



Producer Inventory Transfer Request

Form Instructions

What is this form?

Use this form to request a transfer of medical marijuana inventory for a registered grow site that is also the proposed premises of a recreational marijuana Producer license application. The OLCC will verify the submitted information with the Oregon Health Authority.

Who may use this form?

A person responsible for a marijuana grow site (PRMG) who is also an applicant for a Recreational Marijuana Producer license may use this form to request approval to keep marijuana items on the proposed premises and transfer them into the inventory of the Producer license, once approved. A PRMG who is **not** an applicant may not request this transfer.

What if I don't have a formal agreement with my patient?

A personal agreement with each patient is required to transfer PRMG inventory to the OLCC license. If you do not have an existing personal agreement, you may use form **MJ 16-2202 Personal Inventory Transfer Agreement**.

How much marijuana can be transferred?

All transfers must follow the limits as set forth in ORS 475C.806 and 475C.809 and applicable rules adopted thereunder by the Oregon Health Authority. This means that the quantities that can be transferred are limited by the number of patients as follows:

| Marijuana item type | Maximum transferrable |
|---------------------|---|
| Seeds | No limit |
| Immature plants | 12 immature plants that are 24 inches or more in height per patient, up to the limits allowed under ORS 475C.806* |
| | 36 immature plants that are less than 24 inches in height per patient, up to the limits allowed under ORS 475C.806* |
| Mature plants | 6 plants per patient, up to the limits allowed under ORS 475C.806* |
| Usable marijuana | 6 pounds per mature plant allowed per patient for plants grown indoors |
| | 12 pounds per mature plant allowed per patient for plants grown outdoors |

**Since the 2017 Oregon Revised Statutes were published, this statute has been amended by Section 6, chapter 103, Oregon Laws 2018 (2018 Senate Bill 1544)*

What about transferring immature plants from other sources?

A Producer who submitted their application on or before July 1, 2018 may receive immature plants or seeds from any source within Oregon during the first 90 days after their license is issued. If that source includes marijuana items belonging to patients for whom the PRMG is growing marijuana, those items must be released by the patient through a personal agreement. Any immature plants and seeds received this way must be recorded in CTS within 24 hours of the plants or seeds arriving on the premises.

A Producer who submitted their application after July 1, 2018 may not receive immature plants or seeds from anyone other than an OLCC licensee via a licensed transfer in CTS.



OREGON LIQUOR & CANNABIS COMMISSION

**Supplemental Form:
Producer Inventory Transfer Request**

Section 1 – Business Information

Enter information for the business seeking to be licensed, as identified on the license application.

| | | | |
|--------------------------|--|-------------|--|
| Application ID: | | | |
| Business Name: | | | |
| Primary Contact: | | | |
| Contact Email: | | | |
| Premises Address: | | | |
| City: | | ZIP: | |

| OLCC USE ONLY | | |
|--------------------------|-----------------------|------|
| <input type="checkbox"/> | OHA Transfer Approved | |
| <input type="checkbox"/> | Full Approval | |
| <input type="checkbox"/> | Partial Approval | |
| <input type="checkbox"/> | OHA Transfer Denied | |
| OLCC Representative | Initial | Date |
| | | |

Section 2 –Transfer Quantities

This section collects information on the patients for whom the PRGM listed in Section 3 is producing marijuana. Do not include patients from other PRGMs. Do not include grow sites other than the premises listed in Section 1.

List the patients who have entered into a personal agreement to authorize the transfer of marijuana items to the OLCC license. For each patient who has authorized a transfer, you must also attach a copy of the agreement and **clearly indicate on that agreement** how much of each type of product may be transferred to the OLCC license.

Record the amount requested to be transferred for each patient below.

For seeds and usable marijuana, indicate the unit of measurement, e.g.: oz, lbs

| Patient Card # | Date of Birth (MM/DD/YYYY) | Seeds | Immature Plants 24 inches or more in height | Immature Plants Less than 24 inches in height | Mature Plants | Usable Marijuana | Agreement attached? |
|----------------|-------------------------------|-------|--|--|---------------|------------------|---------------------|
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OREGON LIQUOR & CANNABIS COMMISSION

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Section 3 – PRMG Information

PRMG Name:
last name first name middle initial

Grower Card #(s): **Date of Birth (MM/DD/YYYY):**
A PRMG may have a different grower card # for each patient.

Phone Number:

Email:

Mailing Address:

City: **State:** **ZIP:**

Section 4 – PRMG Disclosure

OAR 845-025-2100 requires that this request includes information for each PRMG registered at the grow address that is the proposed premises to be licensed. **This includes additional PRMGs who are registered at the grow site who are not applicants for the Producer license or who do not wish to transfer inventory.**

The OLCC will verify the submitted information with the Oregon Health Authority. Failure to disclose accurate information may result in the denial of this request. In addition, an intentional failure to disclose this information may result in the denial of the license application.

Number of PRMGs registered at the proposed premises

You must select one of the following:

- All PRMGs registered at the grow site listed in Section 1 have submitted a separate, individual form 16-2201 Producer Inventory Transfer Request.
- One or more of the PRMGs registered at the grow site listed in Section 1 do not wish to transfer inventory and/or are not applicants. I have submitted a separate, individual form 16-2201A PRMG Information Disclosure for each such PRMG.

Section 4 – Signature

By signing below, I acknowledge all information presented on this form, I affirm that the information I have provided is true and complete, and I authorize the Oregon Health Authority to disclose my registration information to the Oregon Liquor & Cannabis Commission:

PRMG Signature: _____ **Date:** _____