

**Voluntary Marijuana Item Destruction Request**

- This form is to be completed in its entirety for marijuana items an OHA registrant intends to destroy voluntarily.
- 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 Info:**

Registrant Name:	Registration #:	Registration Type: <input type="checkbox"/> Patient <input type="checkbox"/> MMD <input type="checkbox"/> MMPS
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		
<input type="checkbox"/> Liquid Extract		
<input type="checkbox"/> Solid Extract		

**Signature:**

By signing below, I (print name) \_\_\_\_\_ attest that I have the legal authority to destroy and dispose of the marijuana items specified above and that I am requesting the voluntary destruction of the marijuana items 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 items 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**

<b>Reviewer:</b>	<b>Reviewed Date:</b>
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