

Medical Cannabis Program
Information Change or Replacement Card

Please complete the form to update your contact information, or to receive a replacement for your medical cannabis patient ID card, caregiver ID card, or PPL card.

Contact Information:

Name: _____ Date of Birth: _____

Phone Number: _____

Replacement Card Information:

PLEASE CONFIRM THE EXPIRATION DATE ON YOUR CARD IF YOU ARE ABLE TO DO SO.
 THE PROGRAM CANNOT ISSUE A REPLACEMENT CARD IF YOUR ENROLLMENT IS EXPIRED.

_____ ID card _____ Caregiver Card _____ Personal Production License (PPL)*

* Please note: if you are moving the location of your grow, send a new PPL application in addition to this form. Fill in your mailing address below and add the new physical address for your grow location to the PPL application. There will be a \$50 fee to have this processed. The \$50 fee also applies to any PPL card replacement. Make checks or money orders payable to "DOH-MCP".

Reason for replacement card:

- _____ Lost/Stolen card
- _____ Address Change
- _____ Did Not Receive Card
- _____ Legal Name Change (Provide Court Documents or Marriage License)
- _____ Incorrect Information on card (Please specify) _____

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|---|----------------|------------------|
| Correct Information: (Please provide your correct address and print clearly) | | |
| Mailing Address: | | |
| City: | County: | Zip Code: |

By signing below you affirm that:

- You did not receive a Medical Cannabis Program enrollment card; or you received this card, but it was stolen, lost, destroyed, or needs corrected information.
- You are aware that if you find or receive your original card at a later date, you must return it immediately to the Department of Health Medical Cannabis Program at the address at the bottom of this form.

I want to pick up my card in person, please notify me when it is ready.

Patient signature: _____ Date: _____

MEDICAL CANNABIS PROGRAM MAILING ADDRESS
 P.O. Box 26110 • Santa Fe, New Mexico • 87502-6110

MEDICAL CANNABIS PROGRAM PHYSICAL ADDRESS
 1474 Rodeo RD STE 200 • Santa Fe, New Mexico • 87505
 (505) 827-2321 • <http://www.nmhealth.org/go/mcp>