

## Add a Person Responsible for a Dispensary (PRD)

(Only submit this form when a PRD or primary PRD is added.)

**Note:** To remove or change a PRD, use the **Remove or Change a PRD** form (OHA 9246).

### 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 ADD a PRD

Fill out the information below for the PRD or primary PRD that <b>is new</b> and will be added. <input type="checkbox"/> This will be the primary PRD <b>OR</b> <input type="checkbox"/> This will be a PRD		
Name of PRD or Primary PRD that will be <b>added</b> ( <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:

## Section 2 — To ADD a PRD (continued)

Phone number:	Email address:
Name of current primary PRD ( <i>last, first</i> ):	

## Section 3 — Signature (required)

I understand that I must complete and submit the following information regarding each individual for whom the change is occurring:

- This **Add a Person Responsible for Dispensary (PRD)** form;
- A check or money order payable to the Oregon Health Authority for \$35 for a criminal background check;
- Fingerprints in accordance with instruction on the OHA webpage;
- A **Criminal Background Check Request** form (OHA 9327);
- A copy of a government issued photo ID (*Oregon driver license, state ID card or military ID*).
- A **Medical Marijuana Individual History** form (OHA 9251).

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 PRD 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 if the new PRD is approved for the dispensary listed on this form, the new PRD is accountable for any intentional or unintentional action of its owners, officers, managers, employees or agents who, with or without the PRD's knowledge, violate ORS 475.314, OAR 333-008-1000 to 333-008-1248 and OAR 333-008-2000 through 333-008-2200.

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Printed name of proposed PRD

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Signature of proposed PRD (*required*)

Date

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Printed name of owner or primary PRD

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Signature of owner of primary PRD (*required*)

Date

Oregon Medical Marijuana Program, P.O. Box 14116, Portland, OR 97293-0116  
Phone: 1-855-244-9580 | [www.healthoregon.org/ommp](http://www.healthoregon.org/ommp)