



# Request Fee Waiver & Tax-Exempt Status

Colorado Medical Marijuana Registry

- Submit with your registration application

You may qualify for a fee waiver or tax-exempt status if your household income is 185% or less than the Federal Poverty Guidelines. Poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

Please visit <https://aspe.hhs.gov/poverty-guidelines> to view current poverty guidelines.

This status will allow you to apply without paying the processing fee and buy medical marijuana without paying Colorado sales tax.

## Step 1

### You will need:

A copy of your certified Colorado tax return from the current tax year.

A copy of your Colorado driver's license or identification card if you are submitting this form separately from your application.

## Step 2

First name		Middle initial	Last name	
Date of birth (mm/dd/yy)	First 5 of SSN (xxx-xx)		Telephone (000-123-4567)	
Mailing address			Apt/Ste #	
City		Zip code	County	
Email				

## Step 3

List all the people in your household who were listed on your Colorado tax return from the most recent tax year			
Last name	First name	Date of birth	Relationship to patient

I hereby certify that I, the patient, have verified the above information to be accurate and complete and no one other than me (or my legally authorized representative) is submitting this request on my behalf. I understand incomplete forms will be rejected.

Patient's or Authorized Representative's Signature  
Typed signatures will not be accepted

Date

## Sign

## Attach

- Certified copy of your Colorado tax return from the current tax year
- Your completed application. If you are submitting this form separately from your application include a copy of your valid Colorado driver's license or identification card.

## Submit

Send this form and the attached documents with your registration application.