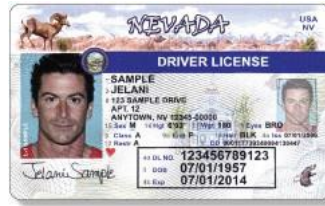




Nevada Medical Marijuana Registry

Application Request



■ Instructions

Complete this form. Send completed form to the address below. Include copies of the front and back of the 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)		NEVADA DRIVER'S LICENSE OR STATE ID NUMBER
MAILING CITY, STATE, ZIPCODE		EMAIL
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)		NEVADA DRIVER'S LICENSE OR STATE ID NUMBER
MAILING CITY, STATE, ZIPCODE		EMAIL

■ Mail

Include this invoice with your driver's license copies and mail to the address to the right.	Division of Public and Behavioral Health Medical Marijuana Registry 4126 Technology Way, Suite 100 Carson City, NV 89706
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