



# TRANSPORTER AGENT EMPLOYMENT VERIFICATION FORM

**NOTE:** This form must be submitted with the transporter agent application and signed by an authorized person associated with the business. The signature must be dated within 30 days of application.

## TRANSPORTER AGENT INFORMATION

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Suffix                      Date of Birth (mm/dd/yy)

\_\_\_\_\_  
Oklahoma Drivers' License Number

## EMPLOYER INFORMATION

\_\_\_\_\_  
Entity (Business) Name

\_\_\_\_\_  
Oklahoma Medical Marijuana Business License Number                      Business Phone Number

## Attestations

**By my signature below I attest to the following:**

- The above named individual is currently employed by the business;
- I understand it is my responsibility to notify OMMA within 14 days if the transporter agent is no longer employed by the business. I also understand that I am responsible to destroy or return by mail such identification cards to OMMA within 14 days;
- I am authorized to complete this form.

Printed Name: \_\_\_\_\_

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