

■Applicant (Minor Child)

MAILING CITY, STATE, ZIPCODE

Nevada Medical Marijuana Registry

Application Request



EMAIL



■Instructions

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

NAME (First, Middle, Last)	DATE OF BIRTH
PHYSICAL ADDRESS (Address on the Driver's License or State ID)	MOBILE PHONE NUMBER
DINCION CITY STATE TIPODE	LIONE BUONE NUMBER
PHYSICAL CITY, STATE, ZIPCODE	HOME PHONE NUMBER
MANUAL ADDRESS (ILVIII)	NEVADA DRIVERIO I IGENIOE OR OTATE ID ANIMADER
MAILING ADDRESS (If different from above address)	NEVADA DRIVER'S LICENSE OR STATE ID NUMBER

MINOR RELEASE		CAREGIVER	
	THE CARDHOLDER IS A MINOR		THE CAREGIVER IS THE CUSTODIAL PARENT

Parentyer (Custodial Parent)

Caregiver (Custodiai 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)	NEVADA DRIVER'S LICENSE OR STATE ID NUMBER
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MAILING CITY, STATE, ZIPCODE	EMAIL
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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