

If you are not an Oregon resident or do not meet either of the residency categories listed below DO NOT SIGN THIS FORM. You are ineligible to be a grower under the Oregon Medical Marijuana Act and you should inform the patient that he or she should find a new grower.

THIS FORM MUST BE SUBMITTED WITH OREGON IDENTIFICATION. This form may NOT be used with identification issued from other states or with alternative identification (passport etc.)

I, _____ [Grower Full Name]

_____/_____/_____ [Grower Date of Birth mm/dd/yyyy] swear and affirm that (initial ONE of the following checkboxes):

1. I was a registered OMMP Grower on or before January 1, 2015 ;
2. I have resided in the State of Oregon for the last year; and
3. I do not have photo identification issued by a state other than Oregon within the last year.

OR

1. I have resided in the State of Oregon for the last two years; and
2. I do not have photo identification issued by a state other than Oregon within the last two years.

I understand that if it is discovered that any of the statements above are false, the Oregon Health Authority may deny, suspend, or revoke the registration, and I may be subject to civil penalties or criminal penalties under Oregon Revised Statutes 162.065, 162.075 or 162.085.

Grower Signature

Date