



Individual Relinquishment Request

V1 2/2022

Name of individual making request _____

Address _____

Phone _____

Email _____

Relinquishing: Medical Card Worker Permit

Medical Card or Worker Permit Number(s) to relinquish:

Reason for relinquishing (optional):

By signing and submitting this form I understand that by relinquishing my cardholder registration and/or worker permit, I am no longer able to purchase medical marijuana and/or work in the marijuana industry. I understand I cannot reactivate and must reapply as a new cardholder and/or worker and that all applicable registration materials, including fees, will be required.

Signature _____ Date _____