

Notification of Processing Site Readiness

MMPS number:

I have reviewed the following administrative rules about operating a medical marijuana processing site:

- OAR Chapter 333 Division 8, Sections 333-008-1660 definitions
- OAR Chapter 333-008-1710 through 333-008-1830
- OAR Chapter 333-008-2000 through 333-008-2200

I understand the requirements for operating a processing site. As of the date below, the proposed processing site complies with the rules.

By signing this form I affirm the proposed processing site is ready for inspection by the Oregon Health Authority.

I understand if the proposed processing site does not comply with the above rules, the application for registration may be denied or deemed incomplete.

Printed name of primary PRP

Signature of primary PRP (*required*)

/ /
Date

Send this form to the Oregon Medical Marijuana Program using one of the following methods.
Regardless of the method you choose, the program must receive the completed form by 5 p.m. on the day it is due:

Preferred method:

Sign in to your application at <https://mmdapply.oregon.gov>.
Upload the completed form to the "Documents" tab.

Acceptable methods:

- Email the completed form to medmj.dispensaries@state.or.us.
- Fax the completed form to 971-673-1278.
- Mail the completed and postmarked form to:
OMMP
Attn: Compliance Program
P.O. Box 14450
Portland, OR 97293

Oregon Medical Marijuana Program, P.O. Box 14450, Portland, OR 97293
(971) 673-1946 | <http://www.healthoregon.org/ommp>