Oregon Medical Marijuana Program

Patient Online Application Training
AGENDA

• Introduction
• Why an online application?
• Who can apply online?
• Patient Application Process
• Questions
What is the Oregon Medical Marijuana Online System?

The Oregon Medical Marijuana Online System (OMMOS) is a system designed to allow patients to apply for their Medical Marijuana Card online. This system is not replacing the current process of mailing your paper application in, it is in addition to that system.

Our hope is with this training and the training resources available online that we are able to streamline the application process which will decrease the waiting time to receive your cards.
Who can apply online?

The good news is: Anyone can apply online— you just need to have the following:

- Internet access

- The ability to scan/upload pictures or documents

- Ability to pay with a credit/debit card

That is all that is required to submit your application online versus through the mail.
Welcome to
The Online Application

https://ommpsystem.oregon.gov/
Oregon Medical Marijuana Online System

Already have an account? Need to create an account?
- Sign-in
- Create an account

You can use one account to view all patient, grower and processor information connected to you. Click on the links below to learn more about each:

- Patients
  - Submit an application to register as a new patient or connect to existing patient information.

- Growers
  - Connect to existing patient information.

- Processors
  - Submit an application to register as a processor.

Medical Marijuana Dispensary Application

- Dispensaries
  - Apply or sign in at the Dispensary Program website
The first step for any Oregon Medical Marijuana participant is to create an account. Please fill out the form below to continue the process. This account will allow for the creation of multiple Processing Site Applications and/or register as a Grower.

Note: If you are applying as a Grower, your First and Last names must match exactly with what is on file with the OMMP Program.

- Password must be at least 6 characters long.
- Password must contain at least one special character ("\%|\@|\^|\&|\!-).
- Password must contain at least one numeric (0-9).
- Password must contain at least one uppercase letter (A-Z)

First Name
Last Name
Email
Password
Confirm password
Register
Email Sent
Please check your email and click the confirmation link to continue the process. Email confirmation link will expire in 1 day.
In order to submit a complete application online you must enter all required information, upload documents and make a payment using a debit or credit card.

If you are unable to upload documents and make a payment with a debit or credit card you will not be able to submit an online application. Instructions to mail in your application and check or money order can be found on the OMMP Website.

If you would like to submit a complete application as a new or existing patient please select the “Register as Patient” button below.

Patient:

Grower:

Processing Site:

Select Apply Now to submit and pay for an Oregon Medical Marijuana Program (OMMP) processing site registration application.

You have the ability to submit an application, and application fee, for multiple processing sites under this single account. Once you have completed submission and payment of an application, simply select this link again to submit additional applications. You will need to submit an individual application for each processing site you wish to register. You will be able to manage each processing site application you submit from this single account.

Once your application is submitted you can manage each application and attach the additional documentation required by the Oregon Health Authority. Please remember you must attach the additional documentation for each application you submit.

For more information on application requirements, see our website on How to Apply.

Apply Now
Before You Start

To submit an online application you will have to be able to do the following:
1. Upload all of your documents.
2. Pay your application fee electronically with a debit or credit card.
3. Upload an Attending Physician Statement signed by your physician no more than 90 days ago.

The Oregon Medical Marijuana Program may impose civil penalties for providing false information.

Do you want to Continue?
Renewal Patient

Oregon Medical Marijuana Online System

Patient Registration

Previous screen / Connect to Patient Information

Please enter your:
- Patient Full Name (First Name followed by Middle Initial (if any) and Last Name (including suffix, if any)) exactly as it appears on your last Patient Card.
- Government Identification Number
- Patient Card Number or Registration Number

All information must match exactly what is currently on file with Oregon Medical Marijuana Program.

Patient Full Name (as displayed on your Patient Card) *
Joseph A Doe

AND

Government Identification Number *
1234567

Patient Card Number
1079354

OR *

Registration Number

Next →
Renewal Screen

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Government Identification Type</th>
<th>Government Identification Number</th>
<th>Government Identification Expiration Date</th>
<th>Dob</th>
<th>Phone</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR DMV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>
Patient Registration

Patient Renewal:

If your card is expired or will be expired in the next 90 days you may create a renewal application for the Oregon Medical Marijuana Program. Please click on the Patient Renew button below. OMMP staff will verify all information entered by you. After this review and verification process if your application process is complete your OMMP cards will be sent.

Patient Renew

In order to submit a complete application online you must enter all required information, upload documents and make a payment using a debit or credit card.

If you are unable to upload documents and make a payment with a debit or credit card you will not be able to submit an online application. In which case, please mail your application, documents and check or money order to the OMMP. Visit www.healthoregon.org/ommp for more information.

Note: In order to successfully submit an online patient application you will need to:

- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of gross site scoring;
- Proof of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.
Patient Information

First Name *: Patient

Middle Initial: A

Last Name *: Adam

Phone: 5555555555

Date of Birth *: 07/13/1970

Gender *: Male

Government Identification Type *: OR DMV

Government Identification Number *: 1234567

Government Identification Expiration Date *: 07/13/2022

Mailing Address

Street *: [Enter Street Address]

City *: PORTLAND

State *: OREGON

Zip *: 97206

County *: MULTNOMAH

Next →
In order to successfully submit an online patient application you will need to:
- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Pay application fee with credit or debit card.
As applicable, you may also need to upload:
- Proof of Oregon residency;
- Proof of medical marijuana use;
- Proof of grow site zoning;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.
You must have all this information available before you begin your application as you will need to upload these documents.

**Note:** The standardized format for this address appears to be:

```
123456
PORTLAND OREGON MULTNOMAH 97208-8097
```

*Is this correct?* [Yes] [No]
Patient Registration

Designation of a caregiver is optional if you are 18 or older. If you are under 18 years of age, your caregiver must be your legal guardian.

Do you want to designate a caregiver?

- NO

Next →

Please note:

In order to successfully submit an online patient application you will need to:

- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current attending physician statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:

- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.
Patient Registration

Please note:

In order to successfully submit an online patient application you will need to:
- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement.
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:
- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

Do you want to designate a caregiver?
- YES

First Name *

Middle Initial

Last Name *

Gender *
- Select Gender

Government Identification Type *
- OR DMV

Government Identification Number *

Government Identification Expiration Date *

Mailing Address

Street *

State *
- OREGON

County *
- Select a County

City *

Zip *

Clear Form
Patient Registration

Please note:

In order to successfully submit an online patient application, you will need to:
- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:
- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of age change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

Designation of a grower is optional. Growers must be 21 or older.

Grower Selection

Do you want to designate a Grower?

YES

Is your grower:
- Yourself
- Your Caregiver
- Another Person

First Name:
Grower

Date of Birth:

Gender:
Male

Government Identification Type:
OR DMV

Government Identification Number:

Government Identification Expiration Date:
05/05/2017

Mailing Address

Street:

City:
Medford

State:
OREGON

Zip:
97501

County:
JACKSON

Phone:
3333333333

Next
Patient Registration

Please note:

In order to successfully submit an online patient application you will need to:
- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:
- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

Grow Site Address

Grow site must have a physical Oregon address, it may not be a P.O. Box, tax lot, map numbers, longitude and latitude, townships nor GPS.

Street *   City *
State *   Zip *
County *   Select a County

You need to answer Yes or No to the below questions.
Zoning ordinances can be found at your local city or county zoning office, or local planning board. Many counties also provide this information on their website.

Is grow site within city limits? *   Is grow site zoned residential? *

A grow site is allowed six mature medical marijuana plants per patient with a mature plant maximum of:
- 12 plants for grow sites zoned in city limits and residential.
- 45 plants for grow sites within city limits and not zoned residential or not within in city limits.

Response required to determine grow site registration fee and grower monthly reporting requirement.

Are you your own grower? *
NO

Will the grower (even if it is you) transfer medical marijuana to an OMMP dispensary or processing site? *

Is the grow site your residence? *

Does the grow site have more than 12 mature medical marijuana plants? *
Please enter the information exactly as provided by your attending physician.

Only a Medical Doctor (MD) or a Doctor of Osteopathy (DO) licensed to practice medicine in Oregon may sign your Attending Physician Statement (APS) or medical documentation. You must enter the information on this screen as it appears in your APS or medical documentation. You will be required to upload your APS or medical documentation for validation by OMMR staff. If your physician provided you with additional medical documentation showing proof of a physical exam, medical history review and follow up treatment plan, please upload those as well.

Physician First Name *

Physician Middle Initial

Physician Last Name *

Phone

Oregon Medical Board License number

Physician Address

Street *

State *

OREGON

County *

Select a County

Debilitating Conditions *

- Severe Pain
- Spasms
- Nausea
- Cancer
- Se

Attending Physician Signature Date *

(This complete application must be submitted within 90 days of the attending physician’s signature.)

Next →
Please note:

In order to successfully submit an online patient application you will need to:
- Enter contact information for everyone on the application;
- Upload copies of current government identification for all participants on the application;
- Upload current Attending Physician Statement;
- Pay application fee with credit or debit card.

As applicable, you may also need to upload:
- Proof of Oregon residency;
- Proof of reduced fee qualification;
- Proof of grow site zoning;
- Proof of name change;
- Notarized Declaration of Person Responsible for a minor to participate in the Oregon Medical Marijuana Program.

You must have all this information available before you begin your application as you will need to upload these documents.

The base OMMMP application fee is $200. If you qualify for a reduced fee you must check the box below and upload proof of your current qualification. OMMMP staff will validate your qualification. If you do not upload proof or qualify for the reduced fee that you select your application will be incomplete.

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Document Proof Required?</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee (no proof required)</td>
<td>No</td>
<td>200.00</td>
</tr>
<tr>
<td>Oregon Supplement Nutrition Assistance Program/SNAP (current proof must be uploaded)</td>
<td>Yes</td>
<td>60.00</td>
</tr>
<tr>
<td>Oregon Health Plan/OHP (current proof must be uploaded)</td>
<td>Yes</td>
<td>50.00</td>
</tr>
<tr>
<td>Supplement Security Income/SSI (current proof must be uploaded)</td>
<td>Yes</td>
<td>20.00</td>
</tr>
<tr>
<td>US armed forces service veteran (proof must be uploaded)</td>
<td>Yes</td>
<td>20.00</td>
</tr>
</tbody>
</table>

*Note: Social Security Disability Income (SSDI) and retirement benefits (SSB, etc...) do not qualify for a reduced fee.
The red asterisks shows which Documents you need to include.

You can upload these documents one at a time or as a group.
All Documents Together
Here the green check marks show which documents you stated were uploaded.
Each Document Individually
Below is a list of documents you must upload based on your application. You can upload your document(s) in one pdf or one at a time. Failure to submit required documents may result in your application being rejected.

- Patient Government Identification Copy
- Patient Optional Other (e.g. power of attorney, release of information etc.)
- Caregiver Government Identification Copy
- Grower Government Identification Copy
- Medical Documentation
- Proof of Grow Site Zoning
- SNAP Reduced Fee Qualification

You are seeing this message because the required documentation has not been uploaded. Please upload all the required documents shown above. Your application cannot be submitted until all required documentation has been uploaded.

You must have all this information available before you begin your application as you will need to upload these documents.
Continuing Application after Logout

Oregon Medical Marijuana Online System

Patient:
In order to submit a complete application online you must enter all required information, upload documents and make a payment using a debit or credit card.

If you are unable to upload documents and make a payment with a debit or credit card you will not be able to submit an online application. Instructions to mail in your application and check or money order can be found on the OMMP Website.

If you would like to submit a complete application as a new or existing patient please select the “Register as Patient” button below.

It appears you are in the middle of creating a new patient application. If you’d like to jump back to this application process, then please click the button below to continue.

Grower:
If you are a designated Oregon Medical Marijuana Program (OMMP) grower and have a current, valid Grower Card select the Connect to Grower Information button below to connect to your OMMP grower information.

To complete access set-up, you will need to enter either your current Grower Card Number or Registration Number as well as your Government Issued Identification Number currently on file with the OMMP.

Processing Site:
Select Apply Now to submit and pay for an Oregon Medical Marijuana Program (OMMP) processing site registration application.

You have the ability to submit an application, and application fee, for multiple processing sites under this single account. Once you have completed submission and payment of an application, simply select this link again to submit additional applications. You will need to submit an individual application for each processing site you wish to register. You will be able to manage each processing site application you submit from this single account.

Once your application is submitted you can manage each application and attach the additional documentation required by the Oregon Health Authority. Please remember you must attach the additional documentation for each application you submit.

For more information on application requirements, see our website on How to Apply.

Apply Now
Patient Registration

Electronic Signature *
I understand that by checking this box I am signing this document electronically. I have read the information on the application and previous pages. I understand that this is a new or renewal application for an Oregon Medical Marijuana Program (OMMP) registry identification card and that the application will not be considered complete until the OMMP receives all required information including full payment of the application fee.

Certification *
I attest that the above information is true and understand my OMMP application or cards may be denied, suspended or revoked for submitting false information. It is my responsibility as the patient to affirm all information provided in the application is true even if I received assistance entering the application.

Electronic Signature of Oregon Medical Marijuana Program Patient submitting this application. For a minor, the custodial parent or legal guardian must sign.*

Patient Adam

Next →
Application Review

### Applicant Information

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Participant Name</th>
<th>Government Identification Type</th>
<th>Government Identification Number</th>
<th>Government Identification Expiration Date</th>
<th>Dob</th>
<th>Phone</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>PATIENT A ADAM</td>
<td>OR DMV</td>
<td></td>
<td>07/22/2022</td>
<td></td>
<td>5555555555</td>
<td>Male</td>
<td>PORTLAND OREGON 97206-6097</td>
</tr>
<tr>
<td>Caregiver</td>
<td>CARE GIVER</td>
<td>OR DMV</td>
<td></td>
<td>10/18/2024</td>
<td></td>
<td>7777777777</td>
<td>Female</td>
<td>OREGON 97206</td>
</tr>
<tr>
<td>Grower</td>
<td>GROWER ADAM</td>
<td>OR DMV</td>
<td></td>
<td>05/09/2017</td>
<td></td>
<td>3333333333</td>
<td>Male</td>
<td>AVE MEDFORD OREGON 97501-8662</td>
</tr>
</tbody>
</table>

### Grow Site Information

- **Zoning ordnances can be found at your local city or county zoning office, or local planning board. Many counties also provide this information on their website.**

- **Grow Site Address:** MEDFORD OREGON JACKSON 97501-0862

- **Is Grow Site Zoned Residential?:** Yes
- **Is Grow Site Within City Limits?:** Yes

12 plant maximum and proof of zoning must be uploaded

- A grow site is allowed six mature medical marijuana plants per patient with a mature plant maximum of:
  - 12 plants for grow sites zoned in city limits and residential.
  - 48 plants for grow sites within city limits and not zoned residential or not within in city limits.

### Response required to determine grow site registration fee and grower monthly reporting requirement.

- **Are you your own grower?:** No

- **Will the grower (even if it is you) transfer medical marijuana to an OMMMP dispensary or processing site?:** Yes

- **Is the grow site your residence?:** No

- **Does the grow site have more than 12 mature medical marijuana plants?:** No

The grower will be required to pay the grow site registration fee and submit monthly reporting.

After your application is reviewed and cards are issued, the OMMMP will notify the grower of the requirements to create an online account, pay the $200 grow site registration fee and submit monthly inventory and transfer reports.
## Physician Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone</th>
<th>Oregon Medical Board license number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTOR</td>
<td>SMITH</td>
<td>9999999999</td>
<td>MD12345</td>
<td>PORTLAND OREGON 97206</td>
</tr>
</tbody>
</table>

### Debilitating Conditions

- [x] Severe Pain
- [ ] Spasms
- [x] Nausea
- [x] Cancer
- [x] Seizures
- [x] Cachexia
- [ ] HIV/AIDS
- [ ] Glaucoma
- [ ] Neurological
- [ ] PTSD

**Attending Physician Signature Date:** 01/11/2017  
(This complete application must be submitted within 90 days of the attending physician’s signature date.)

### Fee

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Document Proof Required?</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Oregon Supplemental Nutrition Assistance Program/SNAP (current proof must be uploaded)</td>
<td>Yes</td>
<td>60.00</td>
</tr>
</tbody>
</table>

### Documents

- Below is the list of documents that the patient has submitted along with the application
- * indicates Mandatory document(s) needed to process the application

- [x] Patient Government Identification Copy *
- [ ] Patient Optional Other (e.g. power of attorney, release of information etc.)
- [x] Caregiver Government Identification Copy *
- [x] Grower Government Identification Copy *
- [x] Medical Documentation *
- [ ] Proof of Grow Site Zoning *
- [ ] SNAP Reduced Fee Qualification *

### Signature

**OMMP Patient Application Signed By:** PATIENT ADAM

**Warning:** Once you click the Continue button, you cannot make any changes to the application online. Any changes or corrections must be mailed to the OMMP.

If everything is correct, please click Continue.

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PUBLIC HEALTH DIVISION

Oregon Medical Marijuana Program

36
Payment Process

PATIENT A ADAM
Your application will not be processed until you have submitted payment.
Click the Pay Now button below to pay and continue your application payment process.

Pay Online Now

PUBLIC HEALTH DIVISION
Oregon Medical Marijuana Program

Bank Name

1234 5678 9876 5432
1234
MONT/TERM 12/99

IF LOST OR STOLEN, PLEASE RETURN TO ANY BRANCH OF YOUR BANK

0000 1234 5678 9876
0000
0000
0000
12/99

AUTHORIZED SIGNATURE

ISSUED BY YOUR BANK
Payment Details:

- **SKU:** MMPTT
- **Description:** Patient Payment for: PATIENT A ADAM
- **Unit Price:** $60.00
- **Quantity:** 1
- **Amount:** $60.00

Total: $60.00

**Customer Information:**
- **Address:** PATIENT ADAM, Portland, OR 97206
- **Phone:** 5555555555
- **Country:** United States
- **Email Address:** Padam@zod.zod

**Payment Info:**
- **Credit Card Number:** [Redacted]
- **Credit Card Type:** [Redacted]
- **Expiration Month:** [Redacted]
- **Expiration Year:** [Redacted]
- **Security Code:** [Redacted]
- **Name on Credit Card:** [Redacted]
Customer Information

Address
PATIENT ADAM
Portland, OR 97206

Country
United States

Phone
5555555555

Email Address
Padam@zod.zod

Payment Info

Credit Card
Visa ****1111
Exp. 06/2023

Name on Credit Card
Patient Adam

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction. For technical assistance call 1-855-256-4304.

TOTAL $60.00

Submit Payment

Cancel
You have now completed filling out and submitting the application.
<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Government Identification Type</th>
<th>Government Identification Number</th>
<th>Government Identification Expiration Date</th>
<th>Dob</th>
<th>Phone</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT A ADAM</td>
<td>OR DMV</td>
<td>1234567</td>
<td>07/22/2022</td>
<td></td>
<td>5555555555</td>
<td>Male</td>
<td>PORTLAND OREGON 97201-8097</td>
</tr>
</tbody>
</table>
30 Day Receipt is Ready
30-Day Receipt and PDF of Application
Patient Application SUMMARY - Payment Processed

- This document serves as proof of submission of an application to the Oregon Medical Marijuana Program for an OMMP registry identification card. You may print a copy of this for your records. This document has the same legal effect as a registry identification card until you receive your permanent card. If law enforcement requests legal documentation of your right to have marijuana and you have not yet received OMMP’s approval or denial, present a copy of this PDF as proof of transmission of your application. ORS 475B.475.5.
- After your payment has been processed, you will receive an email notifying you that you can log onto your account and print your 30-Day Receipt.
- If the OMMP determines you have submitted incomplete or false information your 30-Day Receipt will be inactivated and you may be subject to other penalties including suspension from the OMMP for up to 6 months. ORS475B.415(8)(a)

You cannot make changes online to your application.

Reference No MMF 1234567890
Payment 200.00
Date Paid 4/19/2017 8:30:07 PM
Patient 
Phone 
DOB 10/10/1996
Address PORTLAND OREGON 97232
Caregiver Phone 
DOB 
Address 
Grower Phone 
DOB 
Address PORTLAND OREGON 97232
Grow Site 
Signature

The signature above agreed to the following:

- I understand that by checking this box I am signing this document electronically. I have read the information on the application and previous pages. I understand that this is a new or renewal application for an Oregon Medical Marijuana Program (OMMP) registry identification card and that the application will not be considered complete until the OMMP receives all required information including full payment of the application fee.
- I attest that the above information is true and understand my OMMP application or cards may be denied, suspended or revoked for submitting false information. It is my responsibility as the patient to affirm all information provided in the application is true even if I received assistance entering the application.
### 30-Day Receipt and PDF of Application

**Patient Adam** *(Submitted Application)*

**CLICK HERE** for PDF of Patient Application

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Government Identification Type</th>
<th>Government Identification Number</th>
<th>Government Identification Expiration Date</th>
<th>Dob</th>
<th>Phone</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Adam</td>
<td>OR DMV</td>
<td>1234567</td>
<td>07/22/2022</td>
<td>07/13/1970</td>
<td>5555555555</td>
<td>Male</td>
<td>715 NW Hoyt St Portland Oregon 97209-8097</td>
</tr>
</tbody>
</table>

[Print 30-Day Receipt]
30-Day Receipt

This serves as a receipt verifying that the Oregon Medical Marijuana Program received an application from you for an OMMP registry identification card that appears complete. This receipt has the same legal effect as a registry identification card for 30 days.

This does not mean your application for a registry identification card has been fully reviewed or approved. Your application may be incomplete if OMMP determines required documentation or information has not been submitted or is missing.

You must present this document, along with a government issued photo ID, for dispensary access.
Questions?