NEW MEXICO DEPARTMENT OF HEALTH

Medical Cannabis Program
Information Change or Replacement Card

Faxed or electronic copies will not be accepted

Please fill out the following form completely to update your contact information, or to receive a replacement medical cannabis ID card.

PLEASE CONFIRM EXPIRATION DATE ON CARD. THE PROGRAM CANNOT ISSUE A REPLACEMENT CARD IF YOUR CARD IS EXPIRED AT TIME OF PROCESSING

Name: _____Date of Birth: _____

Phone Number: _____ **ID Code:** _____

_____**ID card** _____ **Caregiver Card**

_____**Personal Production License (PPL)**
Please note: a change of address for a PPL, must be submitted with a new PPL application for the new location in addition to this form.

THERE IS A $50.00 FEE FOR ALL REPLACEMENT CARDS CHECK OR MONEY ORDER ATTACHED
FEE IS DEPOSITED AT TIME OF RECEIPT AND IS NON REFUNDABLE
_____ CHECK OR MONEY ORDER NUMBER

Reason for replacement card:
___ **Lost/Stolen card** ____ **Address Change**
___ **Incorrect Information on card** ____ **Did Not Receive Card**
___ **Legal Name Change (Provide Court Documents or Marriage License)**

___ **Old Cards included with this request**
___ **I will turn in old cards when the new cards are completed. Staff will call you and you can exchange the cards at our office.**

CORRECT INFORMATION: (Please provide your correct address and Print Clearly)		
Mailing Address:		
City:	**County:**	**Zip Code:**
Physical Address:		
City:	**County:**	**Zip Code:**

By signing below you swear or affirm that you never received a Medical Cannabis Program enrollment card; or you did receive this card, but it was stolen, lost, destroyed, or needs corrected information. You are aware that if you do 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. If this request is for a change of address you affirm that the new address is your primary physical residence.

☐ 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
Revised 6-16-2016