



JOE LOMBARDO
Governor

CANNABIS COMPLIANCE BOARD STATE OF NEVADA

ccb.nv.gov
CARSON CITY OFFICE
1550 College Parkway, Suite 142
Carson City, Nevada 89706
Main Line: (775) 687-6299

LAS VEGAS OFFICE
700 East Warm Springs Road, Suite 100
Las Vegas, Nevada 89119

HON. MICHAEL DOUGLAS
Chair

TYLER KLIMAS
Executive Director

Agent Card Replacement Request

Email or mail completed form and copy of government issued identification to:
CCBLicensing@ccb.nv.gov or P.O. Box 1948, Carson City, NV 89701

First:	Middle:	Last:	Date of Birth:
Mailing Address Line 1:			
Mailing Address Line 2:			
Mailing City:	Mailing State:	Mailing Zip Code:	
Phone Number:	Email Address:		
Record #s for Replacement:	Applicant Role: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Board Member <input type="checkbox"/> Cannabis Executive <input type="checkbox"/> Receiver		

I, _____ request that the address on file also be changed to the mailing address provided above.

Additional Information: _____

The replacement card fee is \$75.00 per card being requested, payable either by mail or online. If you choose to pay by mail, please mail your payment in the form of a cashier's check, personal check, or money order to CCB – Agent Cards, P.O. Box 1948, Carson City, NV 89701. Be sure to include this form and a copy of your valid government issued identification. If you would like to pay for your replacement card online, email this form to CCBLicensing@ccb.nv.gov with a copy of your government issued identification and advise in the email you would like to pay online so that your account can be invoiced.

Signature:	Date:
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