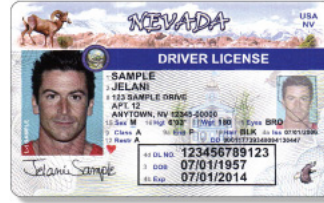


Nevada Medical Marijuana Registry

Application Request



■ Instructions

Complete this form. Send completed form and payment to the address below. Include copies of the front and back of the patient's driver's license or State ID. If there is a caregiver, also include copies of the front and back of the caregiver's driver's license or State ID.

■ Applicant

NAME (First, Middle, Last)		DATE OF BIRTH
PHYSICAL ADDRESS (Address on the Driver's License or State ID)		MOBILE PHONE NUMBER
PHYSICAL CITY, STATE ZIPCODE		HOME PHONE NUMBER
MAILING ADDRESS (If different from above address)		SOCIAL SECURITY NUMBER
MAILING CITY, STATE ZIPCODE		NEVADA DRIVER'S LICENSE OR STATE ID NUMBER
EMAIL		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MINOR RELEASE <input type="checkbox"/> THE PATIENT IS A MINOR	CAREGIVER <input type="checkbox"/> I WILL HAVE A CAREGIVER	

■ Caregiver (complete if you will have a caregiver)

NAME (First, Middle, Last)		DATE OF BIRTH
PHYSICAL ADDRESS (Address on the Driver's License or State ID)		MOBILE PHONE NUMBER
PHYSICAL CITY, STATE ZIPCODE		HOME PHONE NUMBER
MAILING ADDRESS (If different from above address)		SOCIAL SECURITY NUMBER
MAILING CITY, STATE ZIPCODE		NEVADA DRIVER'S LICENSE OR STATE ID NUMBER
EMAIL		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Application Request Fee: \$25

■ Mail

Include this invoice with your payment and driver's license copies and mail to the address to the right.	Division of Public and Behavioral Health Medical Marijuana Registry 4150 Technology Way, Suite 106 Carson City, NV 89706
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