



STEVE SISOLAK
Governor

STATE OF NEVADA CANNABIS COMPLIANCE BOARD

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HON. MICHAEL DOUGLAS
Chair

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Executive Director

Agent Registration Change Request

*An agent must submit to the CCB a request for the change of address or change of name. **This form must be hand-signed. Electronic signatures will not be accepted. Include a copy of your valid government-issued ID.** E-mail CCBLicensing@ccb.nv.gov. Mail: Cannabis Compliance Board, Attn: Agent Cards, P.O. Box 1948, Carson City, NV 89701*

Agent Registration Card # (Example: 180000111): _____

Name of Agent (as shown on card) : _____

Agent Name Change Information: *Please include a copy of your valid government-issued ID card which includes a photograph and the new name, and any documentation of the reason for the change.*

New Name: _____

Reason for name change (Example: Marriage): _____

Agent Address Change Information: *Please include a copy of your valid government-issued photo ID.*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different than above): _____

City: _____ State: _____ Zip: _____

County of new address location: _____

Phone: _____ Email Address: _____

Effective Date of Change (when do you want this change to start?): _____

I certify that the information contained in this form is true and correct:

SIGNATURE OF AGENT: _____ **DATE** _____

Internal use only

Received by:	Received Date:
Active Card and Number Verified:	Scanned to Agent Card Folder:
Changed in Portal:	Change date: