



# New and Replacement Medical Cannabis REGISTRATION CARD

<b>Patient</b>	_____	_____
	Name	Date of Birth
<b>Caregiver</b>	_____	
	Registration Number (if known)	
<b>Reason for Card Replacement (check one)</b>	New Card                      Card was lost or destroyed	
	Card was stolen .....Date Stolen: _____	
	Other ( <i>specify</i> ) _____	
<b>Card Fee</b> 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 <b>DC Treasurer.</b> <b>No starter checks.</b>	<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.CannabisLicensing@dc.gov](mailto:ABCA.CannabisLicensing@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):  
2000 14th Street, NW, Suite 400 South, Washington, DC 20009