



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Cannabis Program Individual Identification Card Change/Reissue Form

Section 1: Cardholder Information		
Legal Name (Please print):	Individual Identification Card Number: IIC	
Date of Birth:	Telephone Number:	
Mailing Address:		
City:	State:	Zip:
Section 2: Replacement/Change Information		
<input type="checkbox"/> Card was lost, stolen or damaged. (\$50.00 Reissuance fee)		
<input type="checkbox"/> Change of information.		
The following changes require a replacement card to be printed, and therefore a \$50.00 reissuance fee is due for any of the following changes:		
<input type="checkbox"/> Legal Name*: *Please provide proof of change, such as a marriage certificate, probate court order, or similar legal document.		
The following changes do NOT require a replacement card to be printed, therefore there is NO fee due for any of the following changes:		
<input type="checkbox"/> Mailing Address:		
<input type="checkbox"/> Residential Street Address:		
<input type="checkbox"/> Telephone Number:		
<input type="checkbox"/> Email Address:		
Section 3: Fees		
<input type="checkbox"/> Please check if \$50.00 reissuance fee is enclosed.		
The Office of Cannabis Policy will accept fees by cashier's check or money order made payable to the Treasurer, State of Maine in person or at our mailing address: Office of Cannabis Policy, 162 State House Station, Augusta, Maine 04333-0162.		
We are unable to accept personal checks and cash. All fees are non-refundable.		
Signature – This application cannot be accepted without a signature.		
I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.		
Applicant's Signature:	Date:	