



Medical Marijuana Registry

4300 Cherry Creek Drive South, Denver, CO 80246-1530 • 303-692-2184

E-mail: medical.marijuana@state.co.us • Website: www.cdphe.state.co.us/hs/medicalmarijuana

Report of Lost, Stolen or Damaged Registry Card

Instructions:

1. You must let the Registry know within **ten (10) days**, if you have damaged, lost or had your card stolen.
2. **Do not write-over, cross-out, or use white-out on this form, or it will be voided.** If you make a mistake on the form, please complete a new one.
3. **Do not use this form to check on your Registry Card application status.** Call the Registry at 303-692-2184 if you applied more than 35 days ago and have not received anything from us.
4. **Do not use this form if your current Registry Card expires within 45 days.** Complete a renewal application instead.
5. **If you find your Registry card after sending in this form, return it to the Registry.** Do not use the old card. Once your form is approved, the old card is voided and reported to law enforcement.
6. **This form does not change your address in the Registry database.** We will send your replacement card to the address on this form. To change your address in the Registry, please submit a Change of Address form.
7. Replacement cards cannot be mailed to a third party or sent "in care of" another party.
8. After completing the form, you must sign and date it in front of a notary and have it notarized.
9. Include a copy of your valid Colorado ID. If you do not have a valid Colorado ID, you will need to submit a photo ID and proof of residency. The chart below lists the documents the Registry will accept as proof of identity and residency.
10. Incomplete forms, or forms without ID and proof of residency, will be voided and returned to you.
11. Make a copy of all your paperwork. Keep the copy for your files. Submit your originals to the Registry.
12. Submit paperwork by mail or deliver to the Registry's drop-box. **The Registry does not accept forms by fax or e-mail.**

Mail to:

Joel Wade, Fraud Prevention Officer
 Colorado Dept. of Public Health & Environment
 HSV-MMR
 4300 Cherry Creek Drive South
 Denver, CO 80246-1530

Drop-Box:

Colorado Dept. of Public Health & Environment
 710 S. Ash Street, South East Entrance
 Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.
 The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. **If you wish to have a receipt, please mail in your paperwork by certified mail.**

PROOF OF IDENTITY AND COLORADO RESIDENCY

One (1) of the following:

- Colorado Driver's License
- Colorado ID
- Temporary Colorado Driver's License
- Temporary Colorado ID

Or two (2) of the following:

Minimum of one (1) from the group of IDs below -

- Out of State Driver's License
- Out of State ID
- Passport, Military ID (copy of front and back), Tribal ID

And a minimum of one (1) from the group below -

- Proof of Colorado Employment (paycheck stub/W-2)
- Copy of a utility, medical, or cable bill. (The mailing address on all bills must match address on application. For utility and cable bills, the service address must be in Colorado.)

- i. All documents must be currently valid when received at the Registry. Damaged, expired, or tampered IDs are not valid.
- ii. Proof of residency materials must be current, within 60 days of the date the Registry receives your paperwork.
- iii. At least one (1) of these documents must show the patient's date of birth.

Form Review Process:

1. **Initial Review:** The Registry Fraud Prevention Office reviews all reports, and reports the lost, stolen or destroyed Registry card to law enforcement state wide. No names, addresses or other personal information is provided to law enforcement, only the registry card number.
2. **Approved Report:** If a report is complete and has all supporting materials, a replacement card is mailed to the patient.
3. **Rejected Report:** If a report is inaccurate or incomplete, the Registry returns the report to the patient. A rejection letter is sent with the report detailing corrections that are needed.
4. **Approved Corrections:** When a corrected report is returned, it is again reviewed for accuracy and completeness. If the report is correct, a card is mailed to the patient.



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This form is not valid as a temporary registry card.

STAFF ONLY FU Approval <input type="checkbox"/> Yes <input type="checkbox"/> No Old Card Voided <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Information				1. Social Security Number - -	
	The name on the form must match the legal name on your photo ID.					
	2. Last Name			3. First Name		4. Middle Initial
	5. Mailing Address (including Apartment or Suite #)				6. City	
State CO	7. Zip Code	8. County	9. Date of Birth / /	10. Telephone Number () -		
11. E-mail Address (optional)*				12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
* By providing your e-mail address, you agree to receive communication from the Registry by e-mail.						
13. What is the card ID number for your current card (if known)? _____						
14. About what date was the certificate lost, stolen or damaged? _____						
15. Please write a brief statement about what happened to the registration card.						

<p>NOTICE: This form must be completed and reviewed by the Registry before a replacement card may be issued. The Serial Number of the lost, stolen or damaged registration card may be shared with appropriate government and law enforcement agencies in an effort to protect you and the people of Colorado.</p>						
Corrections:	I hereby certify that all information provided is correct and complete.					
	16. Patient's Signature: 				17. Date Signed: (mm/dd/yyyy)	
<p>The signature and proof of identity of the above individual was subscribed and sworn to before me by _____ in _____ County, Colorado</p> <p>(Name of patient printed by notary) (County name)</p> <p>on this _____ day of _____, 20____.</p> <p>(Day) (Month)</p> <p>_____ (Notary's official signature)</p> <p>_____ (Commission expiration date)</p> <p style="text-align: right;">AFFIX NOTARY SEAL</p>						