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Verification on Oath or Affirmation

I, _____, hereby attest that on _____, I executed
Printed Name Date of Execution of Plan

the Destruction and Disposal of Marijuana Item Plan as proposed to the Oregon Medical Marijuana Program and

Approved on _____. I have destroyed and disposed of the marijuana items I proposed
Date of Plan Approval

to destroy in accordance with the approved methods outlined in the plan.

Signature

Date

OMMP Registration No. _____

STATE OF OREGON

County of _____

Signed and sworn to (or affirmed) before me on (date) _____, 20_____

by (name(s) of individual(s) making statement) _____.

Notary Public – State of Oregon

Official Stamp