

## Add a Person Responsible for a Processing Site (PRP)

**Note:** To remove or change a PRP, use *Remove or Change a PRP* (OHA 9256).

### Section 1 — Processing site information

MMPS number:	Business name ( <i>as registered by the secretary of state</i> ):		
Physical address of processing site ( <i>street/suite number</i> ):			
City:	State:	ZIP:	
Mailing address ( <i>if different than above</i> ):			
City:	State:	ZIP:	
Phone number:			
Email address:			
Name of current primary PRP ( <i>last, first</i> ):			

### Section 2 — To ADD a PRP

Fill out the information below for the PRP or primary PRP that <b>is new</b> and will be added.			
<input type="checkbox"/>	This will be the primary PRP	<b>OR</b>	<input type="checkbox"/> This will be a PRP
Name of PRP or primary PRP that will be <b>added</b> ( <i>last, first</i> ):			
Mailing address:			
City:	State:	ZIP:	
Phone number:	Email address:		

### Section 3 — Signature (required)

I understand I must also complete and submit the following information for each individual added as PRP:

- 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>*)

By signing below, I certify the information on this form is true and correct to the best of my knowledge. I understand the PRP may not be approved if I submit false information with this request. I have reviewed and understand the processing site rules in OAR 333, Division 008. By signing this form I attest I can legally act on behalf of the processing site and business named above. I understand if the new PRP is approved for the processing site listed on this form, the new PRP is accountable for any intentional or unintentional action of its owners, officers, managers, employees or agents who, with or without the PRP's knowledge, violate ORS 475B.840, OAR 333-008-1600 to 333-008-1830 and OAR 333-008-2000 through 333-008-2200.

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Printed name of proposed PRP

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Signature of proposed PRP (*required*)

/ /  
Date

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Printed name of owner or primary PRP

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Signature of owner or primary PRP (*required*)

/ /  
Date