

BUREAU OF MEDICAL MARIJUANA
REPORTING INDIVIDUALS NO LONGER AFFILIATED
WITH A MEDICAL MARIJUANA ORGANIZATION

Note: This form must be submitted by a medical marijuana organization for each financial backer, principal, operator, and employee listed in the initial permit application and for each financial backer, principal, operator, and employee who is no longer affiliated with the medical marijuana organization. A medical marijuana organization shall submit this form electronically to the Bureau of Medical Marijuana. See 28 Pa. Code §§ 1141a.29 and 1141a.31

Medical Marijuana Organization (MMO)			
Name of MMO:		Submission Date:	
Permit Number:		Region:	
Primary Contact:		Phone Number:	
Classification Information			
The individual listed in this form is one of the following (check all the following that apply):			
<input type="checkbox"/> Financial Backer	<input type="checkbox"/> Principal	<input type="checkbox"/> Operator	<input type="checkbox"/> Employee
Individual's Information			
Name:			
Mailing Address:		Email address:	
		Telephone Number:	
		Cell Phone Number:	
Job Title:			
Date Individual Left Organization:			
Attestation			
<p>I acknowledge that I am not using this form to effectuate the transfer or sale of a medical marijuana permit from the entity to which the permit was initially issued, as permits are nontransferable pursuant to 35 P.S. § 10231.603(b). I further acknowledge a false statement made by me in this document is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).</p>			
_____		_____	
Signature		Date	
_____		_____	
Printed Name		Title in MMO	
<p>Submit this document electronically to: RA-DHMMOAFFILIATIONS@pa.gov</p>			