

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: _____ 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

Montana Marijuana Program

CHANGE REQUEST FORM

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: _____ 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.