

Medical Marijuana Processor Endorsement

Section 1 — Business information

MMPS number:	Business name (as registered by the secretary of state):		
DBA or trade name (as registered by the secretary of state):			
Mailing address:			
City:		State:	ZIP:
Phone number:		Email address:	
Print name of primary PRP (last, first):			
Signature of primary PRP (required):			Date: / /

Section 2 — Endorsements

Endorsements sought:

- Edibles*
- Topicals
- Concentrates
 - will be edible ingredient*
- Extracts**
 - will be edible ingredient*
- Tinctures, capsules, suppositories, transdermal patches

* If you are applying to endorse a cannabinoid **edible, or an ingredient to an edible product**, the Oregon Department of Agriculture must license the business as a food establishment.

If you are applying to endorse a cannabinoid **extract, you must submit a written statement from the local government that the proposed processing site location is not located in an area zoned for residential use.

Section 3 — Product description

Describe each product to be processed and the equipment/method used. If you need additional space, attach additional forms.

Product: Describe each product to be processed

Type: Describe if the product is an edible, topical, concentrate, capsule, suppository, tincture or extract

Equipment used: List equipment/method used

Compounds used: Describe all solvents, gases, chemicals or other compounds used

Product:

Type:

Equipment used:

Compounds used:

Product:

Type:

Equipment used:

Compounds used: