COLORADO
Medical Marijuana Registry
Department of Public Health & Environment

AP

Application for Medical Marijuana Card

Ways to Apply:

Online: Did you know that you can get your medical marijuana card faster by applying online? To get started, please visit: https://medicalmarijuana.colorado.gov

Paper: The Registry will continue to accept paper applications, however please allow approximately 35 days to process paper applications, from the date received.

New and Renewal Adult Applicants must submit:

- ☐ A complete application form (AP)
- ☐ A physician certification (PC) form completed by an MD or DO licensed to practice in Colorado
- ☐ A copy of your Colorado driver's license or photo ID (or a Proof of Identity and Residency Waiver (PW))
- ☐ A completed caregiver agreement (CA) (if applicable)
- ☐ A $15 check or money order (**non-refundable application processing fee**) made out to CDPHE (or a Fee Waiver Form (FW))

Renewal applicants: To avoid a lapse in your registration period**,** please submit your application at least 30 days before your card expires. Note: Renewal applications CANNOT be used to purchase medical marijuana.

Legal Guardians and Legal Representatives must submit:

- ☐ A complete application form (AP)
- ☐ A physician certification (PC) form completed by an MD or DO licensed to practice in Colorado
- ☐ A copy of the patient's Colorado driver's license or photo ID (or a Proof of Identity and Residency Waiver (PW))
- ☐ A copy of your Colorado driver's license or photo ID
- ☐ Legal guardianship documentation (ie. court issued orders or medical power of attorney)
- ☐ A $15 check or money order (**non-refundable application processing fee**) made out to CDPHE (or a Fee Waiver Form (FW))

Note: Medical care rights and or health care decision authority must be legally assigned in order for you to sign on behalf of the patient.

Minor Applicants must submit:

- ☐ A complete application page (AP)
- ☐ A Parental Consent form (MC) for parents/guardians residing in Colorado
- ☐ Two (2) physician certifications (PC) completed by two (2) MDs or DOs licensed to practice in Colorado
- ☐ A certified copy of the minor's state-issued birth certificate (or legal guardianship order)
- ☐ A copy of both parent's/legal guardian's Colorado driver's licenses or ID's (or a Proof of Identity and Residency Waiver (PW))
- ☐ A $15 check or money order (non-refundable) made out to CDPHE (or a Fee Waiver form FW))

New Colorado Residents:

If you have recently moved to Colorado the fastest way obtain a medical marijuana card is to obtain a Colorado Driver's License or ID prior to applying for a medical marijuana card.

Proof of Residency Waivers can be requested if you are a first time applicant who can demonstrate a substantial need and provide a valid reason why you are unable to obtain a Colorado Driver's License or ID. If you choose to request a waiver, your application will go through a waiver review which will add 2 or more weeks to your application processing time. Proof of residency waivers are only granted once.

Mail Application packet to:

Application Processing**,** CDPHE HSV-8608, 4300 Cherry Creek Dr S, Denver, CO 80246-1530. Applications must be mailed in by the patient or legal guardian. Before submitting your Application packet to the Registry, make copies for your personal records. If you do not receive your card or a letter from the Registry within 35 days, please email: medical.marijuana@state.co.us

Medical Marijuana Card Application

I am a: ☐ **First time applicant** ☐ **Renewal applicant**
I am applying for: ☐ **Myself** ☐ **My minor child** ☐ **Another as Legal Representative**

STAFF ONLY

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Patient Information: The mailing address listed below is for the patient and is where the card will be sent			
First Name	Last Name		Middle Initial
Social Security Number	Date of Birth		Gender ☐ Male ☐ Female
Patient Mailing Address			Apt/Ste #
City	County	State **CO**	Zip Code
Patient Email	Phone		

☐ By checking this box, I authorize the Medical Marijuana Registry to contact me using the telephone number and email address I have provided above. This includes leaving messages on the contact telephone number I have provided.

Colorado ID or Driver's License (**ID's must be Valid with the Colorado DMV**)			
Identification Type	Identification Number	Issue Date	Expiration Date

Cultivation Options	
Will you grow all of your medical marijuana plants? Yes ☐ No ☐ If yes, how many will you grow: ___Plants ___oz.	
Will a center grow all of your medical marijuana plants? Yes ☐ No ☐ If yes, how many will the center grow: ___Plants ___oz.	
Will you and a center both be growing your medical marijuana plants? Yes ☐ No ☐ If yes, how many will the center grow:___Plants ___oz. how many will you grow:___Plants ___oz.	
Will you and a caregiver grow your medical marijuana plants? Yes ☐ No ☐ If yes, how many will the caregiver grow:___Plants ___oz. how many will you grow:___Plants ___oz.	
Will a caregiver grow all of your medical marijuana plants? Yes ☐ No ☐ If yes, how many will your caregiver grow: ___Plants ___oz.	
Please provide your caregiver ID number(s) below. Your caregiver should provide you with this number.	
Cultivating Caregiver ID Number (if applicable)	Transporting Caregiver ID Number (if applicable)
What benefits do your caregiver and their products provide that improve your health and wellbeing?	
Minor and Homebound patients ONLY: Is your cultivating caregiver also transporting on your behalf? Yes ☐ No ☐	

I hereby certify that I, the patient, have verified the above information to be accurate and complete and no one other than me (or my legally authorized representative) is submitting this request on my behalf.	
Patient's or Authorized Representative's Signature:	Date

Parents and Legal Representatives ONLY

STAFF ONLY

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Evaluated

Primary Parent or Legal Representatives Only: This is the parent or legal guardian who will be listed as the caregiver on the patient's card			
First Name	Last Name		Date of Birth
Mailing Address			Apt/Ste #
City	State **CO**	Zip Code	
Parent or Legal Rep Email		Phone	

Secondary Parent or Legal Representative Information: Required if a second parent is listed on the birth certificate or Legal Representative documentation.			
First Name	Last Name		
Secondary Parent Status Resides in Colorado Yes ☐ No ☐ If yes, complete questions #36-40 Resides in Another State Yes ☐ No ☐ If yes, submit 2 forms of ID (Driver's License, ID, Social Security card) Is Deceased Yes ☐ No ☐ If yes, submit a copy of the Secondary Parent's Death Certificate Primary parent has sole custody Yes ☐ No ☐ If yes, submit a copy of the sole Custody Order			
Parent's name to be displayed on the card ☐ Primary Parent ☐ Secondary Parent			
Identification Type	Identification Number	Issue Date	Expiration Date

Parental Consent: I hereby certify that I have verified the above information to be accurate and complete.	
Primary Parent Signature	Date
Secondary Parent (only required of secondary parent resides in Colorado)	Date
Legal Representative (only required if applying on behalf of a minor patient)	Date
Notary Signature	Date

Notary Affix Seal