

Add a Person Responsible for a Dispensary (PRD)

Note: To remove or change a PRD, use the **Remove or Change a PRD** form (OHA 9246).

Section 1 — Dispensary information

MMD number: _____

Business name: _____
(as registered with the secretary of state)

Physical address of dispensary (street/suite number): _____

City: _____ State: _____ ZIP: _____

Mailing address (if different than above): _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Email address: _____

Name of current primary PRD (last, first): _____

Section 2 — To ADD a PRD

Provide the following information for the proposed PRD to be added.

This will be the primary PRD **OR** This will be a PRD

Name of PRD or primary PRD that will be added (last, first): _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Email address: _____

Section 3 — Signatures (required)

I understand I must also complete and submit the following information regarding each individual added as a PRD:

- A copy of a government issued photo ID (state driver license, state ID card or military ID);
- A Medical Marijuana Individual History form (OHA 9251).
- Background check application and fee (please follow the instructions on Oregon Health Authority web page at <https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Pages/background-check.aspx>)

Sign on next page

By signing below, I certify the information on this form is true and correct to the best of my knowledge. I understand the PRD may not be approved if I submit false information with this request. I have reviewed and understand the dispensary rules in OAR 333, Division 008. By signing this form I attest I can legally act on behalf of the dispensary and business named above. I understand if the new PRD is approved for the dispensary listed on this form, the new PRD is accountable for any intentional or unintentional action of its owners, officers, managers, employees or agents who, with or without the PRD's knowledge, violate ORS 475.314, OAR 333-008-1000 to 333-008-1255 and OAR 333-008-2000 through 333-008-2200.

Printed name of proposed PRD

Signature of proposed PRD (*required*)

/ /
Date

Printed name of owner or primary PRD

Signature of owner or primary PRD (*required*)

/ /
Date

Send this form to the Oregon Medical Marijuana Program using one of the following methods:

- Using a secure account, e-mail the completed form to medmj.dispensaries@odhsoha.oregon.gov
- Mail the completed and postmarked form, Attn: Compliance Program, to the PO Box below.

Oregon Medical Marijuana Program, P.O. Box 14450, Portland, OR 97293
971-673-1234 | <http://www.healthoregon.org/ommp>