

Personal Agreement Form Transfer of Medical Marijuana Items to Medical Marijuana Patient's Designated Grower

Instructions: To be completed by and signed by the **OMMP patient**. Use this form to assign a portion of your rights to possess a specified amount of your usable marijuana, immature plants and seeds to your grower. ORS475C.798

Section 1 — Patient Information (required)

Name:	Phone number:
OMMP card number:	Card expiration date:
Section 2 — Grower Information (required)	
Name:	Phone number:
OMMP card number:	Card expiration date:
Grow Site Address	

Section 3 — Signature and transfer information (*required*)

I,_____, (*patient*) assign the possessory rights to my marijuana as outlined below to my grower identified under Section 2:

Specify the amount or quantity and the unit of measure of the marijuana items that will be signed over to the grower. Enter NA for any type of marijuana item for which you do not assign to the grower a right to possess.

Usable marijuana:

Seeds:

Immature plants 24 inches or more in height:

Immature plants under 24 inches in height:

I understand the product will no longer be my property after transfer is complete.

Patient signature (*required*):

Date:

Note: The grower must keep the original copy of this form on file. Marijuana items that are assigned to a grower may only be transferred to medical dispensaries, medical processors or to an OLCC licensed recreational processor or an OLCC licensed recreational wholesaler if the grow site meets the qualifications to make transfers into the OLCC adult-use market.

This agreement is not transferable to a new grower if a change in a grower is made. This agreement needs to be renewed every year when the patient renews their OMMP registration.

Oregon Medical Marijuana Program, P.O. Box 14450, Portland, OR 97293-0450 971-673-1234 | <u>http://www.healthoregon.org/ommp</u>