

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MARTA JENSEN
Acting 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 104
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 104
Carson City NV 89706