

Medical Use of Marijuana Program: Personal Caregiver Registration Information Update Form

This form is for use by personal caregivers registered with the Medical Use of Marijuana Program (Program) in order to update their registration information. This form is only for use by personal caregivers who registered with the Program using a paper registration form.

A personal caregiver must notify the Program after any change to the information that the personal caregiver submitted for registration (such as a change in the personal caregiver's name, address, or phone number), by submitting this Personal Caregiver Registration Information Update Form.

Complete and mail in the attached form along with, if applicable, a copy of your new valid form of identification (ID) – and copy of a proof of primary residence, if applicable.

After your Personal Caregiver Registration Information Update Form has been processed by the Program, you will receive a notification regarding the status of your registration information update(s). If an email address was provided, you will receive a notification regarding the status of your registration information update(s) via email.

Completing the Form

The following information must be entered into the form in order for the Program to update your registration information:

- Registration number;
- First name; *and*
- Last name.

The following information may be updated with the Program by providing the updated information in the form:

- Name;
- Residential address;
- Mailing address;
- Telephone number;
- Email address;
- Gender;



- How you choose to be communicated with;
- Valid form of ID (and proof of primary residence, if applicable).

If submitting a new valid form of ID:

If you are submitting a new valid form of ID, complete the “Valid Form of Identification” portion of Section A in the form.

If your address has also changed, complete the “Residential Address” portion of Section A in the form.

Complete all required sections of the form neatly and accurately. **Incomplete forms or forms that are not signed and dated, or are not readable, will not be processed and will be returned to the individual.**

Valid Form of ID

Valid forms of ID include:

- State-issued driver’s license;
- ID card issued by your state’s Registry of Motor Vehicles;
- U.S. passport and another document that proves your primary residence; *or*
- U.S. military ID *and* another document that proves your primary residence.

If submitting a driver’s license or ID card issued by your state’s Registry of Motor Vehicles:

If you submit a driver’s license or ID card issued by your state’s Registry of Motor Vehicles as your new valid form of ID, the name and address that you submit to the Program must match the name and address on your driver’s license or ID card issued by your state’s Registry of Motor Vehicles.

If submitting a passport or U.S. military ID:

If you submit a passport or U.S. military ID as your valid form of ID, you must also submit a document that proves your primary residence (as outlined below). Also, the name and address you submit to the Program must match the name and address on the document that you submit to prove your primary residence.

Submit one of the following, which proves your primary residence:

- Utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain your name and address;
- Your current motor vehicle registration card with your current address;
- Tuition bill with a due date of less than six (6) months ago and addressed to your current address;
- Car insurance policy or bill that is less than 60 days old;

- Home mortgage, lease, or loan contracts dated within six (6) months of today with your name, address, and signature;
- Certified U.S. Marriage Certificate dated within the past six (6) months;
- Property tax or excise tax bill for the current year with your name and address;
- First-class mail dated less than 60 days old from any federal or state agency that displays your name and address; *or*
- Current state-issued Professional License with your address.

Submitting Your Form

Mail your:

- Completed Personal Caregiver Registration Information Update Form; *and*
- If applicable, **copy** of your valid form of ID (and copy of your proof of primary residence, if applicable)

To:

**Cannabis Control Commission
Medical Use of Marijuana Program - Caregiver
101 Federal Street, 13th Floor
Boston, MA 02110**

After your Personal Caregiver Registration Information Update Form has been processed by the Program, you will receive a notification regarding the status of your registration information update(s). If an email address was provided, you will receive a notification regarding the status of your registration information update(s) via email.

Questions

Should you have questions about this form, please contact the Program at 833-869-6820.

