



Attestation for Reinstatement Form

CONDITIONS:

- If you are a qualified patient or caregiver whose Medical Marijuana Use Registry (MMUR) identification card has been revoked pursuant to a specific violation of Chapter 893, Florida Statutes, as described in subsections 381.986(5)(d) or (e), F.S., you may apply for reinstatement by submitting a notarized attestation.
- If your reinstatement is approved, you must submit an application to renew your Medical Marijuana Use Registry identification card to obtain marijuana or a marijuana delivery device.

For more information about the reinstatement process and the steps to complete, please visit KnowTheFactsMMJ.com/patients/chapter-2025-204/.

Applicant Information					
This reinstatement attestation is for a:					
Qualified Patient ☐ Caregiver ☐					
Patient or Caregiver Registry ID Number:					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Address		
City		Apt/Ste #		State	Zip Code
County					
Telephone Number		Email (optional to receive communication)			
*By providing your email address, you consent to the department contacting you via email.					

Attestation of Compliance with Section 381.986(5), Florida Statutes

Pursuant to section 381.986(5)(d), F.S., if you are a qualified patient who has been convicted of, or pled guilty or nolo contendere to, regardless of adjudication, a violation of Chapter 893, F.S., for trafficking in, the sale, manufacture, or delivery of, or possession with intent to sell, manufacture, or deliver a controlled substance, you must provide a notarized attestation affirming that you have completed all terms of incarceration, probation, community control, or supervision related to the offense.

Pursuant to section 381.986(5)(e), F.S., if you are a designated caregiver who has been convicted of, or pled guilty or nolo contendere to, regardless of adjudication, a violation of chapter 893, F.S., for trafficking in, the sale, manufacture, or delivery of, or possession with intent to sell, manufacture, or deliver a controlled substance, you must provide a notarized attestation affirming you have completed all terms of incarceration, probation, community control, or supervision related to the offense.

I hereby attest that the information provided for this application is accurate and complete and that no one other than me or my legal representative is submitting this application on my behalf.

In applying for reinstatement, I hereby attest that I have completed all terms of incarceration, probation, community control, or supervision related to the offense(s) as described in section 381.986(5), F.S. I also understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, F.S.

Applicant or Legal Representative Name (Print)

Applicant or Legal Representative Signature

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, on date (dd/mm/yyyy) _____ by _____.

Signature of Notary Public

Print, Type, or Stamp Commissioned
Name of Notary Public

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced _____

LEGAL REPRESENTATIVE

If you are signing on behalf of the qualified patient in the application, you must provide proof of legal representation. A legal representative means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.3215(4), F.S., health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under section 765.113, F.S., or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law.

This notice is provided pursuant to subsection 119.071(5)(a), F.S. For the Medical Marijuana Use Registry Identification Card Qualified Patient Application, social security numbers are collected and used for identification purposes to ensure that the number identifier assigned to the qualified patient is unique and matches the identity of the qualified patient, as authorized by sections 119.071(5)(a)2, F.S., and 119.071(5)(a)6., F.S., social security numbers collected for this purpose will remain confidential.

You have two options to return the completed application:

1. MAIL COMPLETED APPLICATION

Florida Department of Health
Office of Medical Marijuana Use
P.O. Box 5046
Tallahassee, FL 32314

2. EMAIL COMPLETED APPLICATION

MMUR_Applications@FLHealth.gov

If you have any questions, please call 800-808-9580 for assistance.