OKLAHOMA
Medical Marijuana
Authority

Certificate of Authority Application

Complete the application and email to CertificateOfAuthority@omma.ok.gov
A Certificate of Authority shall be valid for sixty (60) days.

GENERAL INFORMATION — *PLEASE PRINT OR TYPE CLEARLY*

Licensed Business Name

Are you applying to renew a COA? ☐ **YES** ☐ **NO**

Licensed Business Trade Name

License # | License Type | License Expiration Date

License Renewal Application Pending ☐ **YES** ☐ **NO**

RECEIVER INFORMATION — *PLEASE PRINT OR TYPE CLEARLY*

Receiver's Name

Receiver's Trade Name *(if applicable)*

Legal Authority (e.g., receiver, trustee, personal representative)

Phone # | Fax # | Website

Business Hours of Operation

Business Structure (if applicant is not an individual)

PRIMARY CONTACT INFORMATION — *PLEASE PRINT OR TYPE CLEARLY*

First Name | Middle Name | Last Name | Suffix

Email Address

Phone Number

Title

Address

Unit #

City | State | Zip | Zip+4

OKLAHOMA Medical Marijuana Authority

Certificate of Authority Application

Complete a person of interest page and provide supporting documents for each person of interest. Each person of interest is required to submit all documents required by OAC 442:10-10-1(e).

PERSON OF INTEREST — *PLEASE PRINT OR TYPE CLEARLY*

First Name | Middle Name | Last Name | Suffix

Email Address | Phone Number

Role | ID Document | ID Number | ID Expiration Date (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy) | *Oklahoma Resident* ☐ **YES** ☐ **NO** | Effective Ownership % in Applicant (if applicant is not an individual)

Mailing Address

Unit #

City | State

County | Zip | Zip+4

Street Address

Unit #

City | State

County | Zip | Zip+4

ATTESTATION

By my signature below, I attest to the following:

- Do you pledge not to divert marijuana to any individual or entity that is not lawfully entitled to possess marijuana? **YES** ☐ **NO** ☐
- Do you attest you are authorized to submit this application? **YES** ☐ **NO** ☐
- Do you attest that the information provided in this application is true and correct? **YES** ☐ **NO** ☐
- I understand that, except as otherwise provided in law, the information submitted with this application is subject to public disclosure under the Oklahoma Open Records Act and may be published on the OMMA website. **YES** ☐ **NO** ☐
- I understand that I am responsible for implementing appropriate security measures to deter and prevent the unauthorized entrance into areas containing medical marijuana and/or medical marijuana products and to prevent the theft and diversion of marijuana on all licensed premises and vehicles used for transportation of medical marijuana and/or medical marijuana products. **YES** ☐ **NO** ☐

Signature | Date (mm/dd/yyyy)