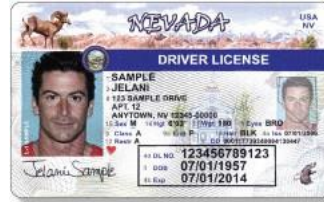




# Nevada Medical Marijuana Registry

## Application Request



### ■ Instructions

Complete this form. Send completed form to the address below. Include copies of the front and back of the applicant's State ID (ages 11 to 17 only) and copies of the front and back of the caregiver's State ID.

### ■ Applicant (Minor Child)

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 CARDHOLDER IS A MINOR	CAREGIVER <input type="checkbox"/> THE CAREGIVER IS THE CUSTODIAL PARENT	

### ■ Caregiver (Custodial Parent)

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

### ■ Mail

<p>Include this invoice with and driver's license copies and mail to the address to the right.</p>	<p><b>Division of Public and Behavioral Health          Medical Marijuana Registry          4150 Technology Way, Suite 101          Carson City, NV 89706</b></p>
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