



**STATE OF MAINE**  
**Office of Marijuana Policy Medical**  
**Use of Marijuana Program**  
**Change/Re-issue Form**

<b>SECTION 1: Cardholder Information</b>			Caregiver	Assistant	Other
<b>*I attest all information on this form is true and correct. Misrepresentation on this form may jeopardize my status as a cardholder in the Maine Medical Use of Marijuana Program.</b>					
Name-Print:		Name-Signature:			
Date of Birth:		Telephone Number: (    )			
Mailing Address:					
City:		State	Zip		

<b>SECTION 2: Replacement/Change Information</b>	
Card was lost, stolen or damaged. (\$10 Re-issue fee.)	
Change of Information. (Please see below.)	
<b>Change the following information:</b> Physical Address-Change. (\$10 Re-issue fee.) Mailing Address-Change. (No fee.) Grow Address-Change. (No fee.) Name Change. (\$10 Re-issue fee.) Add/Change DBA and/or retail location. (\$10 Re-issue fee.)	<b>Add/Change to:</b>

<b>SECTION 3: Fees</b>
Please enclose required fee of \$10 for card replacement.
<b>We are unable to accept personal checks, cash and credit cards.</b> <b>Make bank check/money order payable to "Treasurer, State of Maine". All fees are non-refundable.</b>
<b>Total bank check/money order enclosed:    \$ _____</b>

**Submit completed application and applicable fees (personal checks are not accepted) to the following address:**

Medical Use of Marijuana Program  
Office of Marijuana Policy  
162 State House Station  
Augusta, ME 04333-0162  
Tel: (207) 287-3282; Fax: (207) 287-2671; TTY users: Dial 711 (Maine Relay)  
E-mail: [licensing.omp@maine.gov](mailto:licensing.omp@maine.gov)  
Website: <https://www.maine.gov/dafs/omp/medical-use/>