

SAMPLE VOIDED MEDICAL CANNABIS REGISTRATION LETTER

Today's date

Major David P. Nilsen
HPD, Firearms Unit
801 South Beretania Street
Honolulu, HI 96813
Fax: 808-723-3266

Dear Major Nilsen,

I am writing this letter on behalf of Patient's name, who has requested my assistance with voiding their medical cannabis registration with the Department of Health (DOH).

Patient's name has stated that registration is no longer needed because they are no longer engaging in the state authorized use of cannabis for medical purposes under Hawaii's Medical Cannabis Program and would like to acquire a firearms permit in Honolulu.

I have reviewed HPD's written policy for those who have failed the required background check for a new firearms permit. However, because Patient's name has not been and is not receiving treatment for an alcohol or drug addiction, abuse, or dependence, does not have a behavior, emotional, or mental disorder as defined by the APA, and does not have an organic brain syndrome, I am unable to provide a letter verifying that any of these categories apply.

Instead, we submitted the necessary paperwork to DOH so that this patient's medical cannabis registration can be voided, which is effective as of today. I am attaching a copy of this document for your records.

I hope that the department can use such documentation to verify that firearms permit applicants are no longer participating in Hawaii's Medical Cannabis Program. Please feel free to contact me with any question.

I appreciate your assistance with this matter.

Aloha,

Signature here
Physician's name and Medical License number here
Office address, contact email and phone number here