



# Medical Marijuana Registration Adult Application

Colorado Medical Marijuana Registry

- New and renewal adult applicants
- Mail this form
- Receive response in 35 days

Paper mail-in applications are reserved for patients who do not have access to internet resources. If you apply by mail, all correspondence from the Registry will take place via United States Postal Service (USPS). Applications should be mailed by the patient, parent, or legal representative only. [Apply online](#) to skip the wait and receive your card in 3-5 business days!

Use these instructions and checklists to make sure you have all required documentation.

## I am an adult applying for myself

- Complete page 1 of the application.
- Visit your medical provider to obtain a provider certification.  
Your provider will submit the certification to the Registry electronically and will give you a copy for your records. You must finish the rest of the application process within 6 months of the date your provider certification was issued. You must submit a new provider certification each time you apply.
- Provide a clear, legible copy of your valid Colorado driver's license or identification card (ID).
- Include a \$25 check or money order made out to CDPHE. This payment is non-refundable and is required each time you apply.  
**If you apply with a caregiver also include**
  - A legible copy of your caregiver's valid Colorado driver's license or ID.
  - Your caregiver's registration ID to list on your application.

## I am a legal representative applying on behalf of an adult

- Complete page 1 of the application.
- Complete Section 1 on page 2 of the application.
- Visit your medical provider to obtain a provider certification.  
Your provider will submit the certification to the Registry electronically and will give you a copy for your records. You must finish the rest of the application process within 6 months of the date your provider certification was issued. You must submit a new provider certification each time you apply.
- Provide a copy of the patient's valid Colorado driver's license or ID.
- Provide a copy of the legal representative's valid Colorado driver's license or ID.
- Provide a copy of legal representative documentation such as notarized medical power of attorney documents or certified court orders that include a county seal.
- If there is a second legal representative, provide identity documentation
  - o Legal representative lives in Colorado, include a copy of their valid Colorado driver's license or ID.
  - o Legal representative **does not** live in Colorado, include a copy of their valid out of state driver's license or ID.
  - o Legal representative is deceased, include a certified copy of the death certificate.
- Include a \$25 check or money order made out to CDPHE. This payment is non-refundable and is required each time you apply.  
**If you apply with a caregiver other than the legal representative also include**
  - A legible copy of your caregiver's valid Colorado driver's license or ID.
  - Your caregiver's registration ID to list on your application.

## Applying on behalf of a patient under age 18

- Please use the [application for patients under age 18](#).

## Submit your application

We suggest sending your application via USPS certified mail. The Registry is not responsible for mail that is lost, stolen, or reported missing.

- Make copies of your application packet for your personal records before mailing it.
- Mail it to  
Application Processing  
CDPHE HSV-8630,  
4300 Cherry Creek Dr. S. Denver, CO  
80246-1530

If you do not receive your card or a letter from the Registry within 35 days email: [medical.marijuana@state.co.us](mailto:medical.marijuana@state.co.us) or call us at 303-692-2184 Monday- Friday from 9 a.m. 4 p.m.

# Medical Marijuana Registration Adult Application

All fields in Step 1, 2, and 3 are required for all applicants. Section 1 is required for legal representatives applying on behalf of adults.

Applications will not be approved if they are missing a signature or required information listed on the instruction page.

I am a:  Renewal applicant  First time applicant

I am applying for:  Myself  Another as a legal representative

## Step 1

Patient information  
Required

Legal first name		Middle initial	Legal last name and suffixes	
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)	
<input type="checkbox"/> Copy of my valid Colorado driver's license or ID is attached	Colorado ID number (xx-xxx-xxxx)	Issue date (mm/dd/yyyy)	Expiration date (mm/dd/yyyy)	

## Step 2

Select one cultivation option  
Required

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

## Caregiver information

Leave blank if you don't have a caregiver

<input type="checkbox"/> I have a cultivating caregiver.	Caregiver legal first name	Caregiver legal last name and suffixes
	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 legal first name	Caregiver legal last name and suffixes
	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 valid Colorado driver's license or ID is attached

## Step 3

Sign  
Required

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

Section 1 is required for legal representatives applying on behalf of an adult

**Section 1**  
Legal  
representative  
information  
Name will be listed  
patient card

Primary representative legal first name		Primary representative legal last name and suffixes	
Primary representative social security number (xxx-xx-xxxx)	Primary representative date of birth (mm/dd/yy)	<input type="checkbox"/> Copy of representative's valid Colorado driver's license or ID is attached	
Mailing address			Apt/Ste #
City	CO	Zip code	County
Email		Telephone (000-123-4567)	

Second legal  
representative  
information  
Leave blank if there  
is only one legal  
representative

Second representative legal first name		Second representative legal last name and suffixes		Date of birth (mm/dd/yy)
Does the second legal representative live in Colorado?				
<input type="checkbox"/> No Select an option below and provide the corresponding information.				
<input type="checkbox"/> Lives in out of state. Copy of representative's valid out of state driver's license or ID is attached.				
<input type="checkbox"/> Is deceased. Copy of representative's certified death certificate is attached.				
<input type="checkbox"/> Yes Enter the representative's address below and attach copy of their valid Colorado driver's license or ID.				
Mailing address				Apt/Ste
City	CO	Zip code	County	<input type="checkbox"/> Copy of representative's valid Colorado driver's license or ID is attached

Staff only

Notes
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