

Authorized Individuals of the Named Licensee

Manufacturer, service center, and laboratory license applicants must submit this form which identifies the individual applicant(s) authorized to make decisions on behalf of the Named Licensee. At least one individual must be identified and the person signing this form, **must** be included in the list of persons authorized to make decisions.

If the license application will be submitted online through the [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance system \(TLC\)](#), please upload this form in the application. If the application will be mailed, please submit this form with the mailed application. We recommended a copy of this form be retained for your records.

Named Licensee: _____

Legal Name:		Title:	
Legal Name:		Title:	
Legal Name:		Title:	
Legal Name:		Title:	
Legal Name:		Title:	
Legal Name:		Title:	
Legal Name:		Title:	
Legal Name:		Title:	

If more space is needed, please submit an additional form.

Please initial the following statement indicating you understand and agree.

____ I certify the individual applicant(s) listed on this form are authorized to make decisions on behalf of the Named Licensee.

Printed Name of Individual Authorized to Act on Behalf of the Named Licensee:

Signature of Individual Authorized to Act on Behalf of the Named Licensee:

_____ Date: _____