NONRESIDENT MEDICAL MARIJUANA CARDHOLDER DECLARATION
UNSWORN DECLARATION UNDER PENALTY OF PERJURY*

State of Nevada, _____ County

This section is filled out by the nonresident patient:

Patient Name _____

Address _____

Driver's License #_____**SSN**_____

Patient Card ID # (if applicable) _____

Please Initial below:
_____ I am entitled to engage in the medical use of marijuana in _____, my legal state of residence.
____ My medical marijuana card has an expiration date and it currently is not expired, or my medical marijuana functional equivalent was issued no longer than one year ago from today.
____ I hereby agree to and will abide by the legal limits for possession of medical marijuana in the state of Nevada, that amount being two and one-half ounces during any one 14-day period.

I declare under penalty of perjury that the foregoing is true and correct.

_____
Executed on (date)

_____
Signature of patient

_____
Printed name of patient

This section is filled out by MM dispensary agent:
I have received and inspected the above named patient's medical marijuana registry card or its functional equivalent, and their photo ID issued from the same state.

_____
Signature of MM dispensary agent **Date**

_____
Printed Name of MM dispensary agent

_____
Name of Dispensary

* NRS 53.045 Use of unsworn declaration in lieu of affidavit or other sworn declaration; exception.