



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

SECTION 1: Cardholder Information		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 Medical Marijuana Program.</b>				
Name-Print:		Name-Signature:		
Date of Birth:		Telephone Number: (      )		
Mailing Address:				
City:		State	Zip	

SECTION 2: Replacement/Change Information	
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>

SECTION 3: Fees
Please enclose required fee of \$10 for card replacement.
<b>We are unable to accept personal checks, cash and credit cards. 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 to the following address:**

Maine Medical Use of Marijuana Program (MMMP)  
162 State House Station  
Augusta, ME 04333-0162  
Tel: (207) 287-9330 or 287-3282  
E-mail [dhhs.mmmp@maine.gov](mailto:dhhs.mmmp@maine.gov)

Fax: (207) 287-2671      TTY users: Dial 711 (Maine relay)  
Website: [www.maine.gov/dafs/bbm/mmmp/](http://www.maine.gov/dafs/bbm/mmmp/)