

Medical Marijuana Registry Program

In accordance with Hawaii Revised Statutes 329-123 (b) "Qualifying patients shall report changes in information within ten working days." This form must be signed by the registered patient or by the appropriate parent, guardian, or legal custodian, as applicable, if the registered patient is a minor or adult lacking legal capacity. It is your responsibility to notify your certifying physician of any changes to your information.

CHANGE FORM PACKET CHECKLIST (Do not submit this document to DOH)

<u>TYPE OF CHANGE</u>	<u>COMPLETE: THE CHANGE FORM PACKET</u>	<u>SUBMIT TO DOH</u>
A. Request a Replacement 329 Card: (A new card will be issued)	<input type="checkbox"/> Section 329 <input type="checkbox"/> #1: Request a Replacement 329 Card <input type="checkbox"/> 329A: Applicant Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
B. Request to Void My 329 Card:	<input type="checkbox"/> Section 329 <input type="checkbox"/> #2: Void 329 Card <input type="checkbox"/> 329A: Applicant Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
C. Request to Update or Add Applicant's Contact Information	<input type="checkbox"/> Section 329 <input type="checkbox"/> #4: Update Applicant's Contact Info. <input type="checkbox"/> 329A: Applicant Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
D. Request to Update or Add Caregiver's Contact Information	<input type="checkbox"/> Section 329 <input type="checkbox"/> #5: Update Caregiver's Contact Info. <input type="checkbox"/> 329A: Applicant Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
E. Request to Add OR Change a Caregiver: My grow site WILL change. (A new card will be issued)	<input type="checkbox"/> Section 329 <input type="checkbox"/> #5: Update Caregiver's Contact Info. <input type="checkbox"/> #6: Add, Change, Remove a Caregiver <input type="checkbox"/> #7: Add, change, or Remove Grow Site <input type="checkbox"/> 329A: Applicant Certification <input type="checkbox"/> 6A. Caregiver's Certification <input type="checkbox"/> 7A. Grow Site Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> Clear copy of the new Caregiver's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
F. Request to Remove a Caregiver: My grow site WILL change. (A new card will be issued)	<input type="checkbox"/> Section 329 <input type="checkbox"/> #6: Add, Change, Remove a Caregiver <input type="checkbox"/> #7: Add, change, or Remove Grow Site <input type="checkbox"/> 329A: Applicant Certification <input type="checkbox"/> 7A. Grow Site Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
G. Request to Add OR Change a Caregiver: My grow site will NOT change. (A new card will be issued)	<input type="checkbox"/> Section 329 <input type="checkbox"/> #5: Update Caregiver's Contact Info. <input type="checkbox"/> #6: Add, Change, Remove a Caregiver <input type="checkbox"/> 329A: Applicant Certification <input type="checkbox"/> 6A. Caregiver's Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> Clear copy of the new Caregiver's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)

Medical Marijuana Registry Program

In accordance with Hawaii Revised Statutes 329-123 (b) "Qualifying patients shall report changes in information within ten working days." This form must be signed by the registered patient or by the appropriate parent, guardian, or legal custodian, as applicable, if the registered patient is a minor or adult lacking legal capacity. It is your responsibility to notify your certifying physician of any changes to your information.

Change Form Packet Checklist

<u>TYPE OF CHANGE</u>	<u>COMPLETE: THE CHANGE FORM PACKET</u>	<u>SUBMIT TO DOH</u>
<p>H. Request to Remove a Caregiver: My grow site will NOT change. (A new card will be issued)</p>	<input type="checkbox"/> Section 329 <input type="checkbox"/> #6: Add, Change, Remove a Caregiver <input type="checkbox"/> 329A: Applicant Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
<p>I. Request to Add, Change, or Remove Grow Site (A new card will be issued)</p>	<input type="checkbox"/> Section 329 <input type="checkbox"/> #7: Add, change, or Remove Grow Site <input type="checkbox"/> 329A: Applicant Certification <input type="checkbox"/> 7A. Grow Site Certification	<input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)
<p>J. Request to Change My Name (or Caregiver's Name) and/or Date of Birth (A new card will be issued)</p>	<input type="checkbox"/> Section 329 <input type="checkbox"/> #3: Name and/or Date of Birth Change <input type="checkbox"/> 329A: Applicant Certification	<p><u>If your name was legally changed:</u> <input type="checkbox"/> Clear copy of the Applicant's old ID card (before the legal name change) and, <input type="checkbox"/> Clear copy of the Applicant's NEW ID card showing your new legal name. <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)</p> <p><u>If your Caregiver's name was legally changed:</u> <input type="checkbox"/> Clear copy of the Caregiver's old ID card (before the legal name change) and, <input type="checkbox"/> Clear copy of the Caregiver's NEW ID card showing your new legal name and, <input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)</p> <p><u>If either Applicant and/or Caregiver's name(s) or date of birth information was entered incorrectly online:</u> <input type="checkbox"/> Clear copy of the Applicant's ID <input type="checkbox"/> Clear copy of the Caregiver's ID (if applicable) <input type="checkbox"/> One (1) Money Order or Cashier's Check for \$16.50 per change form packet <input type="checkbox"/> Completed Change Form Packet (must submit all 5 pages)</p>

Incomplete Packets will be returned.