



Oregon Medical Marijuana Program (OMMP)

CHANGE REQUEST FORM INSTRUCTIONS - KEEP A COPY FOR YOUR RECORDS

IF YOU DO NOT SUBMIT THE FULL REPLACEMENT CARD FEE OR IF YOUR CHANGE REQUEST FORM IS INCOMPLETE, NO CHANGES WILL BE MADE.

SECTION A – Patient Information

- The patient's current information must be completely filled out in this section.

SECTION B – Designated Primary Caregiver

A caregiver is a person of age 18 or older who has significant responsibility for your care.

- You do not have to designate a primary caregiver unless you are under age 18.
- If you choose to list a caregiver, that person must provide a clear, legible, and valid copy of a U.S. State or Federal issued photographic identification card that includes last name, first name, and date of birth as well as his/her address and phone number.
- If you remove your caregiver, it is your responsibility to tell the caregiver that he or she is no longer protected under the Oregon Medical Marijuana Act.

SECTION C - Person Responsible for a Growsite and Marijuana Growsite Address

- All growers will be subject to a criminal history check.
- You must list the physical address in the State of Oregon where your marijuana is to be produced under Oregon Administrative Rule (OAR) 333-008-0025.
- You may list only one (1) growsite; a PO Box is not acceptable for a growsite address.
- A grower may be someone other than you or your caregiver.
- If you remove your grower, it is your responsibility to tell the grower that they are no longer protected under the Oregon Medical Marijuana Act.

SECTION D – Replacement Card Fee

- **A \$100.00 replacement card fee is required for each form submitted changing a care giver, grower, or growsite after your cards have been issued.**
- If your application for these cards was submitted with current proof of Supplemental Security Receipt, you are eligible for a reduced replacement card fee of \$20.00. Your eligibility will be confirmed by OMMP staff.
- The change form must accompany your payment.
- **IF YOU DO NOT SUBMIT THE FULL REPLACEMENT CARD FEE, NO CHANGES WILL BE MADE.**

SECTION E – Signature and Date

- The patient must sign and date the change form.

DO NOT FAX

For More Information, Contact the OMMP at (971) 673-1234

OMMP Website: www.healthoregon.org/mm