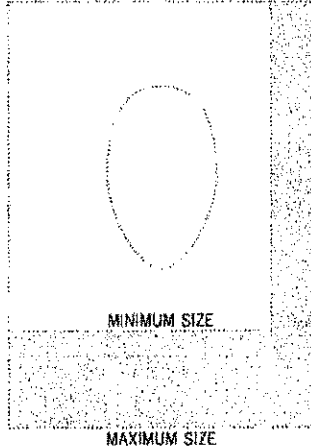
Address or P.O. Box: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

A2 Photograph of Applicant

- I have enclosed two copies of a current photograph that clearly identifies me. ON FILE - confirmed
- 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 Marijuana

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

I plan to produce my own marijuana.

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

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

OR

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

My designated person will be: _____

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

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

OR

I plan to purchase dried marijuana from Health Canada.

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

Name: NEIL ALLARD

A5 Authority to Communicate to Canadian Police

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

A6 Declarations and Signature

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

Neil Allard _____ *March 16, 2008* _____
 APPLICANT'S SIGNATURE DATE

NEIL ALLARD _____
 PRINT NAME

IMPORTANT:

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

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

B2-1 Information on Medical Practitioner

Medical practitioner's full name: DR. BRUCE M. CARRUTHERS
Provincial medical licence number: 00539

STAMP (IF AVAILABLE)

DR. BRUCE CARRUTHERS
#2 - 3657 West 16th Ave.
Vancouver, B.C. V6R 3C3
604-224-1515 MSC #1316

Medical specialization (if applicable): INTERNAL MEDICINE
Business Address: 2-3657 West 16th Ave Suite Number: 2
City: VANCOUVER Province: B.C. Postal Code: V6R 3C3
Telephone: 604 224-1515
Fax: ()
E-mail:

B2-2 Medical Condition(s) and Symptoms

Applicant's full name: ALLARD | NEID | VICTOR
Date of Birth: 1957 | 09 | 25

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

Medical Condition(s): myalgia encephalomyelitis (A.K.A. CHRONIC FATIGUE SYNDROME)

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

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

B2-3 The Proposed Daily Amount

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

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

Inhalation Oral USES A VAPORIZER, TEA, BAKED GOODS

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

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

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

B2-4 Duration

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

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

B2-5 Medical Practitioner's Declaration and Signature

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

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

(signature required on next page)

Name: NEIL ALLARD

(B2-5 continued)

Please complete the following:

Name of the medical specialist:

The medical specialist's area of specialization:

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

Note: Under the *Marijuana Medical Access Regulations*, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licensing 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.

Bruce M. Carruthers

MEDICAL PRACTITIONER'S SIGNATURE

Bruce M. Carruthers

PRINT NAME

March 11 / 2008

DATE

IMPORTANT:

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

Name:

NEIL ALLARD

C1 Applicant's Information

Mrs. Miss Ms. Mr.
 Applicant's full name: ALLARD 1 NEIL 1 VICTOR
 Date of Birth: 25 / 05 / 1954
 Telephone: (250) 741-0009
 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: APPL-NVA-05A0062135454-07-A

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

C2 Production Site

Please choose one of the following options:

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

If you check the box above, please proceed directly to C3.
 If not, please check the box below and provide the requested information.

OR

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

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

Proposed production site:

Address: 6860 Wayne Place Apartment Number: _____
 City: Lantzville Province: B.C. Postal Code: V0R 2A0
 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:

Location of the production site is on one acre of land on a low traffic road - see. The owner occupies the house on the land. The entire property is surrounded by a seven foot fence designed to protect the orchard/permaculture plantings from predators. Outdoor planting will be in a secluded back yard with very low visibility from the outside the property. Indoor planting will be in a locked, vented, windowless room in the basement of the home. Access and visibility will be restricted to the owner and to me.

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

Dried marihuana will be stored in a locked cabinet in the house at the growing site as well as in a locked cabinet in my home.

Address where the marihuana will be stored:

Address: *6860 Wayne Place* Apartment Number:
 City: *Lantzville* Province: *B.C.* Postal Code: *V0R 2H0*

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: *WEIL ALLARD*

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

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.

F1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name: GLEND A JEAN BARR

Address: 6862 Wayne Place

Apartment Number:

City: Lantzville Province: B.C.

Postal Code: V0R 2H0

Production site address (if different from above)

Address:

Apartment Number:

City: Province:

Postal Code:

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

Lot Number:

Concession Number:

F2 Property Owner Consent

a) Sole Owner

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

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

Glenda Barr
PROPERTY OWNER'S SIGNATURE

February 11, 2008
DATE

Glenda Jean Barr
PRINT NAME

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

b) Joint Owner(s)

Co-property owner's full name:

Address:

Apartment Number:

City:

Province:

Postal Code:

Co-property owner's full name:

Address:

Apartment Number:

City:

Province:

Postal Code:

(continued on next page)

(F2 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 *Marihuana Medical Access Regulations*.

Property owners should note that marijuana 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.

March 11, 2008

Dr. Bruce Carruthers
2- 3657 west 16th Ave.
Vancouver, B.C.
V6R 3C3

DR. BRUCE CARRUTHERS
#2 - 3657 West 16th Ave.
Vancouver, B.C. V6R 3C3
604-224-1515 MSC #1316

To Health Canada:

Re: Mr. Neil Allard (DOB, May 25, 1954)
Use of medical marijuana


Further to my letter dated January 15, 2003, I am continuing to recommend ten grams daily of medical marijuana for Mr. Allard's medical condition of myalgic encephalomyelitis. He was diagnosed with this in 1995. There is no known cure for this condition and current therapies are highly individual.

He has had lengthy unsuccessful trials with numerous conventional medications which have caused intolerable side effects and worsened his overall state. His condition has been stable and his quality of life improved with his present therapies, which include medical marijuana in vapor, tea and baked forms.


He grows his own organic marijuana, which provides him an opportunity to exercise gently, obtain warmth and light and the benefits of year round gardening, as well a sense of control over managing his illness, which is critically important to this highly independent man.

I shall be retiring from medical practice shortly and this will leave Mr. Allard in the predicament of not having a specialist's signature required for his Health Canada medical marijuana forms. **I understand that this is not required for all conditions**, and that the general practitioner is allowed to sign the Health Canada medical marijuana forms for certain conditions.

Mr. Allard has been growing legally for almost four years, his case is well documented, he has written support from his Member of Parliament, and this yearly application process clearly causes him a great deal of stress, which tends to worsen his overall chronic condition.

In view of this, **I recommend that his subsequent applications to Health Canada's medical marijuana program be signed by his general practitioner, without the need for a specialist's signature.** 
I trust this clarifies the matter.

Sincerely,




Dr. Bruce Carruthers , M. D.
Internal Medicine

To Whom It May Concern:

Re: Mr. Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R4G1

After lengthy unsuccessful trials with various prescription medications, along with other therapies for Mr Allard's complex medical condition, I conclude that the use of medical marijuana for this patient is warranted and recommended as part of his overall therapy.


Dr Bruce Carruthers
Internal Medicine

June 15/03

**Myalgic Encephalomyelitis/
Chronic Fatigue Syndrome:
Clinical Working Case Definition,
Diagnostic and Treatment Protocols**

✱ Bruce M. Carruthers, MD, CM, FRCP(C)
Anil Kumar Jain, BSc, MD
Kenny L. De Meirleir, MD, PhD
Daniel L. Peterson, MD
Nancy G. Klimas, MD
A. Martin Lerner, MD, PC, MACP
Alison C. Bested, MD, FRCP(C)
Pierre Flor-Henry, MB, ChB, MD, Acad DPM, FRC, CSPQ
Pradip Joshi, BM, MD, FRCP(C)
A. C. Peter Powles, MRACP, FRACP, FRCP(C), ABSM
Jeffrey A. Sherkey, MD, CCFP(C)
Marjorie I. van de Sande, BEd, Grad Dip Ed

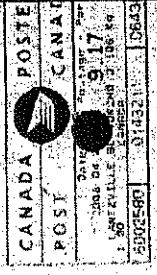
ABSTRACT. Recent years have brought growing recognition of the need for clinical criteria for myalgic encephalomyelitis (ME), which is also called chronic fatigue syndrome (CFS). An Expert Subcommittee of Health Canada established the Terms of Reference, and selected an Expert Medical Consensus Panel representing treating physicians, teaching faculty and researchers. A Consensus Workshop was held on March 30 to April 1, 2001 to culminate the review process and establish consensus for a clinical working case definition, diagnostic protocols and treatment protocols. We present a systematic clinical working case definition that

✱ Address correspondence to: Dr. Bruce M. Carruthers, C58, Site 25, RR 1, Galiano, BC V0N 1P0, Canada (E-mail: carruthers@gulfislands.com).

Journal of Chronic Fatigue Syndrome, Vol. 11(1) 2003
<http://www.haworthpressinc.com/store/product.asp?sku=J092>
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10.1300/J092v11n01_02

499 Hamilton Ave
P.O. Box 100
Y9R 4G1

From anywhere to anyone
De partout jusqu'à vous



MR. RONALD D. GARDNER
MANAGER

MARITIMIA MEDICAL
ACCESS DIVISION AND
DRUG STRATEGY AND
CONTROLLED SUBSTANCES
PROGRAMME

HEALTH CANADA
ADDRESS LOCATOR: 3503B
Ottawa, Ontario
K1A 1B9

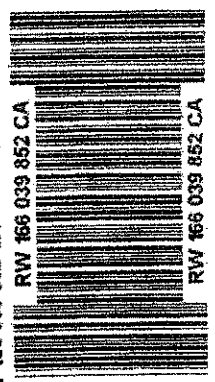
(2 copies in
3 enclosed)



Registered Recommendé

RW 166 039 852 CA RW 166 039 852 CA

RW 166 039 852 CA



RW 166 039 852 CA

Signature Required
Signature requis

Number required and this address does not include a separate label.
L'adresse postale ne contient pas de numéro d'expéditeur.

Neil Allard

Reference #11016C

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1964-06-26	(250) 789-0125 (N/A)

Correspondence [Create an Associated Correspondence](#)

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02363	Closed	2008-04-11	Mail	In	Application
11016C	Closed	2008-04-11	Call	In	General Inquiry
11157C	Closed	2008-04-17	Call	Out	Correction Request
11418C	Closed	2008-04-26	Call	In	General Inquiry
MMAD-02672	Closed	2008-04-28	Mail	In	Other
MMAD-03259	Closed	2008-05-28	Mail	In	RMI Letter
12744C	Closed	2008-06-05	Call	Out	General Inquiry

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

Report Filename	Document Type	Date Created

Correspondence Notes [Add / Edit Notes](#)

4/11/2008 14:37
Language: E
NEIL ALLARD

"4/11/2008 14:37

Language: E

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening): 0000000000

Best time to call: 1-5p ET

Fax:

E-mail:

Request for Further Information:

The caller is returning a message from Health Canada. He wants to indicate that he is living at the address which he stated on his application forms, and that he never moved. He is unhappy because the message left from Health Canada said that his application was not processed because Health Canada is unsure whether he moved or not. He would like to be contacted to ensure that all the information he provided on the forms are correct. A call-back would be appreciated. A detailed message may be left.

Called back, left a detailed message. Helen 2008-04-14

4/15/2008 14:28

Language: E

NEIL ALLARD

489 HAMILTON AVE

NANAIMO, BC V9R4G1

Telephone: (250) 741 0009 Ext.:

Telephone (evening): 2503902822

Best time to call: n/a

Fax:

E-mail:

Request for Further Information:

The caller received a message from Health Canada asking him to call in and confirm the address of his production site. The address is:

6860 Wayne Place

Lantzville, BC, V0R 2H0

He also wants to confirm that he a=has not sold his house and that all his information is the same as what he sent in on the forms. A call-back is not necessary."

Neil Allard

Reference #11157C

Oracle Developer Forums Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4C6, Canada	1964-05-25	250-753-0125 (WA)

Correspondences [Create an Associated Correspondence](#)

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02383	Closed	2008-04-11	Mail	In	Application
11015C	Closed	2008-04-11	Call	In	General Inquiry
11157C	Closed	2008-04-17	Call	Out	Correction Request
11419C	Closed	2008-04-25	Call	In	General Inquiry
MMAD-02572	Closed	2008-04-29	Mail	In	Other
MMAD-03259	Closed	2008-05-28	Mail	In	RMI Letter
12744C	Closed	2008-08-05	Call	Out	General Inquiry

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

Report Filename	Document Type	Date Created

Correspondence Notes [Add EUR Notes](#)

Amendment request for change in production and storage sites.

- Please clarify with PT that he is the one responsible for producing his own plants and not his property owner who is a DP for someone else..
- Storage site should be at one place only - which should be at the production site as indicated on Form C - not at both production and his place of res simultaneously.

thx - Sori (Apr 17, 2008)

"Amendment request for change in production and storage sites.

1. Please clarify with PT that he is the one responsible for producing his own plants and not his property owner who is a DP for someone else..
2. Storage site should be at one place only - which should be at the production site as indicated on Form C - not at both production and his place of res simultaneously.

thx - Sori (Apr 17, 2008)

April 21/2008: Left message. Please call our toll free no. and let us know if there's a better time to reach you or if we can leave a detailed message.

- Marie-Anne

4/21/2008 14:48

NEIL ALLARD

489 HAMILTON AVE

NANAIMO, BC V9R4G1

Telephone: (250) 741 0009 Ext.:

Telephone (evening): 2503902822

Best time to call: 13h00 to 17h00 Eastern

Request for Further Information:

The caller has been contacted several times by a representative who keeps asking if he has sold his house on Hamilton Avenue in Nanaimo. He would like to confirm that he still lives at that address, he has left several messages with us to relay to the MMAD this information and he even sent a letter to the MMAD to that effect and they continue to call him in regards to this matter. He would like to know when he will get his licence back and requested to speak with Mr Denault to sort this matter out as soon as possible. A call back would be appreciated.

April 22/2008: I spoke with Mr. Allard. He confirmed that he is aware that he must take care of his own plants even though he shares a production site with his girlfriend. He also confirmed that he will store his supply at the production site.

Mr. Allard was quite upset, he felt like HC is just harassing him by calling to confirm details that were already clearly stated in his letters and forms. He is wondering why it is taking so long to process this amendment. He wants this to be finalized immediately since he has already moved his plants. He thinks whoever is processing his file should be reprimanded for being incompetent.

I told him that I would speak with the officer and my manager to make sure his amendment gets finalized right away.

- Marie-Anne"

Application Id: 6594

MMAD: 01557-08



Authorization to Possess Dried Marijuana
 Autorisation de possession de marijuana séchée
 Personal Use Production Licence
 Licence de prod. à des fins personnelles
NEIL VICTOR ALLARD
 489 Hamilton Ave. Nanaimo, BC
 DOR/DON: 2606/1854 GENDER/SEX: M
 Num APPL-NVA-05A0062135454-07-B
 Site Prod: 6860 Wayne Pl. Lantzville, BC
 Site-Store/Fac: 6860 Wayne Pl. Lantzville, BC
 More-Prod. Indoor/Intérieur: max. 37 plants
 More-Prod. Outdoor/Extérieur: max. 10 plants
 Carry: 300g
 Storage/Entreposage max. Indoor/Intérieur: 3750g
 Qty Possession, maximum et fin time: 300g
 Date Issued/Date de délivrance: 28/04/2008 Expiry/Date d'expiration: 08/07/2008
 Dates DDMMYYYY Les dates JJMMAAAA
 Marijuana Medical Access Regulations/Règlement sur l'accès à la marijuana
 à des fins médicales

DATE: 2008-04-17

Review Officer: Scott Lee

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

- MMAR AP CARD (AP)
- MMAR PUPL CARD (PL) 32949
- MMAR DPPL CARD (DP)

Change of prod + storage sites

URGENT!! SL

PERSONAL INFORMATION

APPLICANT

Neil Victor Allard
 489 Hamilton Ave
 Nanaimo BC V9R 4G1
 DOB: 1954-05-26
 Gender: Male
 Card No. APPL-NVA-05A0062135454-07-B
 Issue Date: APR 23 2008
 Expiry Date: July 9, 2008
 Duration: 12 months

DESIGNATED PERSON

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

PRODUCTION INFORMATION

Production Location: 6860 Wayne Pl Lantzville BC V0R 2H0
 Storage Location: 6860 Wayne Pl Lantzville BC V0R 2H0

Indoor Plants: 37 plants Outdoor Plants: 10 plants Storage: 3750.0 grams
 Carry: 300.0 grams Daily Amount: 10.0 grams/day

Type: New Renewal Amendment

Notes: ① PURL document
② APPL ID card NOT rec'd
③ Cover letter

Mr. Neil Victor Allard 468 Hamilton Ave Nanaimo BC V9R 4G1	250-741-0008	DOB: 1954-05-28 PIN Number: A0067	view edit
------------------------------------------------------------------	--------------	--------------------------------------	--------------

Amendment Information

Change brand, size, change crop / kind

Date Requested: 2008-03-10 Approval Date

Date Issued Amendment Status: amendment requested

Amendment Notes

Amendment review complete (ID card NOT received) - SL (17/Apr/08)
1. PLPL document 2. APPL ID card 3. Cover letter

Applicant Information

Overall Status: Auto License	Attached Picture: Yes
ID Expiry Date: 2007-07-08	Verified Picture: Yes
Expiry Date: 2008-07-08	Date Submitted: 2004-05-10
Disseminated: N/A	
Received Date: 2007-04-12	

Consent Information **Intended Source**

Rep. Consent: No Source: Personal Use Production License
Representative

Notes

Change in prod and sto sizes - amended - SL (17/Apr/08)
reviewed by MA (07-may-2007) OK Job 6 7 07

Amendment
- Sorci ☺

APR 17 2008

Medical Practitioner Information

Dr. Brian M. Carruthers Doctor's Address: Mellis 2-3657 10th Ave W Vancouver BC V6R 3C3	250-652-8883 250-652-8883	Internal Medicine	view edit
--------------------------------------------------------------------------------------------------	------------------------------	-------------------	--------------

Is the above MD on the Restricted List? No

Medical Condition -- Category 1

Medical Condition -- Category 2

Other: (Myalgia encapthomyalgia)

Prepared Daily Amount

Category	Category 2
Form of Administration	Oral and Inhalation
Daily Amount	10.0 grams/day
Duration	12 months
Assessment Date	2008-05-02

Notes

OK Job 6 7 07

Personal Production Information

Mode of Production: Indoor and Outdoor

Indoor Plants: 37 plants
Outdoor Plants: 10 plants
Storage: 3750.0 grams

Production/Storage Security Measures: Production: Entire property surrounded by 7ft fence
- Indoor: locked room in the basement of the house
- Outdoor: in a secluded backyard, very low visibility storage: in a locked cabinet in the production room

Production Location: 5880 Wayne Pl
Lantzville BC V0R 2H0

Storage Location: Same as Production

Notes

OK Job 6 7 07

Designated Person

Other Designated Person

Designated Person Production Information

Criminal Record Check

Attached Picture

Verified Picture

Mode of Production: N/A

Indoor Plants: 0 plants
Outdoor Plants: 0 plants
Storage: 0.0 grams

Production/Storage Security Measures

Production Location

Storage Location

Health Canada's Supply Information

Product Requested

Delivery Location of Dried


Max Quantity of Dried 0 grams/month

Delivery Location of Seeds

Max Quantity of Seeds 0 bags

Property Owner(s) Information

Ms. Diana Jean Barr 5880 Wayne Pl, RR 2 Lantzville BC V0R 2H0	250-390-2822	DOB: 1955-10-20 File Number:	view edit
---------------------------------------------------------------------	--------------	---------------------------------	--------------


Français

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Postal Code Look-Up

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Search Results

Your search returned the following results.

[Print](#) [Search Again](#)

6860 WAYNE PL
 RR 2
 LANTZVILLE BC V0R 2H0

Updated: 2008/03/14

Building, Govt or Bus Name	Number	Delivery Mode	Street Name	Suite	Municipality	Province	Postal Code
	6840-6861	RR 2	WAYNE PL		LANTZVILLE	BC	V0R 2H0



Sign-up at canadapost.ca/epost.

Related Online Tools:

[FIND A POST OFFICE Post Office Locator](#) |
 [TRACK A PACKAGE Delivery Confirmation](#) |
 [FIND A PARCEL RATE Rate Calculator](#)





Start **489 Hamilton Ave**
Nanaimo, BC

End **Wayne Pl**
Lantzville, BC

Travel **13.9 km** – about **20 mins**

489 Hamilton Ave
Nanaimo, BC

Drive: **13.9 km** – about **20 mins**

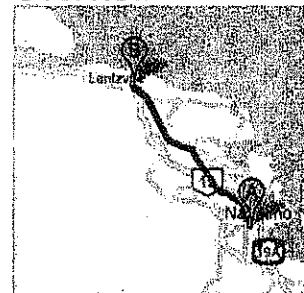
- 1. Head **north** on **Hamilton Ave** toward **Albion St**
- ← 2. Slight **left** at **Pine St**
- ← 3. Turn **left** at **Bowen Rd**
- ← 4. Turn **left** at **HWY-19A N/Island Hwy N N**
- 5. Turn **right** at **Mary Ellen Rd**
- ← 6. Turn **left** at **Dover Rd**
- 7. Turn **right** at **Schook Rd**
- ← 8. Turn **left** at **Roslyn Crescent**
- 9. Turn **right** at **Wayne Pl**

Wayne Pl
Lantzville, BC

These directions are for planning purposes only. You may find that construction projects, traffic, or other events may cause road conditions to differ from the map results.

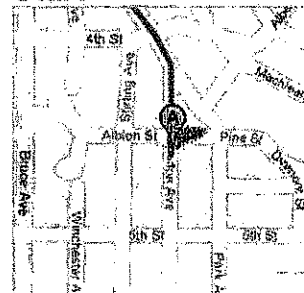
Map data ©2008 NAVTEQ™

Overview

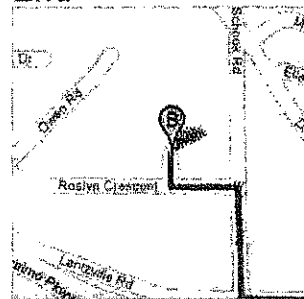


- 0.2 km
- 1.5 km
3 mins
- 5.5 km
9 mins
- 5.9 km
6 mins
- 0.2 km
- 0.2 km
- 0.2 km
- 0.1 km
- 70 m

Start



End



Map data ©2008 NAVTEQ™

Desk Number: MHA-D-01857-08
 Last Name: ALLARD, NY
 Date: April 23, 2008
 Revision Date:

Title: Senior Administrative
 Job Title: Supply Clerk

For/Pour: Authorization, Licences, and Information Division /
 Division des autorisations, des licences, et de l'information

For/Pour: Signature of R. Denault / Signature de R. Denault
 Signature of Director / Signature du Directeur
 Signature of Director General / Signature du Directeur general

Reply/Response:
 Prepared by / Preparé par: [Signature] Date: April 23, 2008
 Verified by / Vérifié par: [Signature] Date:

Approved/Approve:
 Approved by Ronald Denault: Yes/Oui [Signature]
 Approved by Ronald Denault: Redraft/Reinscris

Creation of ID Cards:
 Prepared by / Preparé par: [Signature] Date: APR 23 2008
 Production Site: AP-Liger, Pamela M.
 Comments/Commentaires:

Remarks/Remarques:
 (Other than name change authorization)

CANADA POSTS / CANADA POSTES
 Customer Receipt / Reçu du client
 Item Number: N° de l'article: **LT-263 088 565 CA**
 Date: **APR 23 2008**
 From / Expéditeur: _____
 To / Destinataire: _____
 250-741-0009
 Mr. Neil Victor Allard
 489 Hamilton Ave
 Nanaimo BC V9R 4G1
 CANADA

Health
Canada

Santé
Canada

LT 263 088 565 OA

Healthy Environments
and Consumer Safety
Branch

Direction générale
Santé environnementale et
sécurité des consommateurs

2008-04-23

Address Locator: 3503B
Ottawa ON K1A 1B9

Your file / Votre référence

Our file / Notre référence

MMAD-01557-08

Mr. Neil Victor Allard
489 Hamilton Ave
Nanaimo BC V9R 4G1

Dear Mr. Allard:

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

This is further to your notice regarding a change of production and storage sites in relation to your *Personal-Use Production Licence* under the *Marijuana Medical Access Regulations (MMAR)*.

This change is reflected on your new *Authorization to Possess Dried Marijuana and Personal-Use Production Licence* ID card, which you will find enclosed. Also enclosed is a *Personal-Use Production Licence* document that supersedes the one sent to you on July 9, 2007. As per subsection 60(1) of the MMAR, you are required to return your previously issued ID card (issue date: July 9, 2007) and *Personal-Use Production Licence* document dated July 9, 2007, to the above address within 30 days of receipt of this letter.

Please note that your expiry date has not changed. Should you wish to renew your *Authorization to Possess Dried Marijuana and Personal-Use Production Licence*, please submit your renewal application at least 8 weeks prior to your expiry date.

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.

Sincerely,



Sandra Toscano, B.Pharm.
A/Head
Authorizations and Licences Section
Marijuana Medical Access Division

Enclosures

Canada

Health Canada / Santé Canada

Address Locator 350B
Ottawa ON K1A 1B9

MMAD-03843-08

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


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

<u>HOLDER OF AUTHORIZATION INFORMATION</u>			
NAME:	Neil Victor Allard	DATE OF BIRTH:	25/05/1954
ADDRESS:	6360 Wayne Pl Rm 2 Langville BC V0R 2H0	GENDER:	Male
MAILING ADDRESS:	Same as above		

<u>TERMS AND CONDITIONS</u>
The maximum quantity of dried marijuana that you may possess at any time under this <i>Authorization to Possess</i> is 300 grams.

<u>MEDICAL PRACTITIONER INFORMATION</u>
NAME: Dr. Bruce M. Carruthers

<u>EXPIRY DATE</u>
Please note this <i>Authorization to Possess</i> expires on July 09, 2009. Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 5 weeks prior to your expiry date.

ISSUED BY:  Ronald Denant, Manager Marijuana Medical Access Division Drug Strategy and Controlled Substances Programme	DATE OF ISSUE: JUL 09 2008
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS

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

c.c. Dr. Bruce M. Carruthers
2-3657 15th Ave W
Vancouver BC V6R 3C3



NEIL VICTOR ALLARD
 6360 WAYNE PL
 RM 2
 LANGVILLE BC V0R 2H0
 25/05/1954
 MALE
 37 days
 300g
 09/07/2009
 1-866-337-7705

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

Address Locator: 3501B
OTTAWA ON K1A 1B9

MMAD-03843-08

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

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

HOLDER OF LICENCE INFORMATION			
NAME:	Neil Victor Allard	DATE OF BIRTH:	25/05/1954
ADDRESS:	6860 Wayne Pl RR 2 Lantzville BC V0R 2H0	GENDER:	Male
MAILING ADDRESS:	Same as above		

TERMS AND CONDITIONS	
PRODUCTION SITE:	6860 Wayne Pl RR 2 Lantzville BC V0R 2H0
MODE OF PRODUCTION:	Indoors (winter months) and outdoors (summer months)
PRODUCTION QUANTITIES:	The maximum number of marijuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor).
STORAGE SITE:	6860 Wayne Pl RR 2 Lantzville BC V0R 2H0
STORAGE QUANTITIES:	The maximum quantity of dried marijuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is 3750 grams and it must be stored indoors.

EXPIRY DATE

Please note this *Personal-Use Production Licence* expires on July 09, 2009. Should you wish to renew your *Personal-Use Production Licence*, please submit your renewal application at least 8 weeks prior to your expiry date.

ISSUED BY:  Ronald Denault, Manager Marijuana Medical Access Division Drug Strategy and Controlled Substances Programme	DATE OF ISSUE: JUL 09 2008
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------

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 licence should be directed to the Marijuana Medical Access Division toll-free phone number: 1-866-337-7703.

Neil Allard

Reference #11419C

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

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

Correspondences [Create an Associated Correspondence](#)

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
110929C	Closed	2008-04-08	Call	In	General Inquiry
MMAD-02353	Closed	2008-04-11	Mail	In	Application
111019C	Closed	2008-04-11	Call	In	General Inquiry
11157C	Closed	2008-04-17	Call	Out	Correction Request
11419C	Closed	2008-04-25	Call	In	General Inquiry
MMAD-02572	Closed	2008-04-29	Mail	In	Other
MMAD-03259	Closed	2008-05-28	Mail	In	RMI Letter

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

Report Filename	Document Type	Date Created

Correspondence Notes [Add / Edit Notes](#)

4/25/2008 16:54 - NEIL ALLARD:
 489 HAMILTON AVE
 NANAIMO, BC V9R4G1
 Telephone: (250) 741 0009 Ext.:
 Telephone (evening): 2503902822

"4/25/2008 16:54 - NEIL ALLARD

489 HAMILTON AVE

NANAIMO, BC V9R4G1

Telephone: (250) 741 0009 Ext.:

Telephone (evening): 2503902822

The caller would appreciate a call back from Ronald Deneault since he did not obtain a call after several requests. The caller has been contacted several times by a representative who keeps asking if he has sold his house on Hamilton Avenue in Nanaimo. He would like to confirm that he still lives at that address, he has left several messages with us to relay to the MMAD this information and he even sent a letter to the MMAD to that effect and they still keep on calling him in regards to this matter. He would

like to know when he will get his licence back and requested to speak with Mr Denault to sort this matter out as soon as possible. A call back would be appreciated.

Called Mr. Allard, he was extremely upset and condescending. He was telling me that I knew nothing and that I should not have called him if I didn't know what I was talking about.

He said that we have been giving him the running around since the beginning and that he can never get a straight answer.

I tried to explain to him that his application was sent and it was in the mail right now. He should receive something shortly. He wanted to know why we kept harassing him asking about his address. I told him to please hold and I would look in his file what information was missing. I explained that the review officer needed to clarify that he was to store his dried MJ at either his place of residence or at the production site.

He said: Well! I'm allowed to store the MJ wherever I want. Who are you to tell me how to store my MJ? I explained to him that we are not here to TELL him how but to know how he will proceed with the security so that he can be approved.

He kept going on and on about how this program was worthless. I told him that he can send his concerns and comments in writing. He told me that he did, numerous times and he has yet to receive a proper response from Mr. Denault. I tried calming him down and explaining this was only a security procedure that we need to take in order to approve him.

He kept getting more and more upset. I finally told him that I would have someone else call him.

- Martine (Apr 30/08) -"

Neil Allard

Reference #MMAD-02572-08

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

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

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
10928C	Closed	2008-04-08	Call	In	General Inquiry
MMAD-02363	Closed	2008-04-11	Mail	In	Application
11016C	Closed	2008-04-11	Call	In	General Inquiry
11157C	Closed	2008-04-17	Call	Out	Correction Request
11419C	Closed	2008-04-26	Call	In	General Inquiry
MMAD-02572	Closed	2008-04-29	Mail	In	Other
MMAD-03259	Closed	2008-05-28	Mail	In	RMI Letter

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

LEGACY: Mail Subject - Other: Letter
 LEGACY correspondence notes - For your review. AHayes.May.01.08.

“LEGACY: Mail Subject - Other: Letter

LEGACY correspondence notes - For your review. AHayes.May.01.08.”

101, 126 Ingram Street, Duncan, BC V9L 1P1
Phone: 250-746-4886
Fax: 250-746-2354

**Jean Crowder
Member of Parliament
Nanaimo Cowichan**

Health Canada /
Santé Canada

MMAD-02572-08
29 2 9 2008
2008-06-10
OCS / BSC

Fax

To: Ronald Denault, Manager MMAD From: Alistair MacGregor

Fax: 613-952-2196 Pages: 1

Phone: _____ Date: April 29, 2008

Re: Mr. Neil Victor Allard

Urgent For Review Please Comment Please Reply Please Recycle

Dear Mr. Denault,

On behalf of Mr. Allard (file # MMAD-01985-07; DOB: 25/05/1954), I would like to make an enquiry on the status of his amendment to change the address of his medical marijuana production site with Health Canada.

Mr. Allard was told that this would be processed in 2-3 weeks when he sent in the amendment in early March. He has subsequently gone through a series of phone calls with the call center of the MMAD and is worried with how long the whole process is taking.

Thank you in advance for your attention to this matter. Please do not hesitate to contact me if you have further questions or concerns.

Sincerely,

*Call on 2005/05/01
at 1515 Ottawa Ave
leave a message to call back to
- Ronald*

Alistair MacGregor
Assistant to Jean Crowder, MP
Nanaimo-Cowichan
(250) 746-2355
alistair@jeancrowder.ca

PRIVILEGE AND CONFIDENTIALITY NOTICE: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. If you are not the intended recipient it may be unlawful for you to read, copy, disclose or otherwise use the information in this communication. If you received this transmittal in error please contact the sender and delete the material immediately.

Mr. Neil Victor Allard 499 Hamilton Ave Nanaimo BC V9R 4G1	250-741-0009	DOB: 1954-05-25 File Number: A0062	view edit
------------------------------------------------------------------	--------------	---------------------------------------	--------------

Applicant Information

Status	Picture Information
Overall Status: New Applicant	Attached Picture: Yes
ID Issue Date	Verified Picture: Yes
Expiry Date	Date Submitted: 2008-07-06
Deceased/Closed: N/A	
Received Date: 2008-04-11	
Consent Information	Intended Source
Rep. Consent: No	Source: Personal Use Production Licence
Representative	

Notes
Review complete Helen 2008-05-08
AP+PL

Medical Practitioner Information

Doctor			
Dr. Bruce M. Carruthers	250-652-8683	Internal Medicine	view edit
Doctor's Address: Mailing	250-652-6665		
2-3657 18th Ave W Vancouver BC V6R 3C3			

Is the above MD on the Restricted List? No

Medical Condition -- Category 1

Medical Condition -- Category 2

Chronic Pain (Chronic Fatigue Syndrome (myalgic encephalomyelitis))

Proposed Daily Amount

Category: Category 2

Form of Administration: Oral and Inhalation

Daily Amount: 10.0 grams/day

Duration: 12 months

Assessment Date: 2008-03-11

Personal Production Information

Mode of Production: Indoor and Outdoor

Indoor Plants: 37 plants

Outdoor Plants: 10 plants

Storage: 3750.0 grams

Production/Storage Security Measures: Production: Entire property surrounded by 7ft fence
- Indoor: locked room in the basement of the house
- Outdoor: in a secluded backyard, very low visibility storage in a locked cabinet in the production room

Production Location: 8880 Wayne Pl.
Lantzville BC V9R 2H0

Storage Location: Same as Production Address

Designated Person

Other Designated Person

Designated Person Production Information

Criminal Record Check

Attached Picture

Verified Picture

Mode of Production: N/A

Indoor Plants: 0 plants

Outdoor Plants: 0 plants

Storage: 0.0 grams

Production/Storage Security Measures

Production Location

Storage Location

Health Canada's Supply Information

Product Requested

Delivery Location of Dried

Max Quantity of Dried: 0 grams/month

Delivery Location of Seeds

Max Quantity of Seeds: 0 bags

Property Owner(s) Information

Mr. Glende Jean Barr 8880 Wayne Pl, RR 2 Lantzville BC V9R 2H0	250-390-2822	DOB: 1955-10-20 File Number:	view edit
----------------------------------------------------------------------	--------------	---------------------------------	--------------

Neil Allard

Reference #MMAD-03259-08

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave, Nanaimo, BC, V9R 4G6, Canada	1964-08-25	250-753-0125 (N/A)

Correspondence [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02572	Closed	2008-04-29	Mall	In	Other
MMAD-03259	Closed	2008-08-28	Mall	In	RMI Letter
12744G	Closed	2008-05-05	Call	Out	General Inquiry
MMAD-03843	Closed	2008-09-16	Mall	In	RMI Letter
MMAD-02772	Closed	2009-04-02	Mall	In	Application
21858C	Closed	2009-04-03	Call	Out	Confirmation Request
MMAD-02935	Closed	2009-04-09	Mall	Out	General Inquiry

Attachments

Report Filename	Document Type	Date Created

Correspondence Notes [Add / Edit Notes](#)

LEGACY: Mail Subject - RMI: Letter
 LEGACY correspondence notes -
 Mail Already Open. AHayes.May.29.08.

"LEGACY: Mail Subject - RMI: Letter

LEGACY correspondence notes -

Mail Already Open. AHayes.May.29.08."

Christine

May 22, 2008

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

Health Canada
Santé Canada
NUMS-09259-08
MAY 28 2008
closed
OCS/BSC

mailing
address
change
and reunite
CA# June 30/08

Ph (250) 741-0009 To: Mr. Ronald Desautel
Manager, M.M.A.D.
Health Canada

Mr Desautel:

Re: Change of residential address.

Further to my letter to you dated April 8, 2008,
please make note of my new residential address
which is the same address as my production
site:

6860 Wayne Place
Lantzville, B.C., V0R 2H0
Ph. (250) 390-2822

This will be in effect on June 4, 2008. (I was
advised by the call centre that only a letter is required, no form.)
My fifth application was sent directly to you on April 8, 2008.

I look forward to hearing from you
with regard to my letter to you on April 8, 2008,
concerning this request by my specialist doctor.

Thank you.
Sincerely,
Neil Allard

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

UNION CANADA POST

UNION POSTES CANADA

080523 23:51 V82 480 416 1111111111

Mr. Arnold Senault
Manager, M.M.R.D.
North Canada
Address Locator 3503B
Ottawa, Ontario
~~KT~~ K1A 1B9

2025 JUN 10 10:00 AM

Neil Allard

Reference #12744C

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1994-05-28	250-753-0125 (N/A)

Correspondence

Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02572	Closed	2008-04-28	Mail	In	Other
MMAD-03259	Closed	2008-05-28	Mail	In	RMI Letter
12744C	Closed	2008-06-05	Call	Out	General Inquiry
MMAD-03843	Closed	2008-09-16	Mail	In	RMI Letter
MMAD-02772	Closed	2008-04-02	Mail	In	Application
21856C	Closed	2008-04-03	Call	Out	Confirmation Request
MMAD-02835	Closed	2008-04-08	Mail	Out	General Inquiry

Attachments

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Report Filename	Document Type	Date Created

Correspondence Notes

Add / Edit Notes

Ask PT: for form A for renewal with a new address.

Spoke with PT. He will be sending us form A asap. He also asked me to explain to him in writing how the form B2 can be filled out by a GP. I told him that a GP can fill out form B2 but there has to be a specialist assessment included. He asked if Dr. Carruthers can be the specialist (he is an int.med. md) and I said yes. He is a specialist that has assessed your case and as long as the GP feels comfortable that you have been assessed by a specialist then the GP can write Dr. Carruthers down as the specialist. (Dr. Carruthers has been supporting his application). He asked me to send this all in writing and I said that I would at the same time that I send the renewal. Helen 2008-06-05"

"Ask PT: for form A for renewal with a new address.

Spoke with PT. He will be sending us form A asap. He also asked me to explain to him in writing how the form B2 can be filled out by a GP. I told him that a GP can fill out form B2 but there has to be a specialist assessment included. He asked if Dr. Carruthers can be the specialist (he is an int.med. md) and I said yes. He is a specialist that has assessed your case and as long as the GP feels comfortable that you have been assessed by a specialist then the GP can write Dr. Carruthers down as the specialist. (Dr. Carruthers has been supporting his application). He asked me to send this all in writing and I said that I would at the same time that I send the renewal. Helen 2008-06-05"



Health Canada Santé Canada

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Call Page

Helen El-Koura
Edit Your Profile

This is the call page.

Mr. Neil Victor Allard 6860 Wayne Pt Lantzville BC V0R 2H0	250-390-2822	DOB: 1954-05-25 File Number: A0062	view edit
-------------------------------------------------------------------------	--------------	---------------------------------------	----------------------------------------------

Call Information	Audit Information
----------------------------------	-----------------------------------

<p>Call Details</p> <p>Call Direction Out Call Date (incoming or outgoing) 2008-06-05 BF Date BF Time Subject MMAR-Inquiry Status Closed</p>	<p>Assign</p> <p>Assigned To File Room Assigned By Helen El-Koura Date Assigned 2008-06-05 File Held by Helen El-Koura Note</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

Notes:
Ask PT: for form A for renewal with a new address.

Spoke with PT. He will be sending us Form A asap. He also asked me to explain to him in writing how the form B2 can be filled out by a GP. I told him that a GP can fill out form B2 but there has to be a specialist assessment included. He asked if Dr. Carruthers can be the specialist (he is an Int.med. md) and I said yes. He is a specialist that has assessed your case and as long as the GP feels comfortable that you have been assessed by a specialist then the GP can write Dr. Carruthers down as the specialist. (Dr. Carruthers has been supporting his application). He asked me to send this in writing and I said that I would at the same time that I send the renewal. Helen 2008-06-05

letter explaining MD form B2 (w/out spec. signature)

[Edit](#) [Go to Call Search](#)

Protected B

Important N

Neil Allard

Reference #MMAD-03843-08

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	212 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	1954-08-25	250-753-0125 (N/A)

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject	
MMAD-02572	Closed	2008-04-29	Mail	In	Other	
MMAD-03259	Closed	2008-05-28	Mail	In	RMI Letter	
12744C	Closed	2008-06-05	Call	Out	General Inquiry	
MMAD-03843	Closed	2008-06-16	Mail	In	RMI Letter	
MMAD-02772	Closed	2009-04-02	Mail	In	Application	
21656C	Closed	2009-04-03	Call	Out	Confirmation Request	
MMAD-02835	Closed	2009-04-09	Mail	Out	General Inquiry	

Attachments

Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

LEGACY: Mail Subject - RMI: Form A, letter
 LEGACY correspondence notes - AP+PL+letter LEGACY correspondence notes - For Review, 2008-06-18 LL
 Review complete Helen 2008-06-19
 Christine please prepare AP+PL docs

"LEGACY: Mail Subject - RMI: Form A, letter

LEGACY correspondence notes - AP+PL+letter LEGACY correspondence notes - For Review, 2008-06-18 LL

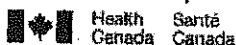
review complete Helen 2008-06-19

Christine please prepare AP+PL docs

**please note that a letter has been included that has to be sent out to PT. thx.

Card(s) Done - MNeu - June 30, 2008

For verification JB



*H. C. requested form re: 5th application;
Change of residential address only.*

Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Helen

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**.

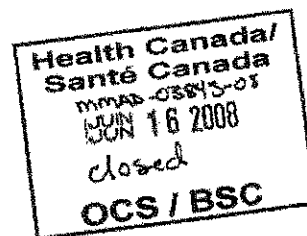
Important

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 1-888-237-7735.

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

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD I NEIL I VICTOR

Date of Birth: 25 / 05 / 1954

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

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

Lot Number: _____

Concession Number: _____

Telephone: (250) 390-2822

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):

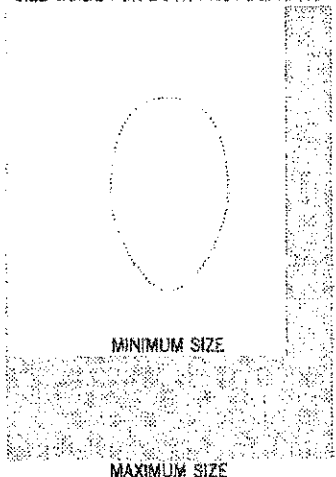
Address or P.O. Box: _____ Apartment Number: _____
 City: _____ Province: _____ Postal Code: _____

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: _____ / _____ / _____

Mailing Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____

Fax: (_____) _____

E-mail: _____

A4 Proposed Source of Marijuana

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

I plan to produce my own marijuana.

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

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

OR

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

My designated person will be: _____

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

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

OR

I plan to purchase dried marijuana from Health Canada.

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


Name:

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 June 5, 2008
NEIL ALLARD
 PRINT NAME _____

IMPORTANT:

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

June 5, 2008

NEIL ALLARD
6860 WAYNE PLACE
KANTZVILLE, B.C.
V0R 2H0
(250) 390-2822

TO: HELEN
HEALTH CANADA, M.M.A.D.

Thank you for your phone call to me on June 5, 2008. I have enclosed a "FORM A" as per your request.

I look forward to my renewal card and a letter from Health Canada confirming our discussion about the use of the March 11/08 date on all future applications, which need only be signed by my general practitioner.

I am hopeful that your written correspondence will put the need for other ^{signatures from} specialists to rest, on this matter of medical marijuana.

Sincerely,
Neil Allard

6800 Wayne Place
Ft. York, B.C.
V0R 2H0

Health Canada

M.M.A.D.

Address: Ottawa, 3503B

Ottawa, Ontario

K1A 1B9

ATTENTION: HELEN



For your signature MHo July 3, 2008,,,,sent via xpost july 3,2008..gordon(PM)

Done -auth/pupl renewal - Robyn - July 4, 2008"



Authorization to Possess Dried Marijuana
Autorisation de possession de marijuana séchée
*Personal Use Production Licence
Licence de prod. à des fins personnelles

NEIL VICTOR ALLARD

6860 Wayne Pl. Lantzville, BC

DOB/DON: 25/05/1954 GENDER/SEXE: M

Num.: APPL-NVA-05A00621094854-08-A

Site / Prod: same as RESIDENCE

Site/Store: same as RESIDENCE

Mode-Prod: Indoor/Intérieur, max: 37 plants

or/ou: Outdoor/Extérieur, max: 10 plants

Qty/Qté - Storage / Entreposage max. Indoor/À l'intérieur: 3750g

Qty / Possession, maximum at any time: 300g

Qty / Possession, maximum at any time: 300g

Issued/Date de délivrance: 09/07/2008 - Expires/Date d'expiration: 09/07/2009

Dates: DD/MM/YYYY (les dates: JJ/MM/AAAA)

*Marijuana Medical Access Regulations/Règlement sur l'accès à la marijuana à des fins médicales

Application Id: 23607 ²³⁵³

MMAD: 03943-08

DATE: 2008-06-19

Review Officer: Helen

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

MMAR AP CARD (AP)

MMAR PUPL CARD (PL) ³³⁷¹⁷

MMAR DPPL CARD (DP)

PERSONAL INFORMATION

APPLICANT

Neil Victor Allard
6860 Wayne Pl. ^{R.R.2}
Lantzville BC V0R 2H0
DOB: 1954-05-25

Gender: Male

Card No. APPL-NVA-05A0062094854-08-A

Issue Date: JUL 09 2008

Expiry Date: JUL 09 2009 ^{CL}

Duration: 12 months

DESIGNATED PERSON

Gender:

Card No.:

Issue Date: _____

Expiry Date: _____

PRODUCTION INFORMATION

Production Location: 6860 Wayne Pl Lantzville BC V0R 2H0

Storage Location: 6860 Wayne Pl Lantzville BC V0R 2H0

Indoor Plants: 37 plants

Outdoor Plants: 10 plants

Storage: 3750.0 grams

Carry: 300.0 grams

Daily Amount: 10.0 grams/day

Type: New Renewal Amendment

Notes: AP+PL

~~Exp'd July 9/08~~

June 16
2008-06-19

Index Number: 03892
 Number de dossier: MDA 0-2254-06
 Last Name: ALLARD, N
 New Renewal Amendment
 Date: June 30, 2008

AP RPE DPE Supply
 Revision Date(s):

From/De: Authorization and Licences Section /
 Section des autorisations et des licences
 Client Services Section /
 Section des services aux clients

For/Pour: Signature of /
 Signature de R-Denault
 Signature of Director /
 Signature du Directeur
 Signature of Director General /
 Signature du Directeur g n ral

Repl/Reponse:
 Prepared by: Christine Landrum
 Date: June 30, 2008

Creation of ID Cards:
 Prepared by: [Signature]
 Date: JUN 30 2008

Production Site:
 Comment/Commentaires:
DP, Barr, Glenda J

Verified by/V rifi  par:
 Date: July 3, 2008

Approved by/Approv  par:
 Valid
 Rejected / Rejet 

Remarks/Remarques:
 (Maine address, name as authorization)

Canada Post / Canada Post
 JUL 03 2008
 Item Number / N  de l'article: LT 263 366 604 CA
 To: Mr. Neil Victor Allard
6860 Wayne PI RR 2
 250-390-2822

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6860 WAYNE PL
 RR 2
 LANTZVILLE BC V0R 2H0

Updated: 2008/06/13

Building Name	Gov't or Bus	Number	Delivery Mode	Street Name	Suite	Municipality	Province	Postal Code
		6840-6861	RR 2	WAYNE PL		LANTZVILLE	BC	V0R 2H0



Sign-up at canadapost.ca/epost

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- [FIND A POST OFFICE](#) Post Office Locator
- [TRACK A PACKAGE](#) Delivery Confirmation
- [FIND A PARCEL RATE](#) Rate Calculator



Mr. Heil Victor Alfred RR2 250-390-2622 DOB: 1954-05-25 view
6860 Wayne Pl Lantzville BC V0R 2H0 File Number: A0062 edit

Applicant Information

Status: Overall Status: New Applicant
ID Issue Date: [blank]
Expiry Date: [blank]
Declassified/Classified: N/A
Received Date: 2008-04-11

Picture Information: Attached Picture: Yes
Verified Picture: Yes
Date Submitted: 2008-07-06

Consent Information: Rep. Consent No Representative

Intended Source: Source: Personal Use Production Licence

Notes:
Read form A- review complete Helen 2009-06-19
AP+PL ***** we are using the same forms for renewal as we did for amendment as discussed with Son****

Medical Practitioner Information

Doctor: Dr. Bruce M. Carruthers 250-652-6663 Internal Medicine view
Doctor's Address/Mailing: 2-3657 16th Ave W 250-652-6663 edit
Vancouver BC V6R 3C9

Is the above MD on the Restricted List? No

Medical Condition - Category 1: [blank]

Medical Condition - Category 2: Chronic Pain (Chronic Fatigue Syndrome (myalgic encephalomyelitis))

Proposed Daily Amount: Category: Category 2
Form of Administration: Oral and Inhalation
Daily Amount: 10.0 grams/day
Duration: 12 months
Assessment Date: 2008-03-11

Handwritten note: Are B2 requirements satisfied for this year? (AP) June 30/08 YES 900

Personal Production Information

Mode of Production: Indoor and Outdoor
Indoor Plants: 37 plants
Outdoor Plants: 10 plants
Storage: 3750.0 grams

Production/Storage Security Measures: Production: Entire property surrounded by 7ft fence
- Indoor: locked room in the basement of the house
- Outdoor: in a secluded backyard, very low visibility storage in a locked cabinet in the production room

Production Location: 6860 Wayne Pl RR2 Lantzville BC V0R 2H0
Storage Location: Same as Residence

Designated Person

Other Designated Person

Designated Person Production Information:

Criminal Record Check: [blank]

Attached Picture: Verified Picture

Mode of Production: N/A
Indoor Plants: 0 plants
Outdoor Plants: 0 plants
Storage: 0.0 grams

Production/Storage Security Measures: [blank]

Production Location: [blank]
Storage Location: [blank]

Health Canada's Supply Information

Product Requested: [blank]
Delivery Location of Dried: [blank]
Max Quantity of Dried: 0 grams/month
Delivery Location of Seeds: [blank]
Max Quantity of Seeds: 0 bags

Property Owner(s) Information

Ms. Glende Jean Barr 250-390-2622 DOB: 1955-10-20 view
6860 Wayne Pl, RR 2 Lantzville BC V0R 2H0 File Number: [blank] edit

Notes: Not necessary - lives at production site.



Health
Canada

Santé
Canada

Healthy Environments
and Consumer Safety
Branch

Direction générale,
Santé environnementale et
sécurité des consommateurs

JUL 03 2008

Address Locator: 3503B
Ottawa ON K1A 1B9

Your file Votre référence

Our file Notre référence

MMAD-03843-08

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

Dear Mr. Allard:

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

This is further to the receipt of your letter dated April 8, 2008 and to our conversation on June 5, 2008.

Please note that a general practitioner may complete **Form B2** to support your application under the MMAR. On **Form B2** the general practitioner will need to declare that your case has been assessed by a specialist and provide some details regarding the assessment.

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
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa ON K1A 1B9

Sincerely,

Helen El-Koura, B.Sc.
Program Officer
Marihuana Medical Access Division

Canada

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-04184-09

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


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

HOLDER OF AUTHORIZATION INFORMATION			
NAME:	Nell Victor Allard	DATE OF BIRTH:	25/05/1954
ADDRESS:	6860 Wayne Pl. RR 2 Langville BC V0R 3H0	GENDER:	Male
MAILING ADDRESS:	Same as above		

TERMS AND CONDITIONS
The maximum quantity of dried marijuana that you may possess at any time under this <i>Authorization to Possess</i> is 300 grams.

MEDICAL PRACTITIONER INFORMATION
NAME: Dr. Jitinder Singh Mander

EXPIRY DATE
Please note this <i>Authorization to Possess</i> expires on July 09, 2010. Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 4 weeks prior to your expiry date.

ISSUED BY:  Ronald Deneault, Manager Marijuana Medical Access Division Controlled Substances and Tobacco Directorate	DATE OF ISSUE: 2009-07-09
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

**PLEASE READ ALL ENCLOSED DOCUMENTS
CAREFULLY.**

ENCLOSED DOCUMENTS

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

Dr. Jitinder Singh Mander
30-640 Terminal Ave S
Nanaimo BC V9R 3B2



Authorization to Possess Dried Marijuana
Permitted to Possession of Marijuana (MMP)

NELL VICTOR ALLARD
6860 Wayne Pl. Langville BC
V0R 3H0
MARIJUANA MEDICAL ACCESS DIVISION
MMP # 111-28807118474-09-A

Valid until: 07/09/2010
Date of Expiry: 07/09/2010
Date of Issue: 07/09/2009
MMP # 111-28807118474-09-A

For more information, please contact the Marijuana Medical Access Division at 1-866-337-7705.


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

Address Location: 3503B
Ottawa ON K1A 1B9

MMAD-04184-09

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

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

HOLDER OF LICENCE INFORMATION	
NAME:	Nell Victor Allard
ADDRESS:	6860 Wayne Pl RR 2 Lantzville BC V0R 2H0
DATE OF BIRTH:	25/05/1954
GENDER:	Male
MAILING ADDRESS:	Same as above
TERMS AND CONDITIONS	
PRODUCTION SITE:	6860 Wayne Pl RR 2 Lantzville BC V0R 2H0
MODE OF PRODUCTION:	Indoors (winter months) and outdoors (summer months)
PRODUCTION QUANTITIES:	The maximum number of marijuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor).
STORAGE SITE:	6860 Wayne Pl RR 2 Lantzville BC V0R 2H0
STORAGE QUANTITIES:	The maximum quantity of dried marijuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is 3750 grams and it must be stored indoors.
EXPIRY DATE	
Please note this <i>Personal-Use Production Licence</i> expires on July 09, 2010. 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:
 Ronald Denault, Manager Marijuana Medical Access Division Controlled Substances and Tobacco Directorate	2009-07-09

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 licence should be directed to the Marijuana Medical Access Division toll-free phone number: 1-866-337-7765.

Neil Allard

Reference #MMAD-02772-09

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

MMAD CONTACTS

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Naranah, BC, V8R 4G6, Canada	1994-05-25	250-753-0725 (N/A)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-03843	Closed	2009-06-16	Mail	In	RMI Letter
MMAD-02772	Closed	2009-04-02	Mail	In	Application
21658C	Closed	2009-04-03	Call	Out	Confirmation Request
MMAD-02836	Closed	2009-04-09	Mail	Out	General Inquiry
21875C	Closed	2009-04-09	Call	Out	Physician Inquiry
22383C	Closed	2009-04-24	Call	Out	General Inquiry
MMAD-03861	Closed	2009-04-27	Mail	In	Other

Attachments

Report Filename	Document Type	Date Created

Correspondence Note Add / Edit Notes

LEGACY: Mail Subject - Renewal - Form A, B2, C, 2x pics
 LEGACY correspondence notes - For review - Eric - Apr 3, 2009
 Letter to MD - confirm high dosage.
 Sori please review letter. -MP (2009-04-14)
 Reviewed the letter. Ronald: for your signature. - Sori (Apr 14, 2009)

"LEGACY: Mail Subject - Renewal - Form A, B2, C, 2x pics

LEGACY correspondence notes - For review - Eric - Apr 3, 2009

Letter to MD - confirm high dosage.

Sori, please review letter. -MP (2009-04-14)

Reviewed the letter. Ronald: for your signature. - Sori (Apr 14, 2009)

Mailed out via REG mail...SC (15-Apr-2009)

Done - RMI - Robyn - April 16, 2009 LEGACY correspondence notes - Renewal - exp Jul 9, 2009"

March 25, 2009

Neil Allard
6860 Wayne Place,
Lantzville, B.C.,
V0R 2H0
Ph. (250) 390-2822

Mr. Ronald Denault ,
Manager, M.M.A.D., Health Canada

Re: Sixth application enclosed, and the requirement for specialist

1) Thank you for the letter dated July 3, 2008, from your department regarding my former specialist's request to have my general practitioner sign the M.M.A.R. applications year after year.

This letter states that, "*On the Form B2 the general practitioner will need to declare that your case has been assessed by a specialist and provide some details regarding the assessment*"....

I was advised in a telephone conversation with Program Officer, Michelle Ho, in July of 2008, that my general practitioner may use the assessment from Dr Bruce Carruthers, dated March 11, 2008, (and enclosed with this Sixth application), with each subsequent application.

I asked to receive a letter confirming this. However, as you can see from a copy of this letter, the matter remains unclear to both my doctor and to me.

Would you please clarify this matter in writing: Since my doctor and I are obligated to complete these forms **year after year** for my treatment, we need to know if his signature will be acceptable to this department on an ongoing basis.

2) Also, please contact me as soon as possible if there should be any **problem with my application.**

Sincerely,
Neil Allard, B.S.W.



A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD, NEIL, VICTOR

Date of Birth: 25th MAY 1954

Address: 6866 WAYNE PLACE

Apartment Number:

City: LANTZVILLE Province: B.C.

Postal Code: V0R 2H0

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

Lot Number:

Concession Number:

Telephone: (250) 390-2822

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:

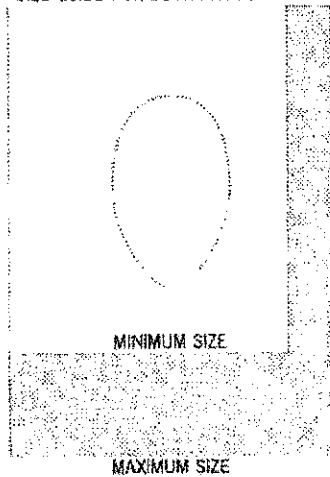
Postal Code:

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.

Health Canada /
Santé Canada
MMAD-02772-09
APR 02 2009
2009-05-16
OCS/BSC
MMAD

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.

NEIL ALLARD

Name:

A5 Authority to Communicate to Canadian Police

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

A6 Declarations and Signature

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

APPLICANT'S SIGNATURE

DATE

PRINT NAME

IMPORTANT:

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

B2-1 Information on Medical Practitioner

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

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

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

B2-2 Medical Conditions and Symptoms

Applicant's full name: ALLARD last NEIL first Victor middle
Date of Birth: year 1951 month MAY day 25th

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

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

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

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

B2-3 The Proposed Daily Amount

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

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

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

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

B2-4 Duration

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

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

B2-5 Medical Practitioner's Declaration and Signature

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

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

(signature required on next page)

Name: NEIL ALLARD

(82-5 continued)

Please complete the following:

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

The medical specialist's area of specialization: INTERNAL MEDICINE

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

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

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

DR J. S. MANDER [Signature]
MEDICAL PRACTITIONER'S SIGNATURE

DR J. S. MANDER
PRINT NAME

24 / MAR / 2009
DATE

IMPORTANT:

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

Name: NEIL ALLARD

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALWARD I NEIL I VICTOR

Date of Birth: 25 / 05 / 1954

Telephone: (250) 390-2822

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: APPL-NVA-05A00621094854-08-A

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

C2 Production Site

Please choose one of the following options:

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

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

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

OR

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

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

Proposed production site:

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

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

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

C3 Mode of Production

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

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

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

C4 Security Measures for Growing and Storing Marihuana

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

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

The production site is located on one acre of land on a low-traffic cul-de-sac. My wife + I are joint owners and, we alone, occupy the house on the land. The entire property is surrounded by a seven foot fence designed to protect the orchard / germination plantings from predators. Outdoor planting is in a secluded backyard with very low visibility from outside the property. Indoor planting is in a two section locked room in the basement of our home. The room is windowless and vented.

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

Dried marijuana is stored in a locked cabinet in our home.

Address where the marihuana will be stored:

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

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

Name: NEIL ALLARD

C5 Declarations and Signature

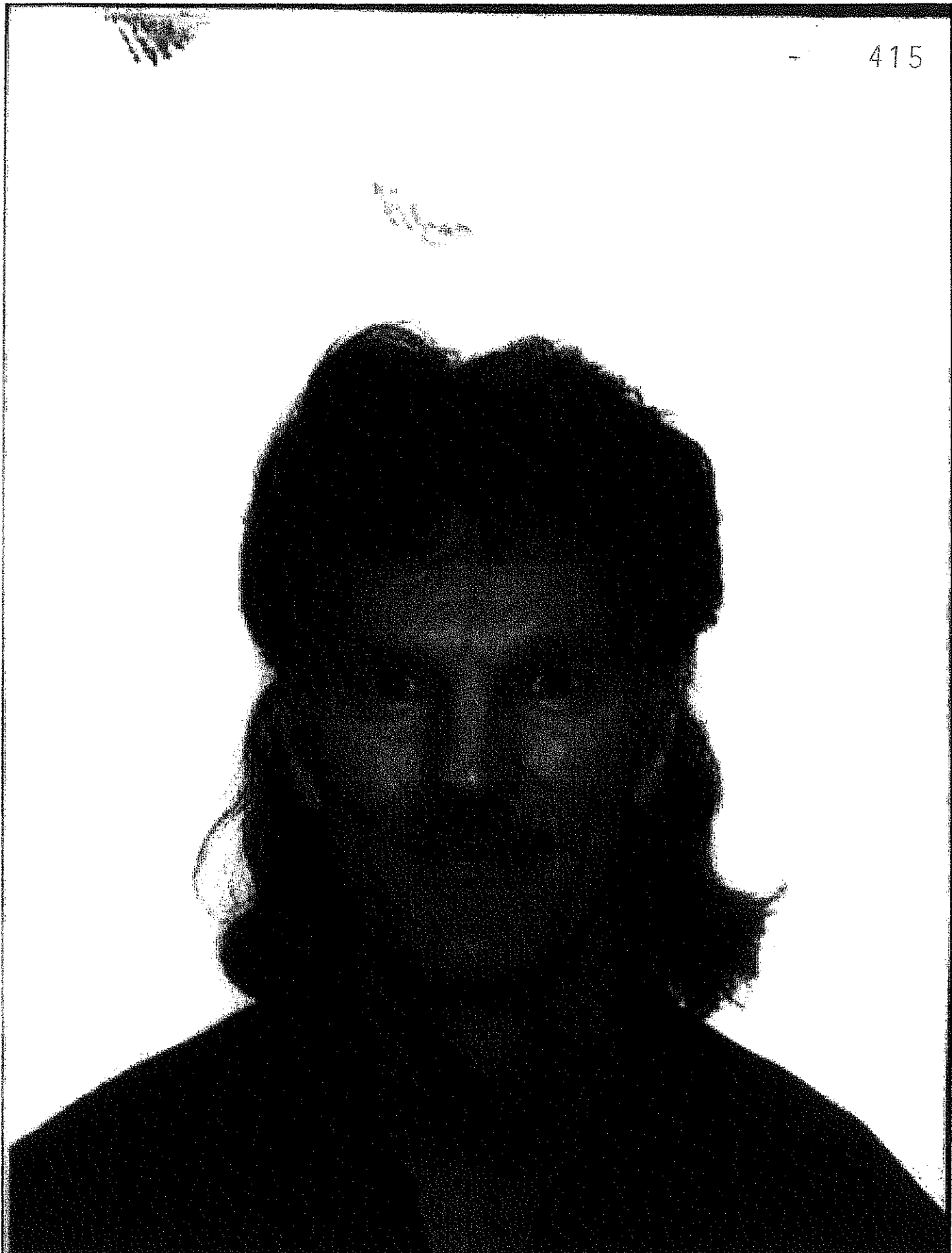
- i. If I've indicated on this application that I plan to produce marijuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years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

Neil Allard March 14, 2009
APPLICANT'S SIGNATURE DATE

NEIL ALLARD
PRINT NAME

IMPORTANT:

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



Wal-Mart Portrait Studio
6631 Island Highway
Nanaimo, BC
V9T 4T7

Photo Taken:
MAR 04 2009

NEIL V. ALLARD

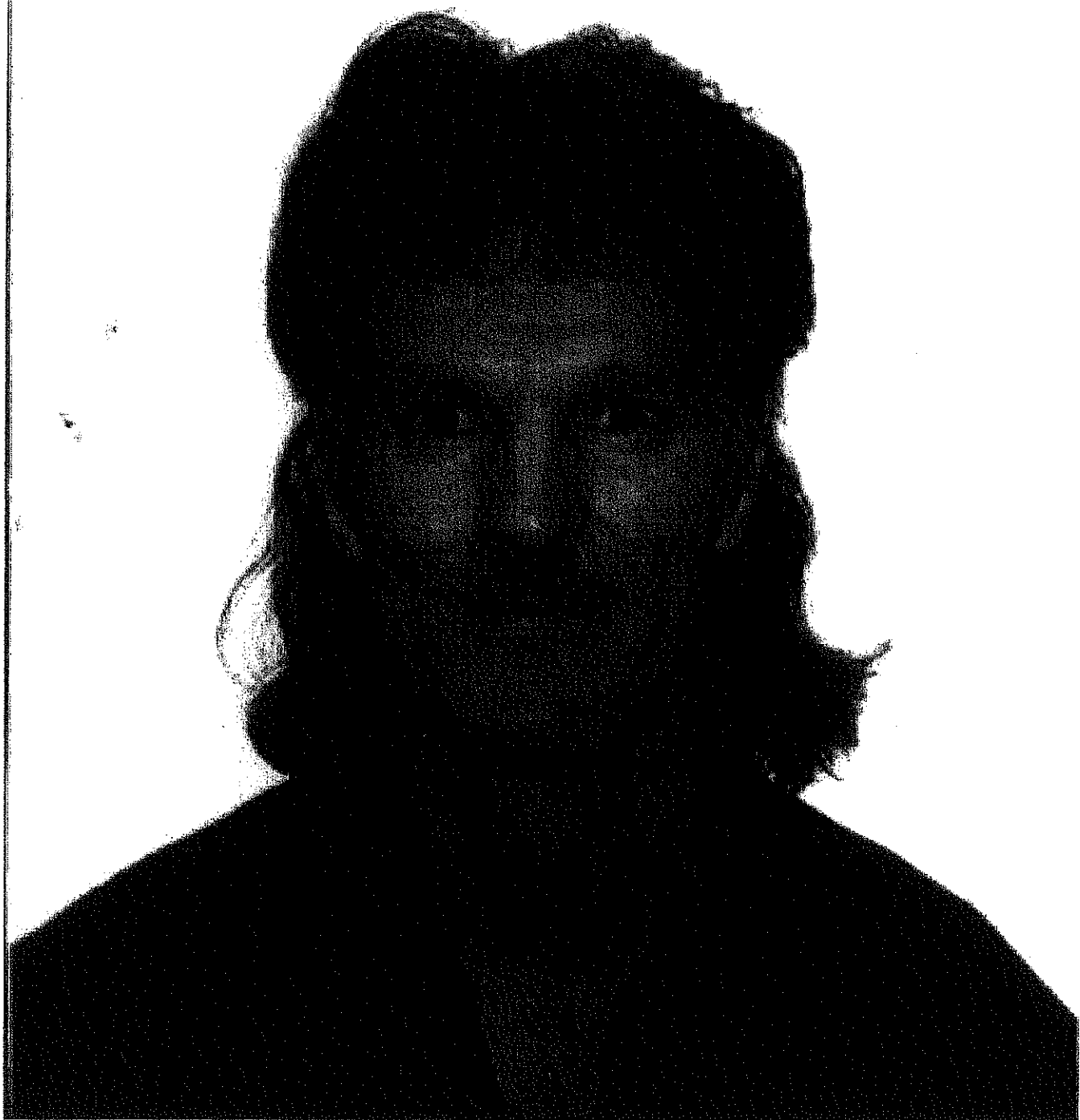
I certify this to be a true

~~statement~~ of

NEIL V. ALLARD



24/MAR/2009



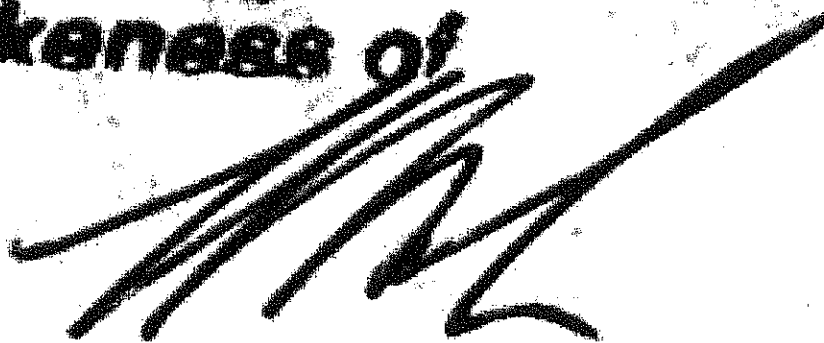
Man Portrait Studio
3831 Island Highway West
Nanaimo, BC
V9T 4T7

Photo Taken:

MAR 04 2009

NEIL V. ALLARD

I certify this to be a true likeness of



24/MAR/2009

M. ALLARD
6860 WAYNE PLACE
LANE RVILLE, B.C.
V0R 2H0

X-575-385
6088 0 2808

Postage...
De porteur... jusqu'à valeur

MR. RONALD DENAULT

M.M.A.S.

Health Canada

Address Locator 3503 B

Ottawa, Ontario

K1A 1B9

SIXTH
APPLICATION/
(RE)
ENCLOSED

Reçu de Remboursement

RW 356 041 843 CA RW 356 041 843 CA



RW 356 041 843 CA

RW 356 041 843 CA

Neil Allard

Reference #21656C

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

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

Correspondences [Create an Associated Correspondence](#)

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-03840	Closed	2009-08-18	Mali	In	RMI Letter
MMAD-02772	Closed	2009-04-02	Mali	In	Application
21656C	Closed	2009-04-03	Call	Out	Confirmation Request
MMAD-02935	Closed	2009-04-09	Mali	Out	General Inquiry
21875C	Closed	2009-04-09	Call	Out	Physician Inquiry
22093C	Closed	2009-04-24	Call	Out	General Inquiry
MMAD-03861	Closed	2009-04-27	Mali	In	Other

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

Report Filename	Document Type	Date Created

Correspondence Notes [Add](#) [Edit Note](#)

High dosage (10g), need to confirm with new MD. -MP (2009-04-03)

I spoke with the receptionist in Dr. Mander's office. I informed her that I require a confirmation of Mr. Allard's dosage. She said that she will pass along the message to Dr. Mander and have him call me back.

“High dosage (10g), need to confirm with new MD. -MP (2009-04-03)

I spoke with the receptionist in Dr. Mander's office. I informed her that I require a confirmation of Mr. Allard's dosage. She said that she will pass along the message to Dr. Mander and have him call me back.

Dr. Mander called back and left a message on my machine asking me to call him back. However, he did not provide any confirmation of dosage. -MP (2009-04-06)

Left a detailed message with the receptionist, asking her to confirm with Dr. Mander the daily dosage of 10g.

-MP (2009-04-06)

Call closed. Sending letter to Dr. Mander. -MP (2009-04-14)"

Neil Allard

Reference #MMAD-02935-09

Orcid Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details New Contact

First Name: Neil Surname: Allard Mailing Address: 712 Hamilton Ave, Vancouver, BC V6R 4G6, Canada Date Of Birth: 1964-05-25 Primary Phone: 250-753-0125 (N/A)

Correspondence Create an Associated Correspond...

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
12744C	Closed	2008-05-05	Call	Out	General Inquiry
MMAD-03843	Closed	2008-06-18	Mail	In	RMI Letter
MMAD-02772	Closed	2009-04-02	Mail	In	Application
21656C	Closed	2009-04-03	Call	Out	Confirmation Request
MMAD-02935	Closed	2009-04-08	Mail	Out	General Inquiry
21875C	Closed	2009-04-08	Call	Out	Physician Inquiry
22393C	Closed	2009-04-24	Call	Out	General Inquiry

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add/Edit Notes

LEGACY correspondence notes - Letter to appl - response to a letter regarding using the same specialist assessment when specialist is retired.
Sori, please review letter. -MP (2009-04-14)

Reviewed the letter. Ronald: for your signature. - Sori (Apr 14, 2009)

"LEGACY correspondence notes - Letter to appl - response to a letter regarding using the same specialist assessment when specialist is retired.

Sori, please review letter. -MP (2009-04-14)

Reviewed the letter. Ronald: for your signature. - Sori (Apr 14, 2009)"

Neil Allard

Reference #21875C

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name: Neil Surname: Allard Mailing Address: 112 Hamilton Ave., Nanaimo, BC, V9R 4G8, Canada Date Of Birth: 1954-05-25 Primary Phone: 250-752-0125 (N/A)

Correspondence Create an Associated Correspond.

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
21875C	Closed	2009-04-03	Call	Out	Confirmation Request
MMAD-02835	Closed	2009-04-09	Mail	Out	General Inquiry
21875C	Closed	2009-04-09	Call	Out	Physician Inquiry
22393C	Closed	2009-04-24	Call	Out	General Inquiry
MMAD-03861	Closed	2009-04-27	Mail	In	Other
MMAD-04184	Closed	2009-05-12	Mail	In	Rmt Letter
23323C	Closed	2009-05-20	Call	Out	Physician Inquiry

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add / Edit Notes

I called the College of Physicians and Surgeons of BC. They confirmed that Dr. Carruthers no longer has an active practice and is currently in the process of retiring from the College. -MP (2009-04-09)

"I called the College of Physicians and Surgeons of BC. They confirmed that Dr. Carruthers no longer has an active practice and is currently in the process of retiring from the College. -MP (2009-04-09)"

Physician Search Results

Name Carruthers, Dr. Bruce Magoffin
 Vancouver, BC
 Canada

Address*

Accepting new patients* Referral Required

Gender Male

Physician Status Licensed for Practice

Practicing in BC Yes

Credentials RCPSC - Internal Medicine

Degree M.D.,C.M. - 1956 - Queen's (Canada)

Additional Language(s)* N/A

Disciplinary Action



Footnotes:

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

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

+ Non-Canadian Certification

CCFP = Certificate, College of Family Physicians

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



[Print this page](#)

Physician Search Results

Name Mander, Dr. Jatinder Singh
 Medical Arts Centre
 Port Place
 30-650 Terminal Ave S
Business Address 1* Nanaimo, BC V9R 5E2
 Canada

Phone: 250-753-3431

Accepting new patients* No
Gender Male
Physician Status Licensed for Practice
Practicing in BC Yes

Credentials
Degree M.B.,Ch.B. - 1999 - Sheffield (United Kingdom)
Additional Language(s)* Hindi
 Punjabi

Disciplinary Action



Footnotes:

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

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

+ Non-Canadian Certification

CCFP = Certificate, College of Family Physicians

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



Print this page

Ticket Number: Numéro de dossier:	MMAD-02989-09 and MMAD-02992-09	Last Name: <i>ALLARD, NV</i> Date: APR 14 2009 Revisions Dates: _____
--------------------------------------	---------------------------------------	-----------------------------------------------------------------------------

To/A:

- Ronald Denault**
- Sandra Toscano**
- Jacques Bergeron**
- Michelle Ho**
- Sori Lee**
- Michael Assad**
- Marie-Anne Paré**

For/Pour:
 Direct Signature/Signature directe

Reply/Réponse:

Prepared by Préparé par	<i>W. Allard</i>	Date:	APR 14 2009
Verified by Véifié par	<i>SL</i>	Date:	APR 14 2009

Approved/Approuvé

Approved by Approuvé par	<i>PO</i>	Date:	
-----------------------------	-----------	-------	--

Remarks/Remarques

2 MMAD# open

Health
Canada

Healthy Environments
and Consumer Safety
Branch

Address Locator 3503B
Ottawa ON K1A 1B9

Santé
Canada

Direction générale,
Santé environnementale et
sécurité des consommateurs

2009-04-15

Your file / Votre référence

Our file / Notre référence

MMAD-02772-09

Dr. Jatinder Singh Mander
10-650 Terminal Ave S
Nanaimo BC V9R 5E2

Dear Dr. Mander:

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

This is further to your patient Mr. Neil Victor Allard's application under the *Marihuana Medical Access Regulations* for an *Authorization to Possess* dried marihuana for a medical purpose.

In order to continue to process your patient's application, the following element will be required:

We would like to take this opportunity to provide you with a copy of the document "Information for Health Care Professionals" and a Daily Amount Fact Sheet (Dosage) as part of our initiative to provide physicians with information on daily amount.

Further to this, we would appreciate confirmation of the daily amount indicated in Part B2-3 of Form B2.

Please complete Form B2 and return it to our office by mail or fax.

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.

Sincerely,



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

Enclosures

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

Canada

Health
Canada

Santé
Canada

Healthy Environments
and Consumer Safety
Branch

Direction générale,
Santé environnementale et
sécurité des consommateurs

Address Locator: 3503B
Ottawa ON K1A 1B9

2009-04-15

Your file / Votre référence:

Our file / Notre référence:

MMAD-02935-09

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

Dear Mr. Allard:

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

This is further to your letter dated March 25, 2009. We acknowledge your concerns regarding the specialist assessment requirement on Form B2.

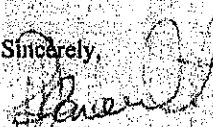
As mentioned in a previous letter, dated July 3, 2008, on Form B2 the general practitioner will need to declare that your case has been assessed by a specialist and provide some details regarding the assessment. Please be advised that your physician may choose to declare for every renewal that Dr. Bruce Carruthers has assessed your medical conditions and is aware that marijuana is being considered as an alternative treatment.

However, we suggest that at some point a new specialist assessment be provided, as Dr. Carruthers has retired from his medical practice. Dr. Mander may choose to have a new specialist assessment conducted when he considers necessary.

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.

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

Sincerely,


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

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

Canada

Neil Allard

Reference #22393C

Grade Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

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

Correspondences [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
21856C	Closed	2009-04-03	Call	Out	Confirmation Request
MMAD-02935	Closed	2009-04-09	Mail	Out	General Inquiry
21875C	Closed	2009-04-09	Call	Out	Physician Inquiry
22393C	Closed	2009-04-24	Call	Out	General Inquiry
MMAD-03881	Closed	2009-04-27	Mail	In	Other
MMAD-04184	Closed	2009-05-12	Mail	In	RMI Letter
22323C	Closed	2009-05-20	Call	Out	Physician Inquiry

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

Report Filename	Document Type	Date Created

Correspondence Notes [Add / Edit Notes](#)

4/24/2009 12:45:16 PM
 Language: E
 NEIL ALLARD
 RES01AMVNEPI

"4/24/2009 12:45:16 PM

Language: E

NEIL ALLARD

6860 WAYNE PL

LANTZVILLE, BC V0R2H0

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1-5pm, ET

Request for Further Information:

The caller would like to speak with Ronald Denault in regards to his application. A callback would be appreciated. A detailed message can be left on his answering machine.

April 27, 2009

I was able to speak directly with Mr. Neil Allard, regarding the letters he received concerning his specialist, and the dosage letter to Dr. Mander. I attempted to discuss the purpose of the letter with Mr. Allard, however he states, MMAD is harassing his new MD with the dosage issue, as he's been constantly harassed for the past 7 years with our program. He would like to know what questions were not answered pertaining to the daily dosage that was incomplete in his B2 form? I informed him that it is common practice for MMAD to inform new supporting MD's of the daily dosage fact sheet. MMAD will require that Dr. Mander confirm the daily dosage in B2 form, before MMAD is able to finalise the review of this years renewal request.

Mr. Allard, had asked me for my name, I informed him that employee's only provide their first name, and not last in our division due to security purposes.

He indicated that he had requested to speak with Ronald Denault directly, and the purpose he wanted my name, was due to ligation purposes, he's thinking to sue HC for all the harassment MMAD has caused him over the past several years.

I informed him that M. Denault was not available to speak with him right now, but I will be happy to forward the request to him. He states that I just wasted his F*#\$% time, and hung up the phone on me.

Cheryle.A"

Neil Allard

Reference #MMAD-03861-09

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name: Allard, Surname: Allard, Mailing Address: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada, Date Of Birth: 1954-05-25, Primary Phone: 250-753-0135 (N/A)

Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02935	Closed	2009-04-09	Mail	Out	General Inquiry
21875C	Closed	2009-04-09	Call	Out	Physician Inquiry
22383C	Closed	2009-04-24	Call	Out	General Inquiry
MMAD-03861	Closed	2009-04-27	Mail	In	Other
MMAD-04184	Closed	2009-05-12	Mail	In	RMI Letter
23323C	Closed	2009-05-20	Call	Out	Physician Inquiry
25313C	Closed	2009-07-09	Call	In	General Inquiry

Attachments

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Report Filenames	Document Type	Date Created

Correspondence Notes

Add / Edit Notes

LEGACY: Mail Subject - Other - letter (difficulties with MMAR)
 LEGACY correspondence notes - For review - Eric - May 7, 2009
 Letter Prepared - Tammy
 Mailed Out - May 19, 2009 - Johnny LEGACY correspondence notes - Letter

"LEGACY: Mail Subject - Other - letter (difficulties with MMAR)

LEGACY correspondence notes - For review - Eric - May 7, 2009

Letter Prepared - Tammy

Mailed Out - May 19, 2009 - Johnny LEGACY correspondence notes -- Letter"

C.C.



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

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

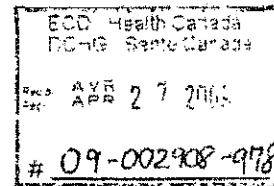
bcc

Subject difficulties with MMAR re: Neil Allard

**Health Canada /
 Santé Canada**

MMAD-05861-09

APR 27 2009
 2009-06-08
 OCS / BSC



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

Mr. Ronald Denault, Manager
 Marijuana Medical Access Division

Dear Mr. Denault,

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Glenda Allard Barr

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

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

- Thomas Jefferson



2009-04-28 10:31

MAY 19 2009

cc Jacques Bergeron/HC-SC/GC/CA@HWC
Subject Re: file... Mr. Allard

MAY 19 2009

Bonjour Sandra,

I checked Mr. Allard's file, unfortunately, his wife is NOT indicated as a representative.

Cheryle.A

Sandra Toscano/HC-SC/GC/CA



Sandra
Toscano/HC-SC/GC/CA
2009-04-28 09:02 AM

To Cheryle Anderson/HC-SC/GC/CA@HWC
cc Jacques Bergeron/HC-SC/GC/CA@HWC
Subject file...

Bonjour Cheryle,
ok we got a letter from Mr. Allard,s wife,
I would like to know if she is a representative in the file.

I see that the frustration comes from the fact that we indicated in the letter to the MD
to please complete B2 and send it back.
Unfortunately, I think this line should be taken out
and just indicate that we would like confirmation of the daily amount.

I think I will ask Jacques (if he agrees) to call the MD, to clarify the situation and confirm the daily amount
over the phone
and I will prepare the response to the letter.

merci

Sandra

COPY / COPIE



Sandra
Toscano/HC-SC/GC/CA
2009-04-28 01:24 PM

To Jacques Bergeron/HC-SC/GC/CA@HWC
cc Cheryle Anderson/HC-SC/GC/CA@HWC
bcc
Subject Re: file... Mr. Allard

- ① merci Jacques, c'est simplement pour lui faire part que nous vérifions le 'daily amount' parce que ce medecin est nouveau avec notre programme
- ② et c'est une opportunité de lui envoyer de la documentation. Egalement, la lettre dit de compléter le formulaire B2 (a la fin) ceci a porté a confusion et M. Allard, d'après la lettre de sa femme, est frustré parce que le MD doit compléter le formulaire a nouveau
- ③ DE qui n'est pas le cas. Une simple confirmation (dans ce cas verbale est suffisante, c'est un renouvellement)

voilà et merci!

Sandra
Jacques Bergeron/HC-SC/GC/CA



Jacques
Bergeron/HC-SC/GC/CA
2009-04-28 12:31

To Sandra Toscano/HC-SC/GC/CA@HWC
cc
Subject Re: file... Mr. Allard

OK No problem

Jacques
Sandra Toscano/HC-SC/GC/CA



Sandra
Toscano/HC-SC/GC/CA
2009-04-28 11:33 AM

To Cheryle Anderson/HC-SC/GC/CA@HWC
cc Jacques Bergeron/HC-SC/GC/CA@HWC
Subject Re: file... Mr. Allard

thank you Cheryle,
we will still contact the MD I think, just to confirm the daily amount
and I will write a short letter then to the effect that I can't discuss the case.

Jacques ça va pour l'appel ?

Sandra
Cheryle Anderson/HC-SC/GC/CA



Cheryle
Anderson/HC-SC/GC/CA

To Sandra Toscano/HC-SC/GC/CA@HWC

Dr: Jatin der S. Mander

11415 24/4/09

Tel: 250-753-3431

Q3

5/3/09 Swiss message
de raaf felan => MD part 1
jean 12/4/09

① confirmation of the Dosage:

We do this for all new Dr with a Pt.

=> it may be done by phone or by

=> with a written confirmation mail it's a good occasion to send info to the Md.

The assessment Dr Caruthers is retired; if he his retired and not active you will have to find an active specialist legally

③ The licences are good for 1 year need to be redone every year. it's in the regulation.

30/4/09 13h58 Dr with a Pt. let a message to call back.

* Don't renew R by phone

963013/51. Brenda
his Pt. explain to management
no retirement

11h39
29/4/09 Let a message to the secretary to call back at the office. I let my tel number

Neil Allard

Reference #MMAD-04184-09

Oracle Developer Forms Runtime - Web

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Correspondence

Contact Details

View Contact

First Name: Neil Surname: Allard Mailing Address: 712, Hamilton Ave., Nanaimo, BC, V1R 4G6, Canada Date Of Birth: 1954-05-25 Primary Phone: 250-753-0126 (N/A)

Correspondences

Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
21875C	Closed	2009-04-08	Call	Out	Physician Inquiry
22393C	Closed	2009-04-24	Call	Out	General Inquiry
MMAD-03881	Closed	2009-04-27	Mail	In	Other
MMAD-04184	Closed	2009-05-12	Mail	In	RMI Letter
23323C	Closed	2009-05-20	Call	Out	Physician Inquiry
25313C	Closed	2009-07-09	Call	In	General Inquiry
MMAD-03626	Closed	2010-03-17	Mail	In	Application

Attachments

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Report Filename	Document Type	Date Created

Correspondence Notes

Add / Edit Notes

LEGACY: Mail Subject - RMI - Form B2
 LEGACY correspondence notes - AP+PUPL LEGACY correspondence notes - For review - Eric - May 19, 2009
 Review complete.
 Christine please create AP + PUPL. -MP (2009-05-21)

"LEGACY: Mail Subject - RMI - Form B2

LEGACY correspondence notes - AP+PUPL LEGACY correspondence notes - For review - Eric - May 19, 2009

Review complete.

Christine, please create AP + PUPL. -MP (2009-05-21)

Johnny: - doc(s) done - please create card(s) - Christine - June 24, 2009

Card(s) Done - June 26, 2009 - Johnny

Please sign - July 8, 2009, sent via xpost July 8, 2009. gordon

Done auth/PUPL CM July 10, 2009"