



# OKLAHOMA MEDICAL MARIJUANA AUTHORITY CHANGE REQUEST FORM



All commercial licensees must notify OMMA in writing within 14 days of any changes in contact information. [OAC 310:681-5-2(d)(1)].

**In order to complete your request, please read the following instructions:**

1. The form must be submitted by email from the primary contact person's email address as listed on the initial application.
2. Select the appropriate email address to submit the form: [OMMAGrower@ok.gov](mailto:OMMAGrower@ok.gov), [OMMAProcessor@ok.gov](mailto:OMMAProcessor@ok.gov), or [OMMADispensary@ok.gov](mailto:OMMADispensary@ok.gov)
3. Submit the completed form electronically by email with a subject line that includes "Business Update" and the business license number.

## COMMERCIAL ENTITY INFORMATION

OMMA License Number: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Current Primary Contact Person (as listed on application): \_\_\_\_\_

### Requested Changes

Check all that apply and provide updated information in the fields below:

Entity Trade Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Entity Website URL: \_\_\_\_\_

Entity Phone Number: \_\_\_\_\_

Entity Fax Number: \_\_\_\_\_

Entity Operating Hours: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_  
 \_\_\_\_\_  
 First Name

\_\_\_\_\_ Middle Name

\_\_\_\_\_ Last Name

Primary Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email Address: \_\_\_\_\_

### ATTESTATION

By my signature below I attest to the following:

- The information provided in this form is true and correct;
- I am authorized to make this change request; and
- I understand that changes that affect the licensee's qualifications for licensure may result in loss of license.

 Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_