



# Montana Marijuana Program

## Change Request Form

Registered cardholders and providers/MIPPS must use this form to submit any information changes to the department.

**REVIEW THE CHECKLIST BELOW BEFORE SUBMITTING THIS FORM TO THE DEPARTMENT**

- Mail this completed form to DPHHS/MMP, PO Box 202953, Helena, MT 59620-2953
- There is no fee for submitting a change request
- More than one change can be made on a single form
- If a registered cardholder is adding or changing provider/MIPP, the registered cardholder **and** new provider/MIPP must sign form.

**Change Request applies to**  Cardholder  Provider  Both

Add Provider  Change Provider  Remove Provider  Remove Cardholder  Remove from Registry

Name Change (requires legal documentation)  Street address change  Mailing address change

Registered premises (grow location) address change\*

Other, Specify \_\_\_\_\_

### REGISTERED CARDHOLDER INFORMATION

COMPLETE THIS SECTION IF THE REGISTERED CARDHOLDER IS CHANGING PERSONAL INFORMATION OR ADDING OR REMOVING A PROVIDER

Current card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Montana Driver's License number or State of Montana issued ID number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Complete section below only if you are or will be your own provider.**

\*Registered Premises Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Do you own the Registered Premises Address property?  Yes  No

If No, you must include with this change request a LANDLORD PERMISSION FORM to cultivate and/or manufacture marijuana at this address.

\_\_\_\_\_  
Signature of registered cardholder

\_\_\_\_\_  
Date



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### PROVIDER/MIPP INFORMATION

SECTION TO BE COMPLETED BY PROVIDER IF THE REGISTERED CARDHOLDER IS CHANGING OR ADDING PROVIDER/MIPP OR PROVIDER/MIPP IS CHANGING PERSONAL INFORMATION OR REMOVING A CARDHOLDER

Current Provider/MIPP ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number (Last 4): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Montana Driver's License number or State of Montana issued ID number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Registered Premises Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Required only if Registered Premise Address is changing.)

Do you own the property where you will be manufacturing and cultivating marijuana? \*  Yes  No  
(Required only if Registered Premise Address is changing.)

\_\_\_\_\_  
Signature of provider/MIPP

\_\_\_\_\_  
Date

\*If you do not own this property you must include a LANDLORD PERMISSION FORM with this change request.