



State of Vermont
Marijuana Registry

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Department of Public Safety

CARDHOLDER CHANGE/REQUEST FORM

Instructions: Cardholders requesting a replacement registry identification card or updating information with the Vermont Marijuana Registry (VMR) must complete the appropriate sections below. If one or more processing fee is required only submit **one** check or money order in the amount of \$25 made payable to the Department of Public Safety. Forms are usually processed within 2 business days from receipt. Please contact the VMR if you have any questions.

Please include the following information for processing:

ID#: _____ Name (as shown on ID card): _____

1. **CHANGE OF NAME** (Processing fee required):

Full Legal Name: Last _____ First _____ M.I. _____

2. **REPLACEMENT CARD** (Processing fee required):

Lost/Stolen card Other (please specify: _____)

3. **CHANGE DESIGNATED DISPENSARY** (Check only one, processing fee required):

Champlain Valley Dispensary (Burlington) Grassroots Vermont (Brandon)
 Southern Vermont Wellness (Brattleboro) Vermont Patients Alliance (Montpelier)

4. **DISPENSARY COMMUNICATION & DELIVERY** (No fee required):

(Dispensaries are **REQUIRED** to maintain **ALL** patient and caregiver information as confidential in conformity with HIPAA. This authorization may be withdrawn at any time.)

May the Vermont Marijuana Registry (VMR) provide your address, phone number, and email (if applicable) to your designated dispensary? **Yes** **No**

(By checking **Yes** you will be eligible to receive **delivery** and your dispensary will be able to contact you about your appointment(s), if needed. **ONLY** the VMR and your dispensary will have your information.)

5. **ADD/CHANGE CULTIVATION INFORMATION** (No fee required):

Single Secure Indoor Facility Information:

Physical address (where marijuana will be cultivated): _____

Location within building: _____

6. **CHANGE OF CONTACT INFORMATION** (No fee required):

Mailing Address: _____

City, State, Zip: _____

Physical Address (if different than mailing): _____

City, State, Zip: _____ Telephone Number: _____

I declare under pains and penalty of perjury that the information provided on this form in its entirety is true and accurate.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY: Funds: _____ Amount: \$ _____ Date: _____ Processed: Date: _____ Initials: _____

