

Notification of Dispensary Readiness

MMD number:

Name of primary PRD (*last, first*):

I, _____, (*print full name*) hereby attest that I have reviewed the following regarding operating a medical marijuana dispensary:

- OAR Chapter 333 Division 8, Sections 333-008-0010 definitions;
- OAR Chapter 333-008-1075 through 333-008-1248; and
- OAR Chapter 333-008-2000 through 333-008-2200

I understand the requirements for approving a dispensary. As of the below date, the dispensary is in full compliance with the rules.

By signing this form I affirm that the dispensary is ready for the Oregon Health Authority's review.

I understand that if I fail to meet the above rules, my application may be denied or deemed incomplete.

Signature of primary PRD (*required*)

Date

Send this form to the Medical Marijuana Dispensary Program using one of the following methods. **Regardless of the method you choose, you must send the completed form by 5 p.m. on the prescribed deadline:**

- **Preferred method:**
Sign into your application at <https://mmdapply.oregon.gov>.
Upload the completed form to the "Documents" tab.
- Email the completed form to medmj.dispensaries@state.or.us.
- Fax the completed form to 971-673-0076.
- Mail the completed and postmarked form to:
Oregon Medical Marijuana Dispensary Program
Oregon Health Authority
P.O. Box 14116
Portland, OR 97293-0116

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