

## Local Government Personnel Form

Pursuant to ORS 475A.582, designated local government personnel can call the Oregon Psilocybin Services (OPS) License Verification Hotline to verify if an address is the location of a premises licensed under the Oregon Psilocybin Services Act or is the location of a premises for which an application for licensure has been submitted. To be able to use the OPS License Verification Hotline, a manager or supervisor must submit this form which identifies designated local government personnel who are authorized to verify pending applications and licensed premises

### Manager or Supervisor

_____	_____	_____
First and Last Name	Title	Agency Name
_____	_____	_____
Phone Number	Email Address	

### Designated Local Government Personnel

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**By signing this form, I attest that all employees on the Local Government Personnel Form are currently employed and approved to request OPS license or application verification pursuant to ORS 475A.582. I understand a new Local Government Personnel Form must be completed, signed, and submitted each calendar year from the date signed.**

Manager or Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_