



STATE OF NEVADA
DEPARTMENT OF TAXATION

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Agent Registration Change Request

An agent must submit to the Department a request for the change of address or change of name (R092-17, Section 98). This form must be hand-signed. Electronic signatures will not be accepted. Include a copy of your valid government-issued ID. e-mail MJAgentCard@tax.state.nv.us. Hard-copy submissions may be received at any Nevada Department of Taxation Office, Attention: Marijuana Enforcement Division, Agent Card Change, Carson City.

Agent Registration Card # (Example: 180000111): \_\_\_\_\_

Name of Agent (as shown on card) : \_\_\_\_\_

- Agent Name Change Information: Please include a copy of your valid government-issued ID card which includes a photograph and the new name, and any documentation of the reason for the change.

New Name: \_\_\_\_\_

Reason for name change (Example: Marriage): \_\_\_\_\_

- Agent Address Change Information: Please include a copy of your valid government-issued photo ID.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of new address location: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Effective Date of Change (when do you want this change to start?): \_\_\_\_\_

I certify that the information contained in this form is true and correct:

SIGNATURE OF AGENT: \_\_\_\_\_ DATE \_\_\_\_\_

Internal use only

Table with 2 columns and 3 rows: Received by, Active Card and Number Verified, Changed in Portal; Received Date, Scanned to Agent Card Folder, Change date.