



Medical Marijuana Registration Application

Colorado Medical Marijuana Registry

• New and renewal applicants • Mail this form • **Receive response in 35 days**

Paper mail-in applications are reserved for patients who do not have access to any internet resources. If applying by paper, all correspondence from the registry will take place via United States Postal Service.

Applications should be mailed by the patient or legal representative only.

[Apply online](#) to skip the wait and receive your card in 3-5 business days!

Adult applicant checklist:

- Completed page 1 of the application.
- Provider certification submitted online by an MD or DO licensed to practice medicine in Colorado.
- Copy of your Colorado driver's license or identification card.
- Copy of your caregiver's Colorado driver's license or identification card if you are applying with a caregiver.
- Caregiver's registration ID if you are applying with a caregiver.
- \$25 check or money order made out to CDPHE. This payment is non-refundable and is required each time you apply or renew.

Parents and legal representatives of minor application checklist:

- Completed page 1 of the application.
- Completed and notarized page 2 of the application.
- Two provider certifications submitted online by two different providers licensed to practice in Colorado.
- Copy of the primary parent's Colorado driver's license or identification card.
- Certified copy of the minor's state-issued birth certificate. The copy should include the state seal and have been issued on official paper.
- Copy of the caregiver's Colorado driver's license or identification card if parent is not the caregiver.
- Caregiver's registration ID if parent is not the caregiver.
- Documentation to prove secondary parent status. See secondary parent status section on page 2 for required documents.
- \$25 check or money order made out to CDPHE. This is payment is non-refundable and is required each time you apply or renew.

Legal representatives of adult application checklist:

- Completed page 1 of the application.
- Completed Section 1 on page 2 of the application.
- Provider certification submitted online by an MD or DO licensed to practice medicine in Colorado.
- Copy of the patient's Colorado driver's license or identification card.
- Copy of the legal representative's Colorado driver's license or identification card.
- Copy of the caregiver's Colorado driver's license or identification card if legal representative is not the caregiver.
- Caregiver's registration ID if legal representative is not the caregiver
- Copies of legal representative documentation such as notarized medical power of attorney documents or certified court orders that include a county seal.
- \$25 check or money order made out to CDPHE. This payment is non-refundable and is required each time you apply or renew.

Mail application packet to:

Application Processing
CDPHE HSV-8608, 4300 Cherry Creek Dr. S.
Denver, CO 80246-1530.

Make copies of your application for your personal records before mailing you packet.

If you do not receive your card or a letter from the Registry within 35 days email: medical.marijuana@state.co.us

Medical Marijuana Registration Application

All fields in Step 1 and 2 are required for all applicants.

Applications will not be approved if they are missing required information or a signature.

I am a: Renewal applicant First time applicant

I am applying for: Myself My minor child Another as a legal representative

Step 1: Patient information

First name		Middle initial	Last name	
Date of birth (mm/dd/yy)		Social security number (xxx-xx-xxxx)		SEX (as it appears on your driver's license or identification card) <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X
Mailing address (your card and all correspondence from the registry will be mailed here)				Apt/Ste #
City		CO	Zip code	County
Email			Telephone (000-123-4567)	
Colorado ID type: <input type="checkbox"/> Driver's license <input type="checkbox"/> Identification card	Colorado ID number (xx-xxx-xxxx)	Issue date (mm/dd/yyyy)	Expiration date (mm/dd/yyyy)	

Step 2: Select one cultivation option

<input type="checkbox"/> I will get all of my medical marijuana from a center (dispensary).
<input type="checkbox"/> A caregiver will grow all of my medical marijuana.
<input type="checkbox"/> I will grow all of my medical marijuana.
<input type="checkbox"/> A center and I will grow my medical marijuana. <ul style="list-style-type: none"> ▪ Center will grow _____ (number) of plants and _____ oz. ▪ I will grow _____ (number) of plants and _____ oz.
<input type="checkbox"/> A caregiver and I will grow my medical marijuana. <ul style="list-style-type: none"> ▪ Caregiver will grow _____ (number) of plants and _____ oz. ▪ I will grow _____ (number) of plants and _____ oz.

Caregiver information

Leave blank if
you don't have
a caregiver

<input type="checkbox"/> I have a cultivating caregiver.	Caregiver first name	Caregiver last name
	Date of birth (mm/dd/yy)	Caregiver registration ID number
<input type="checkbox"/> I have a transporting caregiver. Only patients who are minors, homebound or have a legal rep.	Caregiver first name	Caregiver last name
	Date of birth (mm/dd/yy)	Caregiver registration ID number
What benefits does your caregiver provide for your health and well-being?		<input type="checkbox"/> Copy of my caregiver's Colorado ID is attached

Sign

I, (the patient, parent, or legal representative) hereby certify that I have verified the above information to be accurate and complete and no one other than me is submitting this request. I authorize the Medical Marijuana Registry to contact me using the telephone number and address I provided, and understand all correspondence from the Registry will be through postal mail. I understand incomplete applications will not be accepted.	
Patient or authorized representative's signature	Date

Staff only

Paid	Evaluated
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Section 1 is required for ALL parents and legal representatives.

Section 1:
Primary parent or legal rep information

Name will be listed patient card

Primary parent first name		Primary parent last name	
Primary parent social security number (xxx-xx-xxxx)		Primary parent date of birth (mm/dd/yy)	
Mailing address			Apt/Ste #
City		Zip code	County
Email		Telephone (000-123-4567)	
Colorado ID type: <input type="checkbox"/> Driver's license <input type="checkbox"/> Identification card	Colorado ID number (xx-xxx-xxxx)	Issue date (mm/dd/yyyy)	Expiration date (mm/dd/yyyy)

Sections 2 and 3 are required for parents and legal representatives applying on behalf of a minor.

Section 2:
Secondary parent/legal rep information

Leave blank if you are the only parent on the birth certificate or the only legal rep

If there is a secondary parent/legal rep, choose a status below:		
<input type="checkbox"/> Second parent/legal rep lives in Colorado. Both parents/legal reps must sign this form below.		
<input type="checkbox"/> Second parent/legal rep lives in another state. Copy of the secondary parent/legal rep's out of state identification card is attached.		
<input type="checkbox"/> Second parent/legal rep is deceased. Certified copy of the secondary parent/legal rep's death certificate is attached.		
<input type="checkbox"/> Second parent/legal rep does not have any custody. Copy of the court-issued sole custody order is attached.		
Secondary parent/legal rep first name	Secondary parent/legal rep last name	Date of birth (mm/dd/yy)

Section 3:
Sign and notarize

I hereby certify that I have verified the above information to be accurate and complete. Typed signatures will not be accepted.	
Primary parent or legal representative signature	Date
Secondary parent or legal representative signature (leave this line blank if no secondary parent, or secondary parent does not live in Colorado)	Date
Notary affirmation Subscribed and affirmed before me in the county of _____, State of Colorado this _____ day of _____, 20_____.	
_____ (Notary's official signature)	
_____ (Commission Expiration)	
Notary seal	