



OFFICE OF
MEDICAL CANNABIS

**Administrative Hearing Request for
Registry Identification Card
Applicant or Cardholder**

Card/Application No.: _____

Registry ID Card Type: _____

Date: _____

Section I. Applicant/Cardholder Information

Card/Application No.: _____ Legal Name: _____

Date of Birth (DOB): _____ Social Security No. (SSN): _____

Driver's License/State ID No.: _____ Driver's License/State ID Issuing State: _____

Registry ID Card Type: ***(check only one)***

- In-State Qualified Patient
- In-State Qualified Patient (Minor)
- Designated Caregiver
- Visiting Qualified Patient

Contact Information

Mailing Address: _____

Phone No.: _____ Email-Address: _____

If represented by an attorney, please check this box and provide the following information:

Legal Name: _____ Kentucky Bar Association (KBA) No.: _____

Phone No.: _____ Email-Address: _____

Mailing Address: _____

Section II. Appeal Information

I am appealing the following administrative action: *(check only one)*

- Denial of an initial registry ID card application.
- Denial of a renewal registry ID card application.
- Suspension of registry ID card.
- Revocation of registry ID card.

Section II. *Appeal Information (continued)*

Provide a short, plain, and concise statement of the basis for your appeal, including the facts, cause, and/or reason(s) that relate to your appeal below:

Section III. *Signature(s)*

Signature of Applicant/Cardholder or Authorized Representative _____ Date _____

Signature of Applicant’s or Cardholder’s Attorney (if applicable) _____ Date _____

Instructions

Please attach a copy of any written notice and/or documentation that you have received relating to this appeal.
Submit this completed form via email in PDF format to: kymedcancards@ky.gov
Use subject line: ADMIN. HEARING REQUEST (OMC)