



# Request Online Access

Colorado Medical Marijuana Registry

## Do not complete this form if

You are a first time applicant.

Instead, [create an account and apply online.](#)

## Complete this form if

You receive an error when creating an account.

### Step 1

#### You will need

A copy of your valid Colorado ID.

Your username or the username you want for your account.

#### Patients under 18 or with legal representation

Email and username must be the primary parent, legal guardian, or legal representative's.

Primary parent, legal guardian or legal representative must sign the form.

Include a copy of primary parent, legal guardian or legal representative's Colorado ID.

### Step 2 All information is required

Patient first name	Middle initial	Patient last name
Patient date of birth (mm/dd/yy)	Patient first 5 of SSN (xxx-xx)	Telephone (000-123-4567)
Mailing address		Apt/Ste #
City	Zip code	County
Username	Email (you will receive confirmation here)	

### Sign

I hereby certify that I, the patient, have verified the above information to be accurate and complete and no one other than me (or my legally authorized representative) is submitting this request on my behalf. I understand incomplete forms will be rejected.

Patient's or Authorized Representative's Signature  
Typed signatures will not be accepted

Date

### Attach Valid Colorado ID or Driver's license

Place your valid driver's license or ID here. Then, take a picture or make a copy of the form

### Email Completed form to

[medical.marijuana@state.co.us](mailto:medical.marijuana@state.co.us)