OREGON LIQUOR & CANNABIS COMMISSION



Non-Cannabis Additive Documentation

For Industrial Hemp-derived Vapor Items

What is this form?

This form is required to be submitted with label applications for industrial hemp-derived vapor items with non-cannabis additives in the online licensing system (OAR 845-026-7060). Failure to submit this form and/or accurately complete it will be grounds for the OLCC to require resubmission of the label application and possible label denial.

This form must be submitted for <u>each</u> manufacturer of non-cannabis additives used for the particular label application. List the name of each non-cannabis additive you are using from the listed manufacturer. If your label lists a different additive name, add the name in parenthesis following the manufacturer's name for the additive. Do not provide the list of ingredients in this form.

This form must be updated and resubmitted if the manufacturer of the non-cannabis additive changes, or if you are adding new additives that were not part of the initial submission. Note that a change in additives, additive formulation, or manufacturer requires label resubmission and pre-approval before the label can be compliantly used (see OAR 845-026-7060).

Section 1 - Hemp Vapor Item Manufacturer Information						
Processor Name:						
License Number:						
Premises Address:						
City:		State:	OR	ZIP:		
Premises Phone:						
Business Email:						
Section 2 - Non-cannabis Additive Manufacturer Information						
Business Name:						
Address:						
Phone:						
City:		State:		ZIP:		
Business Email:						

OREGON LIQUOR & CANNABIS COMMISSION



Non-Cannabis Additive Documentation

For Industrial Hemp-derived Vapor Items

Section 3 - Non-Cannabis Additives

List the name of each non-cannabis additive (<u>do not list ingredients</u>). If the label lists a different additive name, add the label name in parenthesis). If you run out of room, you can submit multiple copies of this form.

Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Additive Name:		Additive Name:				
Section 4 - Acknowledgement						
I affirm that the information contained herein is truthful and accurate.						
Signature:		Date:				
Name:		Title:				