

### Processor or Dispensary Election Form

This form must be fill out by a person registered with the OMMP as a person responsible for a processing site or dispensary, or an owner. One form is to be used for one registration number.

This election is for:	<input type="checkbox"/> Processing Site <input type="checkbox"/> Dispensary
Registration Number (MMPS # or MMD #)	
Name (First, middle initial, last)	
Business Name	
Facility Address	
City and Zip Code	

By selecting one of the boxes and initialing after the statement below you are informing OMMP of your decision of either continuing your registration with OMMP or applying for licensure with OLCC.

**A decision must be made and submitted to OMMP no later than December 1, 2017.**

I would like to continue my registration with OMMP, use CTS and pay an additional fee of approximately \$480. \_\_\_\_\_ Initial

I choose to apply with OLCC and will submit an application to OLCC before January 1, 2018. \_\_\_\_\_ Initial

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Upload the completed form to your OMMP registration account online.**

Processors: <https://ommpsystem.oregon.gov/>

Dispensaries: <https://mmdapply.oregon.gov/>