

**MAINE MEDICAL USE OF CANNABIS PROGRAM**

**CAREGIVER CHANGE or REISSUE FORM**

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| **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.[ ]  Modification of Plant CountThe 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  intend to manufacture edible cannabis products. [ ]  Wholesale Storage Location Address:  Property Owner Name (if caregiver, put “Self”)  Property Owner Phone Number: [ ]  Telephone Number:  or [ ]  Email Address:  |

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| **SECTION 3: CHANGE OF REGISTERED CAREGIVER AUTHORIZED ACTIVITIES** |
| [ ]  There are no changes to registered caregiver authorized activities.ORPlease 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.ORSelect the appropriate plant count level: |
| **Caregiver cultivating/servicing patients**(Select either a plant count or canopy) | **Caregiver non-cultivating/servicing patients**(Select plant count receiving from a registered caregiver or dispensary) |
| **Plants**[ ]  6 mature / 12 immature plants[ ]  12 mature / 24 immature plants[ ]  18 mature / 36 immature plants[ ]  24 mature / 48 immature plants[ ]  30 mature / 60 immature plants**Canopy** [ ]  500 Sq. Ft. Mature Canopy /  1,000 Sq. Ft. Immature Plant Canopy | **Fee**$240$480$720$960$1,200$1,500 | **Harvested Cannabis From:**[ ]  6 mature / 12 immature plants[ ]  12 mature / 24 immature plants[ ]  18 mature / 36 immature plants[ ]  24 mature / 48 immature plants[ ]  30 mature / 60 immature plants | **Fee**$240$480$720$960$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](http://www.maine.gov/dafs/ocp)