

Extension Request for Dispensary Readiness

- The Oregon Medical Marijuana Program must receive this form **before** your 60-day readiness deadline expires.
- The extension request must be for a reason outside your control and you must provide supporting documentation.
- The extension starts from the day it is approved and may not exceed 60 days.
- The program can only grant one extension.
- You will receive a response in writing once the program has processed your request.

Primary person responsible for the dispensary (primary PRD) information — (required)

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

MMD number: _____

Mailing address: _____ Apartment number: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ Email: _____

Reason for extension — (required)

Describe the reason for this extension request:

Signature — (required)

Primary PRD signature

____ / ____ / ____
Date