



Request Online Access

Colorado Medical Marijuana Registry

- Email this form
- **Only for patients with a current registration**
- New patients [apply online](#)

Step 1

You will need:

A copy of your Colorado ID
The username you want for your account

Patients with a caregiver:

Your caregiver's registration ID number
A copy of your caregiver's Colorado ID
Plant and ounce count your caregiver will grow for you

Patients under 18 or with legal representation:

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

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

Caregiver information

Leave blank if you don't have one

| | | | |
|--------------------------|--|---|----------------------------------|
| <input type="checkbox"/> | Transporting caregiver (homebound and minor patients) | First name | Last name |
| | | Date of birth (mm/dd/yy) | Caregiver registration ID number |
| <input type="checkbox"/> | Cultivating caregiver <input type="checkbox"/> Same as transporting caregiver | First name | Last name |
| | | Date of birth (mm/dd/yy) | Caregiver registration ID number |
| | | number of plants your caregiver will grow | ounces your caregiver will grow |

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

Sign

Attach

- Copy of your Colorado ID
- Copy of caregiver's Colorado ID (if you have a caregiver)
- Copy of Colorado ID of primary parents or legal guardian or legal representative (if you are a minor)

Email

medical.marijuana@state.co.us