

New and Replacement Medical Cannabis Registration Card

Patient	Name	Date of Birth
Caregiver	Registration Number (if known)	
Reason for Card Replacement (check one)	<div style="display: flex; justify-content: space-between;"> New Card Card was lost or destroyed </div> <div style="display: flex; justify-content: space-between;"> Card was stolen Date Stolen: _____ </div> <div style="display: flex; justify-content: space-between;"> Other (<i>specify</i>) _____ </div>	
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.	<div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 10px;"> \$10.00 New Card \$10.00 Replacement Card </div> </div> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p><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></p>	

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 mail or emailing **ABCA.CannabisInfo@dc.gov**.

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