



Complete the application and email to [CertificateOfAuthority@omma.ok.gov](mailto: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 \_\_\_\_\_



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**

**Street Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Unit #

\_\_\_\_\_  
 Unit #

\_\_\_\_\_  
 City State

\_\_\_\_\_  
 City State

\_\_\_\_\_  
 County Zip Zip+4

\_\_\_\_\_  
 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)