

**Grower and Caregiver Voluntary Marijuana Item Destruction Request**

- This form must be completed in its entirety for marijuana items that an OHA registrant intends to destroy voluntarily.
- This form may only be used to request destruction and disposal of product associated with one registrant. Separate requests must be submitted for the destruction of product belonging to different registrants.
- A completed “Destruction and Disposal of Marijuana Plan” must be submitted with this request. No marijuana items may be destroyed until the registrant receives written approval from OHA for the “Destruction and Disposal of Marijuana Plan”

**Registrant Information:**

Registrant Name:	Registration #:	Registration Type: <input type="checkbox"/> Grower <input type="checkbox"/> Caregiver
Phone:	Email:	

**Ownership Information:**

- Contact information for the person who owns this product must be provided below. Please note that under OAR 333-008-0050(3), all marijuana produced for a patient belongs to the patient unless the patient has assigned a portion of the right to possess the product in accordance with ORS 475B.822.

Owner Name:	Registration #:	Registration Type: <input type="checkbox"/> Grower <input type="checkbox"/> Patient
Phone:	Email:	

**Marijuana Items:**

Specify the item types and amounts proposed for destruction and disposal.

<u>Type</u> (check all that apply)	<u>Harvest/Batch #:</u> (Include all)	<u>Exact Amount (Total):</u> Include Units (grams, # items)
<input type="checkbox"/> Marijuana Plants		
<input type="checkbox"/> Usable Marijuana		
<input type="checkbox"/> Liquid Concentrate		
<input type="checkbox"/> Solid Concentrate		
<input type="checkbox"/> Suppository		
<input type="checkbox"/> Tincture		
<input type="checkbox"/> Edible		

**SEE ACKNOWLEDGEMENT & SIGNATURE SECTION ON NEXT PAGE - DOCUMENT IS INVALID WITHOUT SIGNATURE**

**Signature:**

By signing below, I (print name) \_\_\_\_\_ attest that I have the legal authority (based on patient consent or a patient's assignment of rights to marijuana plants and/or usable marijuana to me) to destroy and dispose of the marijuana plants and/or usable marijuana specified above and that I am requesting the voluntary destruction of the marijuana plants and/or usable marijuana specified above. I understand that instead of signing this voluntary destruction request form, OHA could issue a Notice of Proposed Destruction and that I could appeal that notice and request a hearing regarding whether I have to destroy the marijuana plants and/or usable marijuana specified above. With that understanding, I waive any right to a hearing and any right to judicial review of the issues relating to the destruction of these marijuana items.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OMMP USE	
Reviewer:	Reviewed Date: