



**OREGON LIQUOR CONTROL COMMISSION**

**Supplemental Form:  
Producer Inventory Transfer Request**

**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.

OLCC USE ONLY		
OHA Transfer Approved		
Full Approval		
Partial Approval		
OHA Transfer Denied		
OLCC Representative	Initial	Date

**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**.

**Section 1 – Business Information**

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

<b>Application ID:</b>						
<b>Business Name:</b>						
<b>License Type:</b>						
<b>Trade Name:</b>						
<b>Mailing Address:</b>						
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>		

<b>Premises Address:</b>						
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>		

<b>Primary Contact:</b>						
<b>Main Phone:</b>		<b>Cell Phone:</b>				
<b>Email:</b>						



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Section 2 - PRMG Authorization to Release Information

PRMG Name: [last name] [first name] [middle initial]
Registry ID #: [ ] Date of Birth (MM-DD-YYYY): [ ]
Phone: [ ] Email: [ ]
Mailing Address: [ ]
City: [ ] State: [ ] ZIP: [ ]

By signing or e-signing at the bottom of this section, you acknowledge the following and authorize the Oregon Health Authority to disclose your registration information to the Oregon Liquor Control Commission:

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.

Electronic or physical signature of PRMG listed above [ ]



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**Section 3 – Notification of Transfer Limits**

This section collects information on the patients for whom the PRGM listed in Section 2 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.

Regardless of the amount authorized by each patient in the personal agreement, the maximum transferrable amount **per patient** is no more than six mature plants and 24 ounces of usable marijuana. There are no limits on the amount of seeds or immature plants transferred except what may be contained in the personal agreement.

**Total Number of Patients**

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

*(For seeds, indicate the unit of measurement (EG: oz, lb, count))*

<b>Patient ID</b>	<b>Date of Birth</b> <small>(MM-DD-YYYY)</small>	<b>Seeds</b>	<b>Immature Plants</b>	<b>Mature Plants</b>	<b>Usable Marijuana (oz)</b>	<b>Agreement attached?</b>

If you require additional space, attach one or more form **MJ 16-2201B Producer Additional Inventory Transfer**