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

SU

Request to Surrender Registry Card

Instructions:

1. Complete all required sections of the form neatly and accurately.
2. **There are no fees to file this form.**
3. **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.
4. After completing the form, you must sign and date it in front of a notary and have it notarized.
5. Include a copy of your valid Colorado 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.	

6. Patient social security numbers are used to confirm identity and protect confidentiality.
7. Incomplete forms will be voided and returned to you. A form is considered complete when:
   a. The form is completed, signed and notarized.
   b. A copy of the patient's photo ID.
   c. A copy of the caregiver's ID must be included, if the form has caregiver information.
8. Forms must be sent separately, one form per envelope.
9. Make a copy of all your paperwork for your files.
10. Unless a fee is required, DO NOT send money to the Registry. All monies received at the Registry are nonrefundable.
11. You must submit paperwork within **ten (10) days** of the date you have it notarized.
12. **Please allow 4 weeks** from the date the Registry receives your paperwork for processing**.** If you have not received a response within 4 weeks, please contact the Registry at 303-692-2184. Your paperwork or card will be mailed to the address on your form.
13. 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:
Customer Service 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.**

For more information, visit our website www.cdphe.state.co.us/hs/medicalmarijuana or call 303-692-2184.

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

STAFF ONLY

Evaluation & Data Entry

Card Voided

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.

12. Please tell us briefly why you wish to surrender your card.

_____

_____

_____

13. Right to re-apply. Please check the box below to confirm your right to re-apply in the future.

☐ I understand that I may re-apply at any time. If I choose to re-apply, I will complete a new application packet and pay the application fee.

14. Request to surrender card. Please check the box below to consent to the requested changes.

☐ By signing this document, I am requesting termination of my right to possess and use medical marijuana in the state of Colorado. I will no longer be an active registrant. I understand that my name will remain in the Medical Marijuana Registry's confidential database, as a previous registrant.

I hereby certify that all information provided is correct and complete.	
15. Applicant's Signature: ▶	16. 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