

Remove or Change a Person Responsible for a Dispensary (PRD)

(Only use this form when a PRD needs to be removed or changed.)

Note: To add a new PRD use the **Add a PRD** form (OHA 9253).

Section 1 — Dispensary information

MMD number:	Business name (<i>as registered by the secretary of state</i>):		
Dispensary physical address (<i>street/suite number</i>):			
City:		State:	ZIP:
Mailing address (<i>if different than above</i>):			
City:		State:	ZIP:
Phone number:	Fax number (<i>optional</i>):		
Email address:	Website (<i>optional</i>):		
Name of current primary PRD (<i>last, first</i>):			

Section 2 —To REMOVE a PRD

Fill out the below information only if the PRD will be permanently removed . Leave this section blank if this is a change and use section 3.			
Name of PRD or primary PRD that will be removed (<i>first, last</i>):			
Home address (<i>street/apartment number</i>):			
City:		State:	ZIP:
Mailing address (<i>if different than above</i>):			
City:		State:	ZIP:
Phone number:	Email address:		

Section 3 —To CHANGE a PRD

Fill out this section **only** if a current PRD or primary PRD will change.

This PRD is changing to a primary PRD; **OR** This primary PRD is changing to a PRD.

Name of PRD (first, last)

Home address (*street/apartment number*):

City:

State:

ZIP:

Mailing address (*if different than above*):

City:

State:

ZIP:

Phone number:

Email address:

Section 4 — Signature (*required*)

I understand that this form is **only** for the removal or change of an existing and approved PRD or primary PRD.

By signing below, I certify that the information on this form is true and correct to the best of my knowledge. I understand that the change may not be approved if I submit false information with this request. I have reviewed and understand the dispensary rules in OAR 333, Division 008. By signing this form I attest that I can legally act on behalf of the dispensary and business named above. I understand that PRDs are accountable for any intentional or unintentional action of their owners, officers, managers, employees or agents who, with or without the PRD's knowledge, violate ORS 475.314 or OAR 333-008-1000 to 333-008-1248 and OAR 333-008-2000 through 2200.

Printed name of proposed PRD

Signature of proposed PRD (*required*)

Date

Printed name of owner or primary PRD

Signature of owner or primary PRD (*required*)

Date

Oregon Medical Marijuana Program, P.O. Box 14116, Portland, OR 97293-0116

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