

Oregon Medical Marijuana Program

311 CHANGE REQUEST FORM

For Office Use:

CHC

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Oregon Medical Marijuana Act. For your protection, please use this form to submit changes. Attach legible copies of ID, if applicable. If applicant is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the Primary Caregiver. **PLEASE TYPE OR PRINT LEGIBLY.**

A PATIENT INFORMATION (REQUIRED)			
LEGAL NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH:
MAILING ADDRESS:			TELEPHONE NUMBER:
CITY:	STATE: OR	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the following must be attached. Please check appropriate box: <input type="checkbox"/> Oregon Drivers License Card #: _____ <input type="checkbox"/> Oregon Identification Card #: _____			

B PRIMARY CAREGIVER (OPTIONAL) * <input type="checkbox"/> NO CHANGE			
LEGAL NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH:
MAILING ADDRESS:			TELEPHONE NUMBER:
CITY:	STATE: OR	ZIP CODE:	COUNTY:
Photo Identification: A photocopy of one of the following must be attached. Please check appropriate box: <input type="checkbox"/> Oregon Drivers License Card #: _____ <input type="checkbox"/> Oregon Identification Card #: _____			

C PERSON RESPONSIBLE FOR GROW SITE (REQUIRED) * <input type="checkbox"/> NO CHANGE			
LEGAL NAME (LAST, FIRST, M.I.):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH:
MAILING ADDRESS:			TELEPHONE NUMBER:
CITY:	STATE: OR	ZIP CODE:	
Photo Identification: A photocopy of one of the following must be attached. Please check appropriate box: <input type="checkbox"/> Oregon Drivers License Card #: _____ <input type="checkbox"/> Oregon Identification Card #: _____			

MARIJUANA GROW SITE ADDRESS (REQUIRED) * <input type="checkbox"/> NO CHANGE			
PHYSICAL ADDRESS:			
CITY:	STATE: OR	ZIP CODE:	
COUNTY:			

D SIGNATURE & DATE (REQUIRED)	
I TESTIFY THAT THE ABOVE INFORMATION IS TRUE.	
PATIENT OR PROXY SIGNATURE:	DATE:

*** If you plan to remove your designated primary caregiver and or person responsible for grow site, you must return the appropriate registry identification card(s) and grow site placard(s) to the OMMP.**

SEE BACK OF PAGE FOR MORE DETAILS

CRIMINAL HISTORY CHECK

Under ORS 475.304(6)(a), the Department shall conduct a criminal records check under ORS 181.534 of any person whose name is submitted as a person responsible for a marijuana grow site. On or after January 1, 2006, a person who commits and is convicted of a Class A or Class B felony under ORS 475.840 to 475.920 for the manufacture or delivery of a controlled substance in Schedule I or Schedule II, may not be issued a marijuana grow site registration card or produce marijuana for a registry identification cardholder for 5 years from the date of conviction. A person with more than one such conviction is not eligible to be a grower.

MAIL CHANGE FORM TO:

DHS/OMMP
PO BOX 14450
Portland, OR 97293-0450



The Oregon Medical Marijuana Act neither protects marijuana plants from seizure nor individuals from prosecution if the federal government chooses to take action against patients or caregivers under the federal Controlled Substances Act.

If this document is needed in an alternative format, please contact this office: (971) 673-1234