

Individual Applicant Information Form Instructions

What is this form?

Use this form to provide information for each individual who qualifies as an “applicant” for a psilocybin manufacturer, laboratory, or service center license, as described in [OAR 333-333-1010 \(5\) and OAR 333-333-4030](#).

Each individual applicant must complete and sign their own applicant information form.

This form is not required for facilitator license or worker permit applications.

Who is required to complete this form?

Everyone who qualifies as an applicant for a manufacturer, laboratory, or service center license as described in OAR 333-333-1010 and OAR 333-333-4030.

An “applicant” means an individual who:

- Holds or controls an interest of more than 20 percent in the entity proposed to be licensed;
- Is entitled to receive 20 percent or more of revenue, profits or proceeds from the entity proposed to be licensed; **or**
- Is entitled to exercise control over the entity proposed to be licensed.

The following individuals within the legal entity are also applicants and must complete this form:

- If an applicant is a limited partnership, each general partner in the limited partnership.
- If an applicant is a limited liability company, each manager and managing member of the limited liability company.
- If the applicant is a for-profit corporation, each principal officer of the corporation.
- If the applicant is a non-profit entity, each principal officer of the entity.
- Any individual within the legal entity who meets the definition of applicant in OAR 333-333-1010.

I know I have to submit fingerprints. How do I do this?

Do not submit fingerprints until Oregon Psilocybin Services requests that you do so. For more detailed information on background checks, please review the [Overview of the Background Check Process](#) document.

The following information in this form will be used to initiate the background check:

- Legal name
- Prior names and aliases
- Date of birth
- Social security number (this is voluntary)
- Physical address
- Mailing address (if different)
- Phone number
- Email
- Residential history outside of Oregon in the past five years

How do I submit this form?

If the licensing application is being submitted online through the [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance system \(TLC\)](#), please provide this form to the person submitting the application online. All individual and entity applicant information forms must be uploaded into the application prior to submitting the application.

If the application is being mailed, please provide this form to the person mailing the application. All individual and entity applicant information forms must be included with the application at the time of submission.

We recommended a copy of this form be retained for your records.



Individual Applicant Information Form

Please indicate which type of license and the name on the license application you are associated with:

Manufacturer Laboratory Service Center

Named Licensee on the Application:

If you are an individual applicant associated with a legal entity applicant in the application, please provide the name(s) of the legal entity applicant(s) you are associated with:

Individual Applicant Information

Legal Name: _____
 First Middle Last

Preferred Name (optional) _____

Prior Names and Aliases (This information is used for the purposes of the background check):

Date of Birth: _____

Social Security Number: _____

OR I don't have a social security number

IMPORTANT NOTE: If you do not have a social security number, you may still be licensed or permitted by Oregon Psilocybin Services.

SOCIAL SECURITY NUMBER DISCLOSURE As part of your application for an initial or renewal license, Federal and State laws require you to provide your

Social Security Number (SSN), if you have one, to Oregon Psilocybin Services for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and you have an SSN but fail to provide your SSN, Oregon Psilocybin Services may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you confirm your agreement that OPS can use it for administrative purposes as well.

Based on our authority under OAR 333-333-4100, we are requesting your voluntary consent to use your SSN for the following administrative purposes only: to positively confirm your identity during the criminal records check. Oregon Psilocybin Services will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC§ 552(a)). **Please check the appropriate box next to the social security field indicating whether you consent or do not consent.**

Do you consent to use of SSN for purposes of confirming identity during a criminal records check?

- Yes
- No

Primary Phone Number: _____

Alternate Phone Number (optional): _____

Primary Email Address: _____

Preferred Language (optional): _____

Preferred Pronouns (optional):

Physical Address

Mailing Address

Same as Physical Address

Residential History Outside of Oregon in the Past 5 Years

This information is used for the purposes of the background check.

City/State/Country	From (Month/Year)	From (Month/Year)

Previous License or Permit

Have you applied for or received any other licenses or permit from Oregon Psilocybin Services?

Yes No

If yes, please provide the license/permit name and license/permit id(s) for each:

Worker Permit

An individual who is a licensee or a licensee representative must have a valid worker permit if the individual participates in:

- The provision of psilocybin services at a licensed premises
- The possession, manufacturing, securing, or selling of psilocybin products at a licensed premises
- The recording of the possession, manufacturing, securing, or selling of psilocybin products at a licensed premises
- The verification of any document described in ORS 475A.445

To apply for an Oregon Psilocybin Services Worker Permit, please visit the [Oregon Psilocybin Services \(OPS\) – Training Program, Licensing, and Compliance system \(TLC\)](#) to apply online OR visit the [OPS - Worker Permit webpage](#) for a paper application and the Worker Permit Application Guides.

If an individual applicant does not want or is unable to apply online, the worker permit application may be submitted with the manufacturer license application or mailed separately.

Important note: An individual person identified as a license applicant is not required to undergo a criminal background check and fitness determination if that person has completed a criminal background check and fitness determination in connection with another license application **within 30 days of their current license application.**

Applicant Statements

Each individual applicant must complete and sign their own form. Please initial each statement indicating you understand and agree.

_____ I certify the information provided in this form is true and complete to the best of my knowledge. I understand falsifying an application, supplying misleading information, or withholding information is grounds for denial of my application or revocation of my license.

_____ I understand I am responsible for making my own determination regarding the legal risks associated with a Schedule 1 substance under the Federal Controlled Substances Act.

_____ I understand the information provided in application materials, including an applicant name, is subject to disclosure under Oregon's public records laws.

_____ I understand I must complete and pass a background check as a condition of licensure.

_____ I understand I must notify Oregon Psilocybin Services in writing within 10 business days of any conviction for any misdemeanor or felony committed and I will be required to undergo another criminal background check.

_____ I understand that the individual and legal entity applicants in the licensing application must meet the Oregon resident requirements outlined in ORS 475A and OAR 333-333-4050.

_____ I understand I must notify Oregon Psilocybin Services in writing within 10 business days of a change in contact information.

_____ I understand I must obtain a psilocybin worker permit if I participate in activities outlined in OAR 333-333-4070 (1) (a), (b), (c), (d).

_____ I have read, understand, and agree to adhere to the Oregon Psilocybin Services Revised Statutes (ORS) Chapter 475A, Oregon Administrative Rules (OAR) Chapter 333, Division 333, as well as any other applicable statutes or laws.

_____ I understand that failure to adhere to these statutes and rules may result in my application being denied or disciplinary action taken against any future licenses issued by Oregon Psilocybin Services.

_____ I understand the designated Primary Point of Contact of the proposed named licensee is responsible for ensuring all persons identified as licensees or applicants are aware of relevant communications, including but not limited to notices issued under ORS Chapter 183.

_____ I understand the application and annual licensing fees are non-refundable.

Printed Name of License Applicant: _____

Signature of License Applicant: _____ Date: _____