



Application for Medical Cannabis Card Verification

Instructions: This application form must be signed by a Utah medical cannabis cardholder in order for the Center for Medical Cannabis to verify the status of a medical cannabis card to a third-party. Please print this form, complete and sign it, scan it, and email it along with a scanned copy of your driver's license or other state or federal government-issued photo ID to qmpcmc@utah.gov. Please allow up to 5 business days for completion of the verification process.

Section 1: Medical Cannabis Cardholder Information

Cardholder Name	
Guardian or Caregiver Name (If applicable)	
Medical cannabis card PAT ID (if available)	
Date of Birth	
Phone	
Email	
Mailing Address	

I agree to have my medical cannabis purchase history released in addition to verifying my medical cannabis card: _____

Section 2: Name and email address for individual to whom the verification of a medical card should be emailed.

Name	
Phone	
Email	
Mailing Address	

Section 3. Affidavit

I certify that I am a medical cannabis card holder in the State of Utah, and I authorize the Utah Department of Health and Human Services to send verification of the medical cannabis card to the individual and email address named in Section 2. I certify that the information contained in this application is true and correct.

Cardholder Signature: _____ Date _____

Cardholder Printed Name _____

Utah Department of Health and Human Services

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