



**Oregon Medical Marijuana Program Change Form** *(to be completed by patient)*  
Please read the instructions provided on form [OHA 9241A](#) BEFORE filling out form.

**Patient information** *(required; type or print legibly)*

Name *(first, middle initial, last)*: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing address: \_\_\_\_\_ Gender:  M  F  X  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Caregiver information** *(complete only if you want to change or add a caregiver; check box if you want to remove)*

Remove caregiver  
Name *(first, middle initial, last)*: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing address: \_\_\_\_\_ Gender:  M  F  X  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Government-issued photo ID number *(enclose a copy)*: \_\_\_\_\_

**Grower information** *(complete only if you want to change or add a grower; check box if you want to remove)*

Remove grower *(if removing grower you must also remove the grow site)*  
Name *(first, middle initial, last)*: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mailing address: \_\_\_\_\_ Gender:  M  F  X  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Government-issued photo ID number *(enclose a copy)*: \_\_\_\_\_

**Grow site information** *(complete only if you want to change or add a grow site; check box if you want to remove)*

Remove grow site *(if removing grow site you must also remove the grower)*  
Physical grow site address: \_\_\_\_\_  
City: \_\_\_\_\_ State: **OR** ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Grow site address zoning *(check one and enclose a copy if requested)*:  
 Outside city limits  Within city limits *(enclose zoning documentation)*

**You must answer all of the following questions if you designated a grower/grow site.**

Failure to answer all of the questions will result in your application being INCOMPLETE.

- Yes  No Are you *(the patient)* your own grower?
- Yes  No Is your caregiver your grower?
- Yes  No Is the grow site your *(the patient's)* residence?
- Yes  No Does the grow site have more than 12 mature medical marijuana plants?
- Yes  No Will the grower be transferring medical marijuana to a dispensary or processing site?

**Patient signature** *(required)* — I testify the above information is true and I understand my application or cards may be denied, suspended or revoked for submitting false information.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES MAY APPLY** *(see back of form for replacement card and grow site registration fee information)*

## Replacement card fees

- If you do not submit a complete change form or the correct replacement card fee, no changes will be made.
- There is no fee to change a mailing address or remove a caregiver or grower and grow site.

**Patient replacement card fee: \$100** unless patient sends proof of:

Discounted fees	\$20	Supplemental Security Income (SSI). <i>(Note: Social Security Disability Income and retirement benefits do not qualify.)</i>
	\$20	Having served in the U.S. armed forces.

**Grow site registration fee:**

\$200	The grower must submit a \$200 grow site registration fee if one or more of the following is true: <ul style="list-style-type: none"> <li>• The grow site is not the patient's residence.</li> <li>• The grower is not the patient on this form.</li> <li>• The grow site has more than 12 mature medical marijuana plants.</li> </ul>
\$0	No grow site registration fee is required for patients growing for themselves at their own residence where there are 12 or fewer mature medical marijuana plants.

**OMMP fees are non-refundable. Make checks payable to OHA/OMMP. Do not send cash. Growers may pay online after receiving notification from OMMP with payment instructions.**

Mail change form, ID copies, residency proof, zoning documentation as applicable, and check/money order to:  
OHA/OMMP, P.O. Box 14450, Portland, OR 97293-0450