

STATE OF NEVADA

BRIAN SANDOVAL  
Governor

CODY L. PHINNEY, MPH  
Administrator

RICHARD WHITLEY, MS  
Director

TRACEY D. GREEN, MD  
Chief Medical Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
MEDICAL MARIJUANA REGISTRY  
4150 Technology Way Suite 106  
Carson City, NV 89706  
(775) 687-7594 Fax (775) 684-3213

MEDICAL MARIJUANA REGISTRY REQUEST FORM

I am formally requesting a Medical Marijuana Cardholder/Caregiver Registry application. Included with this request is a check or money order in the amount of **\$25.00** made payable to Division of Public and Behavioral Health (DPBH).

Please mail the application to: (Please type or print clearly)

\_\_\_\_\_ **Primary Cardholder Application**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**In Care Of (if applicable):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ **Caregiver Application**

Caregiver Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_ **Minor Release Form (if cardholder is a minor)\***

*\*Per NRS 453A.210 the custodial parent or legal guardian with responsibility for health care decision must be the minor's caregiver.*

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed form to:  
Division of Public and Behavioral Health  
Attn: MMR  
4150 Technology Way Suite 106  
Carson City NV 89706