



New and Replacement Medical Cannabis REGISTRATION CARD

Patient	Name	Date of Birth
Caregiver	Registration Number (if known)	
Reason for Card Replacement (check one)	<input type="checkbox"/> New Card	
	<input type="checkbox"/> Card was lost or destroyed	
	Card was stolenDate Stolen: _____	
Other (<i>specify</i>) _____		
Card Fee Fees may be paid by credit or debit card, check, certified check, money order or cashier's check. Checks must be made payable to the DC Treasurer . No starter checks.	<input type="checkbox"/> \$10.00 New Card <input type="checkbox"/> \$10.00 Replacement Card	
<i>In the event that a patient or caregiver experiences the theft, loss, or destruction of their registration card, you must submit a "Registration Card Replacement Form" within (72) hours after the initial discovery.</i>		

I hereby certify that all of the information provided on this form is true and accurate to the best of my knowledge.

Signature

Date

Applicants can submit their application by emailing ABCA.CannabisInfo@dc.gov, mail, or dropping off at ABCA's Self-Service Kiosk located immediately outside ABCA's office doors.

- Alcoholic Beverage and Cannabis Administration (ABCA):
899 North Capitol Street, NE, Suite 4200-A, Washington, DC 20002