



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

MAINE MEDICAL USE OF MARIJUANA PROGRAM REGISTRY IDENTIFICATION CARD CHANGE or REISSUE FORM

SECTION 1: CARDHOLDER INFORMATION

Legal Name (Please print):	Registry Identification Card Number: RIC	
Date of Birth:	Telephone Number:	
Mailing Address:		
City:	State:	Zip:

SECTION 2: REPLACEMENT/CHANGE INFORMATION

Card was lost, stolen or damaged (\$10.00 Reissuance fee)

Change of information.

The following changes require a replacement card to be printed, and therefore a \$10.00 reissuance fee is due for any of the following changes:

Legal Name*:
*Please provide proof of legal name change, such as a marriage certificate, probate court order, or similar legal document.

The following changes do NOT require a replacement card to be printed, therefore there is NO fee due for any of the following changes:

Mailing Address:
 Residential Street Address:
 Telephone Number:
 Email Address:

SECTION 3: FEES

Please enclose required fee of \$10.00 for card replacement, if required.

The Office of Cannabis Policy will accept application fees by cashier's check or money order made payable to the Treasurer, State of Maine in person or at our mailing address: Office of Cannabis Policy, 162 State House Station, Augusta, Maine 04333-0162.

We are unable to accept personal checks and cash. All fees are non-refundable.

Total bank check/money order enclosed: \$ _____

Signature – This application cannot be accepted without a signature.

I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Signature	Date
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Submit completed application and applicable fees to the following address:

Office of Cannabis Policy
162 State House Station
Augusta, ME 04333-0162

Tel: (207) 287-9330 or 287-3282; Fax: (207) 287-2671; TTY users: Dial 711 (Maine relay)
E-mail licensing.ocp@maine.gov
Website: www.maine.gov/dafs/ocp