



Registration for Medical Grow Site Transfers to
Recreational Processors and Wholesalers

What is this form?

A grow site authorized by the Oregon Medical Marijuana Program (OMMP) to grow more than 12 plants, and subject to tracking marijuana in the **Cannabis Tracking System** (CTS, also called "Metrac"), may apply with the commission to transfer 20 pounds of marijuana to an **Oregon Liquor Control Commission** (OLCC) processor or wholesaler annually. The approval for the annual 20 pound transfer is only available to the grow site as a whole, not each grower located at the site. There is no fee for this registration.

OLCC USE ONLY		
<input type="checkbox"/>	Transfer Registration Approved	
<input type="checkbox"/>	Transfer Registration Refused	
Staff Name (Print)	Initial	Date
<input type="checkbox"/>	Transfers enabled in CTS	
<input type="checkbox"/>	Confirmation sent to GSA	

In order to receive approval from the OLCC the **grow site administrator**

(GSA) must provide verification the grow site has legal access to water. The OLCC must also confirm that the site was first registered as a medical marijuana grow site **on or before August 2, 2017** and has been continually registered since that time.

Once the OLCC has reviewed the verification of legal access to water and that the site has been registered since August 2, 2017, the Commission will send, in writing, approval for the annual 20 pound transfer. This approval will be sent to the GSA for the site.

For more information on water law and commercial marijuana production please read the Oregon Department of Water Resources "[Understanding Water Use Regulations](#)" brochure.

In addition, growers are required to have an assignment of rights from their patient before transferring to OLCC licensees as required under ORS 475B.825 by obtaining a personal agreement as described in ORS 475B.822.

To submit this form:

- Enter all required information in **Section 1**.
- Select at least one option (A, B, or C) for **Section 2** and attach the required documentation.
- Read and checkmark all required acknowledgements in **Section 3**.
- Enter your name and signature on the provided lines.
- Submit the completed form and all attachments via email to marijuana@oregon.gov with the subject line "**GSA Marijuana Transfer Registration**" followed by your CTS facility ID.

Do not use this form if you are:

- At a grow site with two or fewer patients that is not required to track marijuana in CTS.
- At a grow site NOT registered as a grow site continually since August 2, 2017.
- A **GSA** who has not yet activated a required **CTS administrator account** and set up a facility in **CTS**. Your site must be active in CTS. See the document "Checklist for Medical Marijuana Tracking in CTS" available on the "Forms & Publications" page at <http://marijuana.oregon.gov>
- A medical marijuana grower, other than the **GSA**, at a grow site tracked in **CTS**. Only the **GSA** may complete the registration form.

Section 1 – Grow Site Information

Enter information for the medical marijuana grow site.

Your “facility ID” is the number that appears in the upper-right of your screen in CTS after logging in. A grow site will have a facility ID starting with “220-“

Your “CTS user name” is the name you use to log in to CTS.

CTS facility ID number:	220-			
Mailing Address:				
City:		State:		ZIP:
Grow Site Address:				
City:		State:	OR	ZIP:
GSA Contact Name:				
Main Phone:		Cell:		
Email:				
CTS User Name:				

Section 2 – Verification of Legal Access to Water

Applicants must demonstrate legal access to water that will be used for the cultivation of marijuana sold into the OLCC licensed recreational system by:

- Holding a water right permit or certificate for the proposed premises; or
- Demonstrating that water will be provided by a public or private supplier; or
- Providing completed “[Exempt Water Form](#)” from the Oregon Water Resources Department that the water to be used for production does not require a water right. The form can be found at www.oregon.gov/owrd.

Check at least one of the three sections (A, B, and/or C) on the following pages and provide additional information as listed under the applicable section(s).

Continued on following page

Section 2 – Verification of Legal Access to Water (*continued*)**A.**

I have one or more water right permits or certificates and have listed all such permits or certificates below.

I have included copies of permit(s) or certificate(s).

Water Right Number	Type of Use Listed on Water Right (Ex. Irrigation, Nursery, etc.)	Place of Use Listed on Water Right (Township, Range, Quarter-Quarter, Tax Lot)	Quantity of Water Listed on Water Right (Rate in cfs and Duty in AF or gallons)	Is this a storage, surface water, or groundwater right?

Continued on following page

Section 2 – Verification of Legal Access to Water (*continued*)**B.**

Water used for the proposed production operation will be supplied by a public or private water supplier.

Supplier contract, statement, or bill attached. (*Required if selecting this option.*)

Supplier contact information:

Company Name:			
Address:		Phone:	
City:		State:	Zip:

Company Name:			
Address:		Phone:	
City:		State:	Zip:

C.

I have attached documentation from the Oregon Water Resources Department “[Exempt Water Form](#)” demonstrating that the water to be used for production of marijuana for commercial purposes on the proposed premises is from a source that does not require a water right.

Section 3 – Acknowledgement

Check the following boxes to indicate you have read and acknowledged each statement.

By signing and dating below, I attest that:

- I am the grow site administrator (GSA) for this location.
- The information included in this form is true and correct to the best of my knowledge.
- I understand that certain domestic water rights for non-commercial purposes may not be sufficient to meet the requirements for transfer of medical marijuana to a recreational marijuana licensee for commercial resale.
- As the GSA for this site, I have confirmed that the patients for whom this marijuana has been produced have entered into patient agreements with growers to allow this marijuana to be transferred to OLCC licensees. Copies of these agreements will be maintained on site and provided upon request.
- I understand that inaccurate or incomplete information on this form may cause the OLCC to refuse to register my grow site for this privilege.

First Name:	Last Name:
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Signature:	Date:
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