

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.

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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.

If registered cardholder is requesting a provider/MIPP that is not currently registered with the department, the department will send the individual a provider/MIPP application packet.