

**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.

\_\_\_\_\_  
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 (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.**