

## 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>	<input type="checkbox"/> New Card <input type="checkbox"/> Card was lost or destroyed <input type="checkbox"/> Card was stolen .....Date Stolen: _____ <input type="checkbox"/> Other ( <i>specify</i> ) _____	
<b>Card Fee</b>	<input type="checkbox"/> \$10.00 New Card <input type="checkbox"/> \$10.00 Replacement Card	
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> .  No starter checks.	<hr/> <p style="text-align: center;"><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](mailto:ABCA.CannabisInfo@dc.gov).

- Alcoholic Beverage and Cannabis Administration  
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