



NOTE: This form must be submitted with the transporter agent application and signed by an authorized person associated with the business. The signature must be dated within 30 days of application.

TRANSPORTER AGENT INFORMATION

First Name Middle Name Last Name Suffix Date of Birth (mm/dd/yy)

Oklahoma Drivers' License Number

EMPLOYER INFORMATION

Entity (Business) Name

Oklahoma Medical Marijuana Business License Number

Business Phone Number

Attestations

By my signature below I attest to the following:

- The above named individual is currently employed by the business;
- I understand it is my responsibility to notify OMMA within 14 days if the transporter agent is no longer employed by the business. I also understand that I am responsible to destroy or return by mail such identification cards to OMMA within 14 days;
- I am authorized to complete this form.

Printed Name: _____

Signature (required): _____ Date: _____