



OFFICE OF CANNABIS POLICY
 DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

MAINE MEDICAL USE OF CANNABIS PROGRAM
CAREGIVER CHANGE or REISSUE FORM

SECTION 1: CARDHOLDER INFORMATION

Legal Name (Please print):	Caregiver Registry Identification Card Number: CGR	
Date of Birth:	Telephone Number:	
Mailing Address:		
City:	State:	Zip:

SECTION 2: REPLACEMENT/CHANGE OF BASIC INFORMATION

Card was lost, stolen or damaged (\$10.00 Reissuance fee)

Change of basic information.
 The following changes require a replacement card to be printed, and therefore a \$10.00 reissuance fee is due for any of the following changes:

Legal Name*:
 *Please provide proof of legal name change, such as a marriage certificate, probate court order, or similar legal document.

DBA:
 Residential Street Address:
 Retail Location Address*:
 Property Owner Name (if caregiver, put "Self") Property Owner Phone Number:
 *Please provide local authorization from the municipality where your retail location is located showing you are authorized to operate there.
 *Please provide Retail Food Establishment and Retail Tobacco Licenses showing this address.

Modification of Plant Count

The following changes do NOT require a replacement card to be printed, therefore there is NO fee due for any of the following changes:

Mailing Address:
 Grow Location Address:
 Indoor / Outdoor / Both and Immature Plants / Mature Plants / Both
 Property Owner Name (if caregiver, put "Self") Property Owner Phone Number:

Manufacturing Location Address:
 Property Owner Name (if caregiver, put "Self") Property Owner Phone Number:
 Will you be doing manufacturing using inherently hazardous substances at this address? Yes No
 *Please provide copy of Commercial or Home Food Establishment License and/or Beverage Plant License showing this new address, if you

SECTION 3: CHANGE OF REGISTERED CAREGIVER AUTHORIZED ACTIVITIES

There are no changes to registered caregiver authorized activities.

OR

Please check all that apply.

- Cultivation activities. *Please provide copy of Pesticide Applicator's License.
- Manufacturing of cannabis without the use of inherently hazardous substance extraction.
- Manufacturing of cannabis using inherently hazardous substances.
- Manufacturing edible cannabis products. *Please provide copy of Commercial or Home Food Establishment License and/of Beverage Plant License.
- Transfer, donation and/or sale of medical cannabis, concentrate and products to patients.
- Operation of one caregiver retail store.
- Purchase or other receipt of wholesale cannabis from other caregivers or dispensaries.
- Sale or other transfer of wholesale cannabis to other caregivers or dispensaries.

SECTION 4: MODIFICATION OF PLANT COUNT

There are no changes to caregiver plant count.

OR

Select the appropriate plant count level:

Caregiver cultivating/servicing patients (Select either a plant count or canopy)

Plants

- | | Fee |
|---|---------|
| <input type="checkbox"/> 6 mature / 12 immature plants | \$240 |
| <input type="checkbox"/> 12 mature / 24 immature plants | \$480 |
| <input type="checkbox"/> 18 mature / 36 immature plants | \$720 |
| <input type="checkbox"/> 24 mature / 48 immature plants | \$960 |
| <input type="checkbox"/> 30 mature / 60 immature plants | \$1,200 |

Canopy

- | | |
|---|---------|
| <input type="checkbox"/> 500 Sq. Ft. Mature Canopy /
1,000 Sq. Ft. Immature Plant Canopy | \$1,500 |
|---|---------|

Caregiver non-cultivating/servicing patients

(Select plant count receiving from a registered caregiver or dispensary)

Harvested Cannabis From:

- | | Fee |
|---|---------|
| <input type="checkbox"/> 6 mature / 12 immature plants | \$240 |
| <input type="checkbox"/> 12 mature / 24 immature plants | \$480 |
| <input type="checkbox"/> 18 mature / 36 immature plants | \$720 |
| <input type="checkbox"/> 24 mature / 48 immature plants | \$960 |
| <input type="checkbox"/> 30 mature / 60 immature plants | \$1,200 |

SECTION 5: FEES

Replacement/Reissuance Card Fee: \$10.00

Modification of Plant Count Fee: \$ (Take the new plant fee and subtract fee from prior level for amount due.)

The Office of Cannabis Policy will accept application fees by cashier's check or money order made payable to the Treasurer, State of Maine in person or at our mailing address: Office of Cannabis Policy, 162 State House Station, Augusta, Maine 04333-0162.

We are unable to accept personal checks and cash. All fees are non-refundable.

Total bank check/money order enclosed: \$ _____

Signature – This application cannot be accepted without a signature.

I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Signature

Date

Submit completed application and applicable fees to the following address:

Office of Cannabis Policy
162 State House Station
Augusta, ME 04333-0162
Tel: (207) 287-9330 or 287-3282; Fax: (207) 287-2671; TTY users: Dial 711 (Maine relay)
E-mail licensing.ocp@maine.gov
Website: www.maine.gov/dafs/ocp