

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS



AMY ROUKIE, MBA
Administrator, DPBH

JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Medical Marijuana Program
4150 Technology Way, Suite 101
Carson City, Nevada 89706
Telephone: (775) 684-4200 · Fax: (775) 687-7570
MMRegistry@Health.nv.gov

MEDICAL MARIJUANA REGISTRY CHANGE OF ADDRESS

Please NOTE: Your address must match the address you have listed with the Department of Motor Vehicles (DMV)

Date: _____

_____ Cardholder

_____ Caregiver

Name: _____

Phone Number: _____

Old Physical Address:

Old Mailing Address: (if different than Physical Address)

New Physical Address:

New Mailing Address: (if different than Physical Address)

Additional Comments:

Cardholder signature: _____

Please mail this completed form with a copy of your Nevada Driver's License or Nevada Identification Card to:

Division of Public and Behavioral Health
Attn: MMR
4150 Technology Way, Suite 101
Carson City, NV 89706