



State of Vermont
Marijuana Registry
 45 State Drive
 Waterbury, Vermont 05671-1300
www.medicalmarijuana.vermont.gov

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 [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 & South Burlington*) Grassroots Vermont (*Brandon*)
 PhytoCare Vermont (*Bennington*) Southern Vermont Wellness (*Brattleboro & Middlebury*)
 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 This authorization may be withdrawn at any time.)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*

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

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: _____