

Change, Replacement or Surrender Request Instructions

In order to change, replace or surrender your Medical Marijuana Use Registry Identification Card, complete the Cardholder Information section and applicable section(s) of this form. By providing your email address, you consent to the Department contacting you through that email address.

To request a replacement card in the event of damage/loss/theft or change address:

- Complete section A of this form
- Include a copy of your Florida driver license, Florida identification card, or other valid proof of residency as established in section 381.986(5)(b), Florida Statutes.

To change your name:

- Complete section B of this form
- Include a copy of your Florida driver license, Florida identification card, or a copy of your marriage certificate, divorce decree or other court document to show your name change.

To change your caregiver:

To remove your caregiver

- Complete section C of this form

To change or add a caregiver

- Complete section C of this form
- Have your new caregiver complete a Medical Marijuana Use Registry Identification Card Caregiver Application

If a legal representative is signing on behalf of the patient to change or add a caregiver, the legal representative must provide proof of legal representation as stated in DH8009-OCU-03/2018, "Medical Marijuana Use Registry Identification Card Qualified Patient Application."

NOTE: Replacement, name or address change, and caregiver change cards will require the submission of this form, along with a \$15 check or money order (application fee) made out to Florida Department of Health.

To surrender your card:

- Complete section D of this form
- Include your Medical Marijuana Use Registry Identification card

For minor patients: The parent or legal guardian's signature is required on all forms for minor patients, along with a copy of the parent or legal guardian's Florida driver license or Florida identification card.

MAIL COMPLETED REQUEST TO:

Office of Medical Marijuana Use
PO Box 31313
Tampa, FL 33631-3313

Change, Replacement or Surrender Request

Mail Completed Request to: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313	<input type="checkbox"/> Patient	<input type="checkbox"/> Caregiver
	Patient Registry ID #: _____	

This is a request to:

- | | |
|--|---|
| <input type="checkbox"/> Receive a replacement card
<input type="checkbox"/> Change my name
<input type="checkbox"/> Surrender my card | <input type="checkbox"/> Change, add, or remove a caregiver
<input type="checkbox"/> Change my address |
|--|---|

Cardholder Information The address below is where the card will be mailed					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Address <i>(new address if applicable)</i>		
City		Apt/Ste #	State	Zip Code	County
Telephone		Email (optional to receive communication by email)			

A. Request a Replacement Card	
Card Number (if known):	Date of Damage/loss/theft: (if applicable)
Reason for replacement: <input type="checkbox"/> New address <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	

B. Name Change (Include a copy of the document that proves name change)			
New Name	First Name	Last Name	Middle Initial
Old Name	First Name	Last Name	Middle Initial

C. Change, add, or remove caregiver

<input type="checkbox"/> Change my caregiver <input type="checkbox"/> Add caregiver <input type="checkbox"/> Remove my caregiver			
Current	First Name	Last Name	Middle Initial
New	First Name	Last Name	Middle Initial

D. Request to Surrender

Card status:	<input type="checkbox"/> I have included my card	<input type="checkbox"/> I have not included my card
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I hereby certify the above information to be accurate and complete and no one other than me, or my legal representative, is submitting this request on my behalf.	
Patient or Legal Representative Name <i>(Print)</i>	
Patient or Legal Representative Signature	Date

NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Change, Replacement or Surrender Request, social security numbers are collected and used for identification purposes to ensure that the number identifiers match the identities of the cardholder, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.