

CHANGE OF LICENSEE FORM

License Operational Name: _____

License Number (TLC): _____

Date of Request: _____

Instructions

Licensed psilocybin manufacturers, service centers and laboratories may use this form to remove individual and legal entity licensees from their approved business structure. and add applicants to the licensed business. Oregon Psilocybin Services may require a licensee to submit a new license application if the requested change results in an overall change in ownership structure that is 51 percent or greater as described in OAR 333-333-4200.

Removal of Individual Licensee

Please list the individual licensee to be removed.

Individual Licensee Name: _____

Signature of Removed Licensee: _____

Removal of Legal Entity Licensees

Please list the legal entity to be removed.

Legal Entity Licensee Name: _____

Addition of Individual Licensees

Please list individual licensees you propose to add and complete a separate [Individual Applicant Information Form](#) for each addition.

Individual Applicant Name(s): _____

Addition of Legal Entity Licensees

Please list the legal entity licensees you propose to add and complete a separate [Legal Entity Applicant Form](#) for each addition.

Legal Entity Applicant Name(s): _____

Printed Name of Licensee Completing this Form:

Signature of Licensee Completing this Form:

Date: _____