



Medical Marijuana Program



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Report of Lost, Stolen or Damaged Registration Certificate

Please Note: A qualifying patient or primary caregiver must report their lost, stolen or damaged registration certificate no more than five (5) business days after becoming aware that the registration certificate was lost, stolen or destroyed.

1. Please type or neatly print all required sections of the form.
2. After completing the form, you must sign and date it.
3. You must submit this form along with a **\$10 administrative fee** to the Department of Consumer Protection, Attention Medical Marijuana Program at the above address, in order to receive a new card.
4. You may be contacted by the Department of Consumer Protection to confirm the information in this form before a new card will be mailed to you.
5. **Do not use the old card if it was damaged or later found.** Once this form is processed, the old card will be voided and law enforcement will be notified.

Identifying Information

I am a: Patient Caregiver

Last Name:

First Name:

Date of Birth:

Physician's Name:

Home Address (including Apartment or Suite #):

City:

State:

ZIP:

What was the card ID number for your current card (if known)? _____

When was the registration card lost, stolen or damaged? _____

Please write a brief statement describing what happened to the old card.

Certification:

I have reviewed this form and, to the best of my knowledge, it is accurate and complete. I certify under penalty of law (Connecticut General Statute Section 53a-157b) that the above information is the truth to the best of my knowledge.

I understand that the Department of Consumer Protection may contact me to confirm the information in this form.

Patient's Signature:

Date Signed:

