



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES**

Medical Use of Marijuana Program

Change/Re-issue Form

SECTION 1: Caregiver/Employee Information		Caregiver <input type="checkbox"/>	Employee <input type="checkbox"/>
Legal Name:			
Date of Birth:		Telephone No.: ()	
Mailing Address:			
City:	State:	Zip:	County:

SECTION 2: Current Card Information (If known)	
Current Registration # on Card: _____	Current Control # on Card: _____
Current Registration # on Card: _____	Current Control # on Card: _____
Current Registration # on Card: _____	Current Control # on Card: _____
Current Registration # on Card: _____	Current Control # on Card: _____
Current Registration # on Card: _____	Current Control # on Card: _____

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Maine Medical Use of Marijuana Program
41 Anthony Ave
11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-4325 Fax: (207) 287-2671
Toll Free: 1-800-791-4080 TTY users call Maine relay 711
Email: MMMP, DHHS DHHS.MMMP@maine.gov
Website: www.maine.gov/dhhs/dlrs/mmm/

<i>Office Use Only:</i>				
Check# _____	MO # _____	Amount \$ _____	Initials: _____	License# _____

SECTION 3: Change Information

Date change to take effect: _____

Check all that apply and complete the required information:

Current Information	New Information
<input type="checkbox"/> Change NAME from:	Change NAME to:
Change ADDRESS from:	Change ADDRESS to:
<input type="checkbox"/> Physical Address (No Fee)	_____
<input type="checkbox"/> Mailing Address (\$8 Re-issue Fee-Per Card)	_____
<input type="checkbox"/> Grow Location (No Fee)	_____

SECTION 4: Replacement card information

Please indicate why you are requesting a replacement card: (\$8 Re-issue Fee-Per Card)

- Card was lost or stolen
- Card was damaged

SECTION 5: Fees**APPLICATION FOR REPLACEMENT CARD**

Please enclose the required fee of \$8.00 for each replacement card.

Make bank check or money order payable to "Treasurer, State of Maine".**We are unable to accept personal checks, cash and credit cards.****Total Bank Check/Money Order enclosed:**

\$ _____

\$ _____

SECTION 6: Declaration

I DECLARE under penalty of perjury that the information provided on this form is true and correct.

Print name of caregiver/employee_____
Signature of caregiver/employee_____
Date_____
Print name of person legally responsible_____
Signature of person legally responsible_____
Date