

Remove or Change a Person Responsible for a Processing Site (PRP)

Note: To add a new PRP use **Add a PRP** (OHA 9257).

Section 1 — Processing site information

| | | | |
|--|---|------|--|
| MMPS number: | Business name (<i>as registered by the secretary of state</i>): | | |
| Processing site physical address (<i>street/suite number</i>): | | | |
| City: | State: | ZIP: | |
| Mailing address (<i>if different than above</i>): | | | |
| City: | State: | ZIP: | |
| Phone number: | | | |
| Email address: | | | |
| Name of current primary PRP (<i>last, first</i>): | | | |

Section 2 —To REMOVE a PRP

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

Section 3 —To CHANGE a PRP

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

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

Name of proposed PRP (*last, first*):

Mailing address:

City:

State:

ZIP:

Phone number:

Email address:

Section 4 — Signature (*required*)

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

By signing below, I certify the information on this form is true and correct to the best of my knowledge. I understand the change may not be approved if I submit false information with this request. I have reviewed and understand the processing site rules in OAR 333, Division 008. By signing this form I attest I can legally act on behalf of the processing site and business named above. I understand PRPs are accountable for any intentional or unintentional action of their owners, officers, managers, employees or agents who, with or without the PRP's knowledge, violate ORS 475.314 or OAR 333-008-1600 to 333-008-1830 and OAR 333-008-2000 through 2200.

Printed name of proposed PRP

Signature of proposed PRP (*required*)

/ /
Date

Printed name of owner or primary PRP

Signature of owner or primary PRP (*required*)

/ /
Date

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