CANNABIS REGULATORY AGENCY

www.michigan.gov/mmp

(517) 284-8599

For Official Use Only
No Fee

Plant Possession Amendment

This form is for active registered **Patients** who are changing their plant possession and have an active Caregiver.

Instructions

1. Complete the entire form.
2. **Required:** Include a copy of patient's valid Michigan driver license, OR personal identification card, OR signed voter registration. If a patient submits a voter registration, they shall also submit a copy of a government-issued document that includes the patient's name and date of birth for verification purposes.
3. This form must be signed and dated within 6 months of being received by the MMMP.
4. Keep a copy of all documents for your records.
5. Mail completed form and all required documents in one envelope to:

Michigan Medical Marijuana Program
PO Box 30083
Lansing, MI 48909

Section A: Patient Information

Legal First Name	Middle Initial	Legal Last Name

Date of Birth (MM/DD/YY)	Telephone Number *(optional)*

Current Mailing Address including Apartment/Suite/Lot #

City	State	Zip Code
	MI	

Section B: Person Allowed to Possess Patient's Marijuana Plants

Select only one box.

☐ I will possess the plants.

☐ My caregiver will possess the plants.

Section C: Patient Signature & Date

I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 *et seq.*) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution. I authorize the Michigan Secretary of State's office to forward my photograph to the Michigan Medical Marijuana Program to be printed on my registry identification card.

Signature of Patient: _____ **Date:** _____