



**State of Vermont
Marijuana Registry**

45 State Drive
Waterbury, Vermont 05671-1300

www.medicalmarijuana.vermont.gov

[phone] 802-241-5115
[fax] 802-241-5230
[email] DPS.MJRegistry@vermont.gov

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)
 PhytoCare Vermont (Bennington) 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 This authorization may be withdrawn at any time.)*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: _____

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: _____