



CANNABIS COMPLIANCE BOARD
STATE OF NEVADA

Website: ccb.nv.gov
Main Line: (775) 687-6299

Agent Card Replacement Request

Email or mail completed form and copy of government issued identification to:
CCBLicensing@ccb.nv.gov or P.O. Box 20099, Carson City, NV 89721

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:

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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 20099, Carson City, NV 89721. 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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