Colorado Department of Public Health and Environment

Medical Marijuana Registry

4300 Cherry Creek Drive South, Denver, CO 80246-1530 • 303-692-2184
E-mail: medical.marijuana@state.co.us • **Website:** www.cdphe.state.co.us/hs/medicalmarijuana

LS

Report of Lost, Stolen or Damaged Registry Card

Instructions:

1. **Do not use this form to check on your Registry Card application status.** Call the Registry at 303-692-2184 if you applied more than 35 days ago and have not received anything from us.
2. You must submit paperwork within **ten (10) days** of the date you have it notarized.
3. **There are no fees to file this form.**
4. **Do not write-over, cross-out, or use white-out on this form, or it will be voided**. If you make a mistake on the form, please complete a new one.
5. Patient social security numbers are used to confirm identity and protect confidentiality.
6. **If you find your Registry card after sending in this form, return it to the Registry.** Do not use the old card. Once your form is approved, the old card is voided and may be reported to law enforcement.
7. Replacement cards cannot be mailed to a third party or sent "in care of" another party.
8. After completing the form, you must sign and date it in front of a notary and have it notarized.
9. **Include a copy of your valid photo ID.** The chart below lists the documents the Registry will accept:

PROOF OF IDENTITY	
The Registry requires a verifiable, photo ID for all forms. Please submit one of the following IDs with your form:	
• Colorado Driver's License • Colorado photo ID • Temporary Colorado Driver's License • Temporary Colorado ID	• Out-of-state Driver's License • Out-of-state photo ID • U.S. Passport • Military ID (copy of front and back) • Tribal ID
i. All documents must be currently valid when received at the Registry. ii. Damaged, expired, or tampered IDs are not valid. iii. The address on the photo ID **does not** have to match the mailing address on the form. iv. All IDs must be verifiable and have specific issue and expiration dates. v. The ID must show the patient's date of birth.	

10. Incomplete form, or forms without ID, will be returned to you.
11. Make a copy of all your paperwork for files.
12. Unless a fee is required, DO NOT send money to the Registry. All monies received at the Registry are nonrefundable.
13. **Please allow 4 to 6 weeks** from the date the Registry receives your paperwork for processing**.** If you have not received a response within 6 weeks, please contact the Registry at 303-692-2184. Your paperwork or card will be mailed to the address on your form. Cards are not valid outside of Colorado, thus the Registry does not mail cards outside of the state.
14. The Registry may report lost, stolen or damaged registration card numbers to law enforcement statewide. No names, addresses or other personal information is provided to law enforcement, only the registration card number.
15. Submit paperwork by mail or deliver to the Registry's drop-box. **The Registry does not accept forms by fax or e-mail.**

Mail to:

Issuance Unit
CDPHE
HSV-8608
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Drop-Box:
Colorado Dept. of Public Health & Environment
710 S. Ash Street, South East Entrance
Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.
The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. **If you wish to have a receipt, please mail in your paperwork by certified mail.**

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This form is not valid as a temporary registry card.

See instructions on page 1. Photo ID required with all forms.

STAFF ONLY

Evaluated

Old Card Voided

Replacement Card Printed

Corrections:

1. Social Security Number (optional)	**Section A: Patient Information (Required)** **The name on the form must match the legal name on your photo ID.**			
2. Last Name	3. First Name			4. Middle Initial
5a. Mailing Address		5b. Apartment/Suite #	6. City	
State **CO**	7. Zip Code	8. County	9. Date of Birth	10. Telephone Number
11. E-mail Address (optional)*				12. Gender ☐ Male ☐Female

* By providing your e-mail address, you agree to receive communication from the Registry by e-mail.

13. What is the card number for your current card (if known)? _____

14. About what date was the registration card lost, stolen or damaged? _____

15. Please write a brief statement about what happened to the registration card.

_____

_____

_____

_____

NOTICE: This form must be completed and reviewed by the Registry before a replacement card may be issued. The Serial Number of the lost, stolen or damaged registration card may be shared with appropriate government and law enforcement agencies in an effort to protect you and the people of Colorado.

I hereby certify that all information provided is correct and complete.	
16. Patient's Signature: ▶	17. Date Signed: (mm/dd/yyyy)

The signature and proof of identity of the above individual was subscribed and sworn to before me by

_____ in _____ County, Colorado
(Name of patient printed by notary) (County name)

on this _____ day of _____, 20____.
(Day) (Month)

_____
(Notary's official signature)

_____
(Commission expiration date) AFFIX NOTARY SEAL