MEDICAL MARIJUANA REGISTRY CHANGE OF ADDRESS

Please NOTE: Your address must match the address you have listed with the Department of Motor Vehicles (DMV)

Date: ____________________

_____ Cardholder  _____ Caregiver

Name: ___________________________________________  Phone Number: ________________________________

Old Physical Address:  
________________________________________
________________________________________

Old Mailing Address: (if different than Physical Address)
________________________________________
________________________________________

New Physical Address:  
________________________________________
________________________________________

New Mailing Address: (if different than Physical Address)
________________________________________
________________________________________

New Email address: ______________________________________________________

Cardholder signature: _________________________________________

Please mail this completed form with a copy of your Nevada State Issued Identification:

Division of Public and Behavioral Health
Attn: MMR
4150 Technology Way, Suite 101
Carson City, NV 89706