



**OREGON LIQUOR CONTROL COMMISSION**

**Supplemental Form:**

**Processor Detailed Product Description**

<b>Product Name:</b>		<b>Endorsements Used</b> <input type="checkbox"/> Concentrate <input type="checkbox"/> Extract <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Industrial Hemp
<b>Description of Product:</b>		
<input type="checkbox"/> This product is a concentrate or extract; <b>and</b> It will be used as an ingredient in a cannabinoid edible		

**Cannabinoid Starting Materials:**

<input type="checkbox"/> Usable marijuana (whole plant, flower, or trim)	<input type="checkbox"/> Industrial hemp (whole plant, flower, or trim)
<input type="checkbox"/> Cannabinoid concentrate <input type="checkbox"/> made under this license <input type="checkbox"/> received from another OLCC license	<input type="checkbox"/> Industrial hemp concentrate <input type="checkbox"/> received from an Industrial Hemp Handler <input type="checkbox"/> received from another OLCC license <input type="checkbox"/> made under this license
<input type="checkbox"/> Cannabinoid extract <input type="checkbox"/> made under this license <input type="checkbox"/> received from another OLCC license	<input type="checkbox"/> Industrial hemp extract <input type="checkbox"/> received from an Industrial Hemp Handler <input type="checkbox"/> received from another OLCC license <input type="checkbox"/> made under this license
<input type="checkbox"/> Other cannabinoid product (please describe):	

**Solvents:**

<input type="checkbox"/> None	<input type="checkbox"/> Butter	<input type="checkbox"/> Propane	<input type="checkbox"/> Hexane
<input type="checkbox"/> Ethanol	<input type="checkbox"/> Coconut Oil	<input type="checkbox"/> Butane	<input type="checkbox"/> CO <sub>2</sub> (liquid or supercritical fluid)
<input type="checkbox"/> Isopropyl Alcohol	<input type="checkbox"/> Olive Oil	<input type="checkbox"/> Glycerin	
<input type="checkbox"/> Other (please describe):			

<b>Other Ingredients:</b>	
<b>Equipment Used:</b>	
<b>Describe the Process:</b>	

**This product is intended to be consumed in the following ways (check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Smoked                   | <input type="checkbox"/> Orally ingested (e.g. eaten) | <input type="checkbox"/> Applied in mouth (buccal or sublingual) |
| <input type="checkbox"/> Vaporized                | <input type="checkbox"/> Applied to skin or hair      | <input type="checkbox"/> Administered nasally                    |
| <input type="checkbox"/> Other (please describe): |   |  |