State of Vermont
Marijuana Registry
45 State Drive
Waterbury, Vermont 05671-1300
www.dps.vermont.gov

Department of Public Safety

[phone] 802-241-5115
[fax] 802-241-5230
[email] DPS.MJRegistry@vermont.gov

CARDHOLDER INFORMATION NOTIFICATION

Identification Information ID#: _____ Name (as shown on current ID card): _____

Instructions: Cardholders requesting a replacement registry identification card or updating information with the Vermont Marijuana Registry (VMR) must complete ALL sections below that apply. If one or more processing fee is required only submit **one** check or money order in the amount of $25 made payable to the Department of Public Safety. Please contact the VMR if you have any questions.

1. ☐ **CHANGE OF NAME** (processing fee required):

Full Legal Name: Last _____ First _____ M.I. _____

2. ☐ **REPLACEMENT CARD** (processing fee required):

☐ Lost/Stolen card ☐ Other (please specify :_____)

3. ☐ **CHANGE OF PROCUREMENT SELECTION** (check only one, processing fee required):

☐ Champlain Valley Dispensary (Burlington)

☐ Grassroots Vermont (Brandon)

☐ Southern Vermont Wellness (Brattleboro)

☐ Vermont Patients Alliance (Montpelier)

☐ Cultivate (Provide cultivation address and location within building) _____
_____.

Dispensary Communication: This will allow your designated dispensary to contact you regarding your appointments. (Optional)

☐ Checking this box will allow the VMR to provide your contact information to the dispensary selected above, if applicable. Information provided to your designated dispensary is treated as protected health care information and is confidential. This authorization may be withdrawn at any time by advising your designated dispensary.

4. ☐ **CHANGE OF CONTACT INFORMATION** (no fee required):

Mailing Address: _____

City, State, Zip: _____

Physical Address (if different than mailing): _____

City, State, Zip: _____ Telephone Number: _____

5. ☐ **CHANGE OF GROW LOCATION** (no fee required):

Address: _____ City, State, Zip: _____

Secure location within building: _____

I declare under pains and penalty of perjury that the information provided on this form in its entirety is true and accurate.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY: M.O. /CK #:_____ Amount: $_____ M.O. /CK Date: _____

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