



OKLAHOMA
Medical Marijuana
Authority



OMMA MedPortal User Guide

V1 – 10.28.25

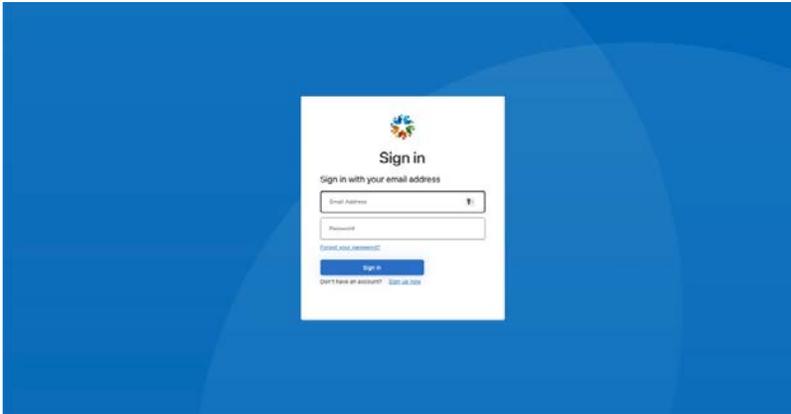
OMMA Med Portal User Guide

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1. Logging in and Portal Set Up

1.1 Logging in



1. When a user logs in for the first time, they will be taken directly to their OMMA MedPortal dashboard if the information provided in the current system is correct and verifiable by OMMA. If the information isn't able to be verified, the user will be taken to the OMMA Licensing Portal Claim page. Then, the user will select the appropriate option.

Set up access to your OMMA Licensing Portal

* Do you have an existing license, or have you submitted a license application with OMMA or been granted access as a third-party consultant, employee or lawyer?

- Yes, I have an active or past license, or I have submitted an application.
- Yes, I have been granted access to the business account as a third-party consultant, employee or lawyer.
- No, I have never held a license, submitted an application with OMMA or been granted access to the business account as a third-party consultant, employee or lawyer.

Next

2. If selected with the first option, "Yes, I have an active or past license, or I have submitted an application," then the user will be directed to the next page to select the license or application type.

Select your license or application type to continue:

- Patient or Caregiver License
- Business License
- Employee Credential

If you have a transporter agent associated with your business, select 'Business License' and will display all the associated relationships

Previous

Next

3. If the user selects the second option, "Yes, I have been granted access to the business account as a third-party consultant, employee or lawyer," the user will be directed to a page to input their first and last name and email.

Please enter details below

* First Name

* Last Name

* Email

Verify

You should only provide these details if your business's Managing Owner has granted you access. If you are a third-party consultant or lawyer and have not been designated access, please contact your Managing Owner to request access to your business and licenses you wish to manage. To access your business account, please enter the same identification details used by Managing Owner to add in the licensing portal. If the information you enter does not match our records, you will not be able to continue. If you need assistance, please contact the OMMA Call Center to request a security code for identity verification and account setup.

Previous

- If the user selects Patient or Caregiver License, the user will need to input their date of birth and OMMA License or OMMA Application ID. The right side of the page will display instructions and a disclaimer.

Please enter details below

* Select a date for Date Of Birth

Select the following

- OMMA License
 OMMA Application ID

* OMMA License Number

Verify

To successfully claim your license, please enter the same identification details (such as State-issued Driver License, State-issued ID Card, Passport, etc.) that were provided in your most recent OMMA license application. If the information entered does not match our records, you will not be able to proceed. If you require assistance, please contact the OMMA Call Center to request a security code for identity verification and account setup.

Previous

- If the user selects Business, the user will need to input their date of birth and OMMA License/Credential Number or OMMA Application ID. The right side of the page will display instructions and a disclaimer.

Please enter details below

* Select a date for Date Of Birth

Select the following

- OMMA License/Credential Number
 OMMA Application ID

* OMMA License Number

Verify

You should only provide these details if your business has designated you as a Managing Owner. If you are an Owner with a percentage of ownership but not the Managing Owner, please contact your designated Managing Owner to request access to your existing business and licenses. To successfully claim your license, please enter the same identification details that were provided in your most recent OMMA license application. If the information entered does not match our records, you will not be able to proceed. If you require assistance, please contact the OMMA Call Center to request a security code for identity verification and account setup.

Previous

- If the user selects Employee Credential, the user will need to input their date of birth and OMMA License/Credential Number or OMMA Application ID. The right side of the page will display instructions and a disclaimer.

Please enter details below

* Select a date for Date Of Birth

Select the following

OMMA License/Credential Number
 OMMA Application ID

* OMMA License Number

Verify

To successfully claim your license, please enter the same identification details (such as State-Issued Driver License, State-Issued ID Card, Passport, etc.) that were provided in your most recent OMMA license application. If the information entered does not match our records, you will not be able to proceed. If you require assistance, please contact the OMMA Call Center to request a security code for identity verification and account setup.

Previous

- If the user fails to input the correct information three times, the user will be presented with the option to select “I do not have access to some of this information.” Once selected, the user will have a box to input the security code and verify.

Please enter details below

* Select a date for Date Of Birth

Select the following

OMMA License/Credential Number
 OMMA Application ID

* OMMA License Number

I do not have access to some of this information.
If you're unable to provide all required information, please contact the OMMA Call Center to request a security code for identity verification and portal access.

* Security Code

Verify

To successfully claim your license, please enter the same identification details (such as State-Issued Driver License, State-Issued ID Card, Passport, etc.) that were provided in your most recent OMMA license application. If the information entered does not match our records, you will not be able to proceed. If you require assistance, please contact the OMMA Call Center to request a security code for identity verification and account setup.

Previous

- Once verified, the user will be directed to the main portal selection page.
- If the user selects the third option, “No, I have never held a license or submitted an application with OMMA or been granted access as a third-party consultant or lawyer,” the user will be directed to the main portal selection page.

1.2 Portal Set up and Views

1. When the user logs in for the first time, they are directed to the portal selection page, where they can choose the appropriate portal to access.

Select Portal



Patient Portal

Access the patient portal to apply for a license or manage an existing license.

Adult, Minor, Caregiver, Short-Term, Out-of-State

[Patient Portal](#)



Business Portal

Access the business portal to apply for a business license or manage an existing license.

Grower, Processor, Dispensary, Testing Lab, Waste Disposal Facility, Research, Education Transporter, Transporter Agent

[Business Portal](#)



Business Employee Portal

Access the business employee portal to apply for an employee credential or manage an existing credential.

Employee Credential

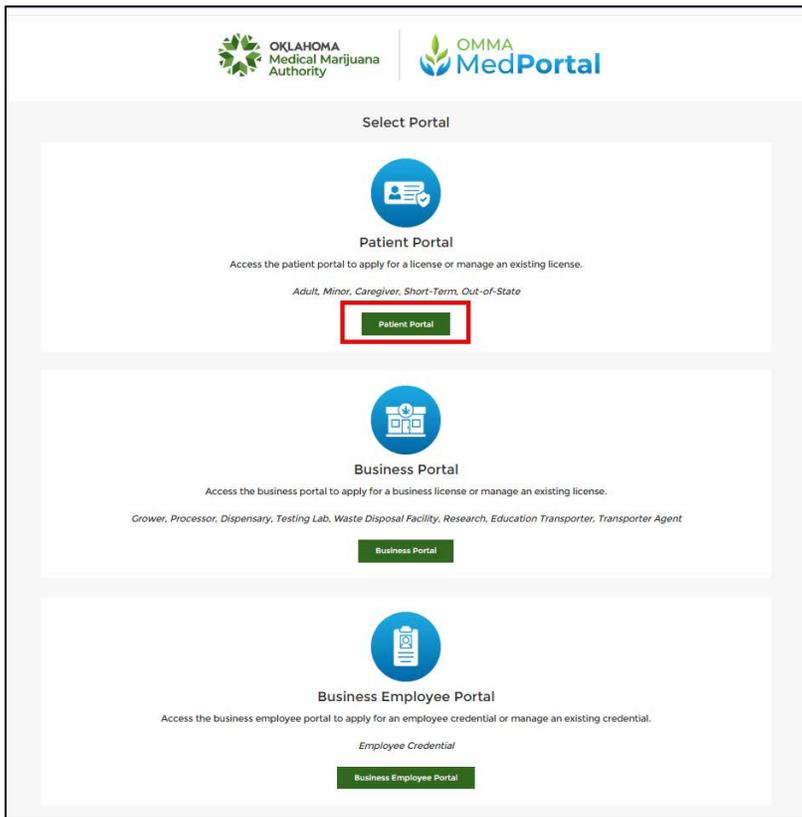
[Business Employee Portal](#)

2. Individual License Application and Service Requests

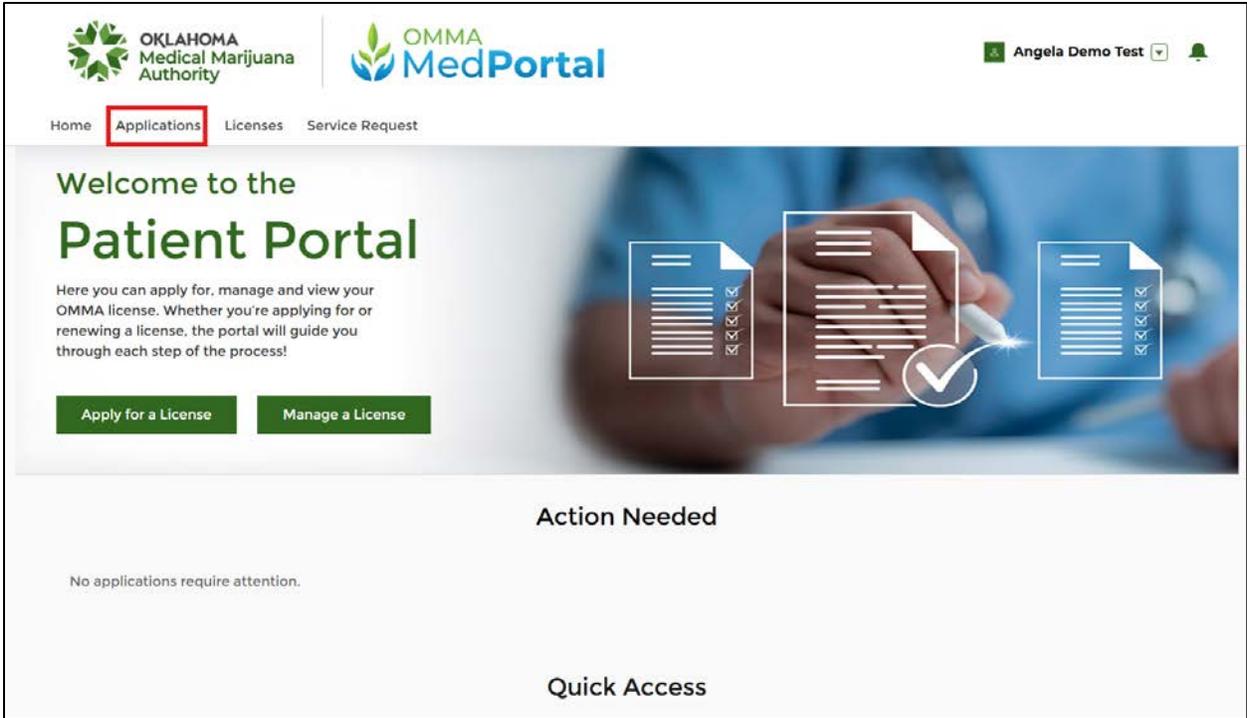
2.1 Patient – Adult License Application (2 year or 60-day Temporary License)

To apply for a license:

1. Select the Patient Portal



2. Click the “Applications” Tab.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Home **Applications** Licenses Service Request

Welcome to the Patient Portal

Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!

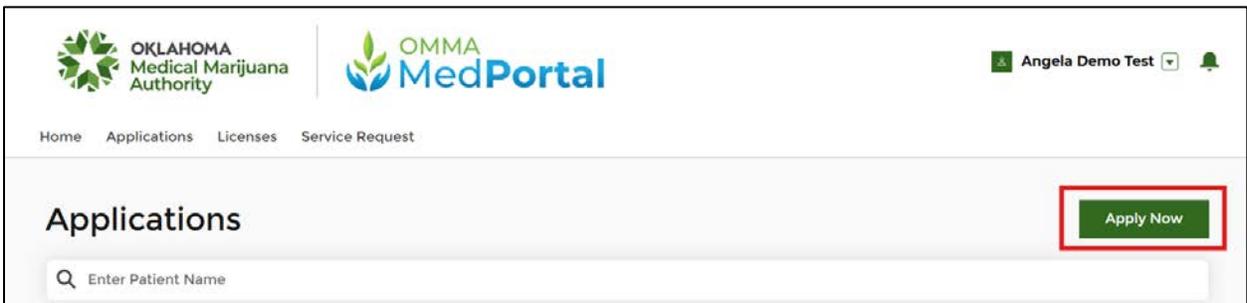
[Apply for a License](#) [Manage a License](#)

Action Needed

No applications require attention.

Quick Access

3. Click the “Apply Now” Button. You will now begin applying for your choice of license.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Home Applications Licenses Service Request

Applications

[Apply Now](#)

Q Enter Patient Name

4. Answer each of the three questions below. **Note: if you complete application for a minor you would select legal guardian.**
 - a. Select “Yes” or “No” based on your age. Different sets of questions will appear based on your answer and provide you with a choice of which type of applications you are eligible to apply for.
 - b. Select the application you would like to apply for and click the “Apply” button.

License Eligibility Criteria

* Are you a Patient Or Legal Guardian?
 Yes No

* Are you an Oklahoma State Resident?
 Yes No

* Are you applying for an adult patient license?
 Yes No

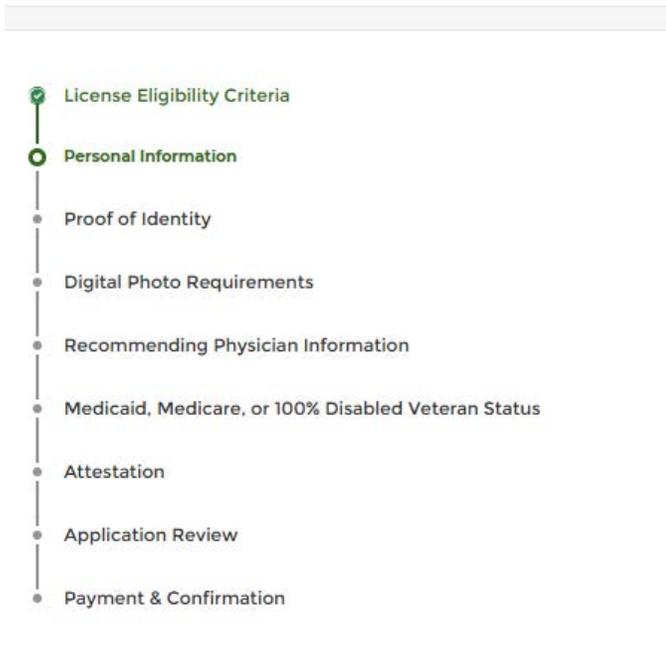
* You can apply for the following licenses:
 Adult Patient 2-Year License
 Adult Patient 60-Day Temporary License

Save for later

Apply

5. There will be a guided step-by-step process for your application on the right side of the screen.

Steps



6. Enter your personal information. The greyed fields are not editable and are based on your personal login.

Personal Information

Personal Information

Legal First Name
Cheryl

Legal Middle Name

Legal Last Name
Test

Suffix

* Birth Date

* Country of Residence
United States

7. Enter your physical address.

Physical Address

* Street Address
Complete this field.

Unit No./Apt No.

* City
Oklahoma City

* State
Oklahoma

* County
Oklahoma

* Zip Code
73104

 All Addresses are required and For Physical Address Only addresses located within the state of Oklahoma are accepted.

Please note that only Oklahoma addresses are accepted for Adult and Minor 2 year and temporary licenses.

8. Enter your mailing address. If your home address and mailing address are the same, select the box that says, "Mailing address is the same as Physical address."

▼ Mailing Address

Mailing address is the same as Physical address

* Street Address

Unit No./Apt No.

* City

* State

Select an Option ▼

* Zip Code

9. Enter your Contact information.

▼ Contact Information

* Telephone

Mobile Number

E-mail Address

angelatestdemo@yopmail.com

Save for later

Save & Continue

10. Next, you are required to upload valid Proof of Identity. There are instructions for valid forms of identification. The screen displays document type drop down for you to select along with entering the ID Document number and expiration date. You are required to upload the **front and back (if applicable)** of the document. Once completed press the “Save & Continue” Button.

Proof of Identity

Instructions:

All information with a red asterisk * is required information.

Each applicant must establish their identity through the submission of electronic copy or digital image in color of one of the following unexpired documents:

- (1) An Oklahoma issued driver's license or Real ID (front and back);
- (2) An Oklahoma issued Identification Card (front and back);
- (3) A United States Passport or other photo identification issued by the United States government;
- (4) A tribal issued identification card approved for identification purposes by the Oklahoma Department of Public Safety

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety: United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

* Identity Document Type

* Identity Document Number

* Identity Document Expiration Date

Upload Section

Upload Identity Document Front

Save for later

Previous

Save & Continue

Proof of Oklahoma Residence:

11. Next, you are required to upload valid Proof of Oklahoma Residency. You will not be required to complete the Proof of Residency if you uploaded the OK Driver License or ID card that was issued more than 2 years ago. The screen displays every option of valid documentation that can be uploaded.

Proof of Oklahoma Residency

Instructions:

All information with a red asterisk (*) is required information.

Oklahoma resident must establish their current Oklahoma residency through submission of electronic copies or digital image in color of one or more of the following unexpired documents:

- (1) A utility bill for the calendar month preceding the date of application, excluding cellular telephone, television, and internet bills
- (2) A residential property deed to property in the State of Oklahoma
- (3) A current rental agreement for residential property located in the State of Oklahoma
- (4) The preceding year's Oklahoma Tax Return showing the applicant as an Oklahoma taxpayer

Documents submitted should provide a valid residential address and documents providing only Post Office Boxes will not be sufficient proof of residency.

* Proof of Oklahoma Residency Type

Upload Section

* Upload Residency Document

Save for later

Previous

Save & Continue

12. Complete the questions in this section, then press the "Save & Continue" Button.

13. Next, you are required to upload a picture of yourself for your medical marijuana card. The screen displays every option of valid documentation that can be uploaded.

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note:

Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- ✓ • **Do keep hair out of your face.** It should not cover your eyebrows, eyes, ears, or any part of your face .
- ✓ • **Do remove eyeglasses and hats** before taking the photo.
- ✓ • **Do avoid shadows on your face.**
- ✓ • **Do wear hats or head coverings for medical or religious purposes** as long as your full face is visible .
- ✓ • **Do position your head and shoulders** where they can be seen.



Good



Good



Good



Good

Don'ts

- X** • Do not use digital filters, borders, text or any other method of **altering the appearance** of the picture.
- X** • Do not **tilt your head** or **turn your shoulder** to the side.
- X** • Do not **crop off your head and shoulders** by **zooming in** too closely.
- X** • Do not wear sunglasses, show hands or other **objects in the photo**.
- X** • Do not **re-size** the photo outside the provided guidelines.
- X** • Do not **capture anyone else** besides the person applying for a license in the photo.



Too Close



Unaccepted accessories



Side Facing



Filtered Image



Background Color



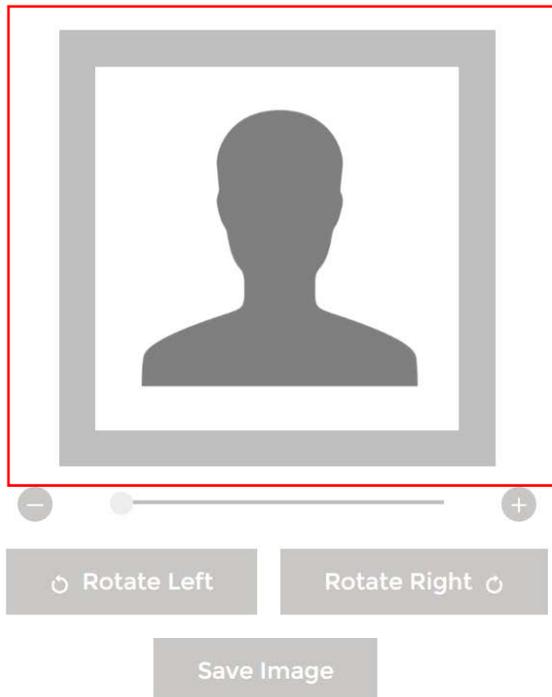
Hair covering face

14. Choose a photo to upload. The photo will fill the frame, and you will be able to adjust in the frame based on instructions above.

Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:

(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



∨ **Upload Photo**

Choose a photo to upload and attach to your application.

Note: **File Format:** must be .jpg, .png, or .gif and **no larger than 3 MB in size**

Note: **Resolution Limits:** must be **Minimum:**600 x 600 pixels. **Maximum:**1200 x 1200 pixels.

* **Select Photo**

15. Adjust your photo as necessary and click the “Save Image” button.

16. Be sure that your photo complies with the requirements and check the following boxes.

Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

* I attest the photo only shows the applicant and was taken within the last 6 months.

* I attest the photo was taken with a white or off-white background.

* I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

17. If you are required to wear a hat/head covering for medical or religious reasons, you must upload documentation for proof.

∨ **Hat or Head Covering (if applicable)**

If you are wearing a hat or head covering, please upload one of the necessary files below:

Is the hat or head covering for medical purposes?

In accordance with **OAC 442:10-1-8(6)(B)**, please submit a signed doctor's statement verifying the hat or head covering in the photo is used daily for medical purposes.

 Upload Files

Is the hat or head covering for religious purposes?

In accordance with **OAC 442:10-1-8(6)(A)**, please submit a signed statement that verifies the hat or head covering in the photo is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public.

 Upload Files

I attest the photo meets the License Application Photo Requirements and I have provided all relevant information and forms requested.

Save for later

Previous

Save & Continue

18. Once completed, select the box to agree that you have complied with the photo requirements. Then select the "Save & Continue" button.

19. Enter your current medical condition. This is an optional field.

Recommending Physician Information

▼ **Medical Conditions**

Condition ICD-10-CM +

20. Select “Yes” or “No” depending on whether your physician has given you a certification of the necessity of a caregiver?

21.

- a. If you selected “Yes,” an additional question would appear. Now, select if you intend to use a caregiver. If you select “Yes” on this question as well, enter the information of the caregiver you intend to use.

▼ **Certification of Necessity of a Caregiver**

* Did the Physician provide certification of necessity of a caregiver?

- Yes
 No

* Do you intend to use a caregiver?

- Yes
 No

▼ **Caregiver (You indicated you plan on using a caregiver. Please provide the caregiver informatio...**

* First Name

Middle Name

* Last Name

* Phone Number

* Physician Signature Date (Caregiver)

- b. If you selected “No,” move on to the next question.

22. Enter your Physician's information. Make sure you enter Physician's information on this page and not your own.

∨ **Recommending Physician**

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Phone Number	* Physician Licensing Entity	
<input type="text"/>	<input type="text" value="▼"/>	
* License Number	* NPI Number	
<input type="text"/>	<input type="text"/>	

∨ **Recommending Physician Office Address**

* Street Address

Unit No./Apt No.

* City

* State

* Zip Code

∨ **Physician Recommendation Form**

* Physician Signature Date

23. Next, you must upload a completed and signed physician recommendation form with the correct requirements. **Note: The physician recommendation form must have been signed within the last 30 days from application submission date.**

Instructions:

You must upload a completed and signed physician recommendation form that has:

- Patient information filled out
- Physician information filled out
- Signed and dated by a physician within the last 30 days.
- If you need a caregiver's assistance, the same physician must also sign the bottom section of the form stating your need for a caregiver.

∨ Document Upload Section

[Click Here for Form Link](#)

* Physician Recommendation Form

 Upload Files

- Acceptable file format : pdf, .jpg, .jpeg, .png, .bmp
- Acceptable file Size : 10 MB

 Address is required

Save for later

Previous

Save & Continue

24. Once completed, select the "Save & Continue" button.

25. Select “Yes” or “No” based on if you enrolled in Medicaid, Medicare, or have valid 100% Disabled Veterans status.

Medicaid, Medicare, or 100% Disabled Veteran Status

Instructions:

All information with a red asterisk (*) is required information.

Applicants for licensure insured by Medicaid or Medicare pay a reduced application fee. To qualify for this discount, the applicant must submit a copy of their Medicaid or Medicare identification card or enrollment letter.

Applicants for licensure who have received a service-connected disability rating at one hundred percent (100%) from the United States Department of Veterans Affairs or an agency of the United States Department of Defense pay a reduced application fee. To qualify for this discount, the applicant must submit a copy of the letter or other official documentation from the United States Department of Veterans Affairs or an agency of the United States Department of Defense establishing the applicant's one hundred percent (100%) service disability rating which is either dated within six (6) months of the submission of the applicant or which establishes the applicant's permanent rating as one hundred percent (100%) disabled.

* Are you enrolled in Medicaid, Medicare, or have valid 100% Disabled Veterans status?

- Yes
 No

Save for later

Previous

Save & Continue

- a. If you selected “Yes” please provide which program you are in and your documentation. Check the box to agree that you have provided valid documentation.

* Which Program?

Upload Document

Please upload documentation indicating your status with the above program is current. This could include a valid ID card, a letter dated within the last 6 months, or a screenshot from the issuing agency indicating a valid status and future dated expiration.

I understand if I am unable to provide suitable proof of active Medicaid, Medicare, or 100% Disabled Veteran status my application will be rejected.

- b. If you select “No,” move on.
26. Once completed, select the “Save & Continue” button.

Attestations:

27. Select all the boxes and ensure that you have filled out the form completely and correctly.
28. Provide a signature. **Note: It must match the signature you logged in to the portal with.** The date will be generated by the system. When completed, select the “Save & Continue” button.

Attestation

The information provided in the Medical Marijuana application is protected by Oklahoma State law as sensitive medical information. I understand that OSDH may use and disclose my information in accordance with state and federal laws, rules and regulations and public health mandates

I understand the information contained on my license (ID# and license status) will be made available through a publicly accessible verification system.

I attest the information provided in this application is true and correct.

* Signature

* Signature Date

Save for later

Previous

Save & Continue

29. You will have an opportunity to review and edit your application. Prior to clicking on “Next” you can download your application.

Application Review

PERSONAL INFORMATION [Edit](#)

Legal First Name: Angela
 Legal Middle Name:
 Legal Last Name: Test
 Suffix:
 Birth Date: 08-01-1995
 Gender: Female
 Country of Residence: United States

Address Information

Physical Address

Street Address: 2500 N Lincoln Blvd
 Unit No./Apt No.:
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip Code: 73105
 Country: United States Of America

Mailing Address

Street Address: 2500 N Lincoln Blvd
 Unit No./Apt No.:
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip Code: 73105
 Country: United States Of America

Contact Information

Telephone: 9189189189
 Mobile Number:
 E-mail Address: angelatestdemo@yopmail.com

RECOMMENDING PHYSICIAN INFORMATION [Edit](#)

Certification of Necessity of Caregiver

Physician Provide Certification Of Necessity Of Caregiver: No

Recommending Physician

Physician First Name: John
 Physician Middle Name:
 Physician Last Name: Smith
 Physician Phone Number: 9189181919
 Physician Licensing Entity: Oklahoma Board of Medical Licensure and Supervision
 Physician License Number: 12345
 Physician NPI Number: 9876543210
 Physician Signature Date: 10-09-2025

Recommending Physician Office Address

Street: 2500 N Lincoln Blvd
 Unit:
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73105

MEDICAID, MEDICARE, OR 100% DISABLED VETERAN STATUS [Edit](#)

Are you enrolled in Medicaid, Medicare, or have valid 100 Percent Disabled Veterans status?: No

Save for later [Download Application](#)

Previous
Next

30. View your payment breakdown or fee breakdown. Also, select “Process Payment”.

Payment & Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.



Fee BreakDown

SKU	Description	Amount
6335	Registration Medicare Patient License Fee	\$20

31. The page then will direct you to the NIC payment page. Select your form of payment and then enter your card details if applicable.

1 Payment Type > 2 Customer Info > 3 Payment Information > 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
6335	Registration Medicare Patient License Fee	\$20.00	1	\$20.00
Total				\$20.00

Transaction Summary

Registration Medicare Patient License Fee	\$20.00
TOTAL	\$20.00

Need Help?

Select Payment Method and Continue to proceed with payment.

Payment

Payment Type

Payment Type *

Select One

Payment Type is missing.

34. Once Customer Information and Payment Information are filled out, click Submit Payment.

Payment Information ✓

[Edit](#)

Credit Card Visa ****1111 Exp. 10/2039	Name on Credit Card Angela Sample
---	---

[Cancel](#) **Submit Payment**

35. The page will show a pop-up message to review and confirm the payment- click OK.

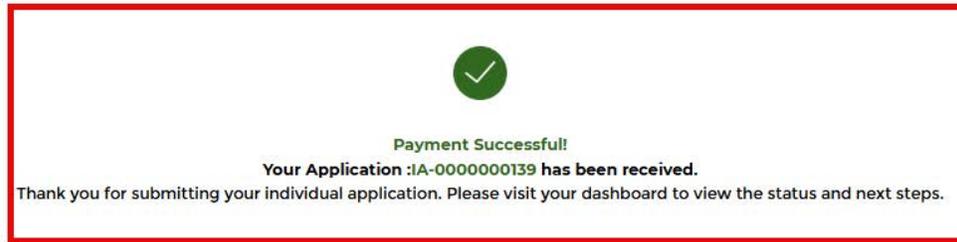


Review & Confirm

Please confirm the payment of \$22.50 to be charged to account ending in ****1111.
All application fees, change request fees, and late renewal fees submitted to the OMMA are nonrefundable. See 63 O.S. § 427.14 and OAC 442:10.

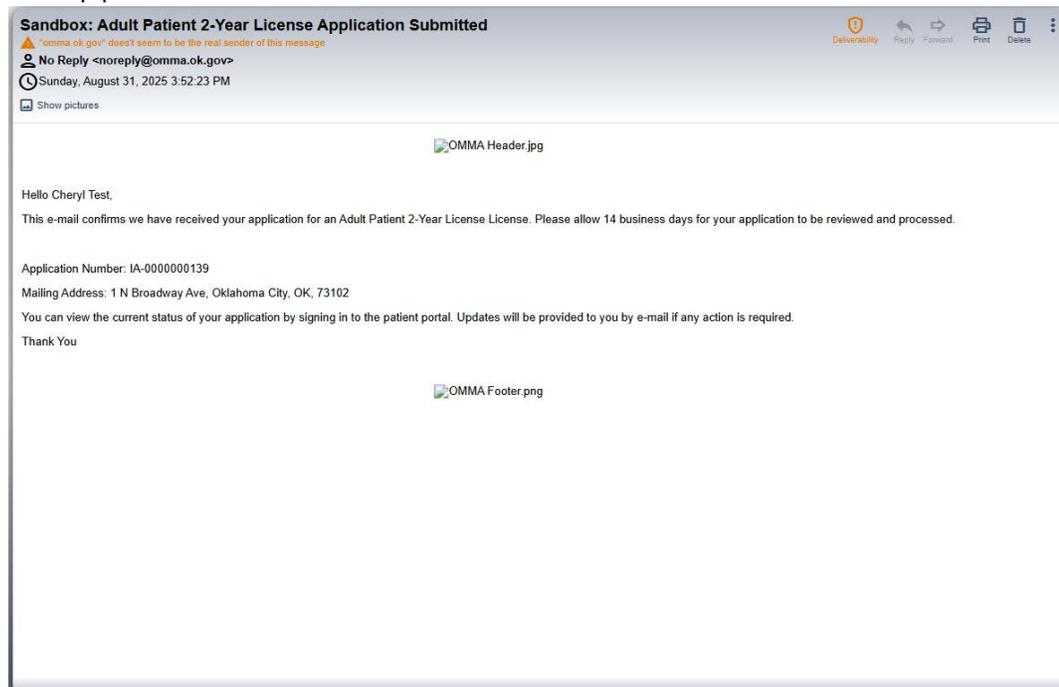
[Back](#) [OK](#)

36. Once the payment is processed, your screen will display a confirmation message letting you know that your application has been submitted.



37. You will receive two emails that your application has been submitted and receipt for your payment.

a. Application submission email.



b. Receipt for payment email.

Sandbox: Payment Receipt

⚠️ 'omma.ok.gov' doesn't seem to be the real sender of this message

No Reply <noreply@omma.ok.gov>

Sunday, August 31, 2025 3:52:26 PM

Show pictures

Payment...

 omma logo

Invoice #2025-083122

PAID

Issued by

Oklahoma Medical Marijuana Authority (OMMA)	Recipient
PO Box 262266	Cheryl Test
Oklahoma City, OK	Issued Date
73126-2266	August 31, 2025
Telephone: (405) 522-6662	

Item : Adult Patient 2-Year License (Initial)	\$20.00
Service Fee	\$2.50
Total:	\$20.00
Total amount paid:	\$22.50
<hr/>	
Balance owing	\$0.00

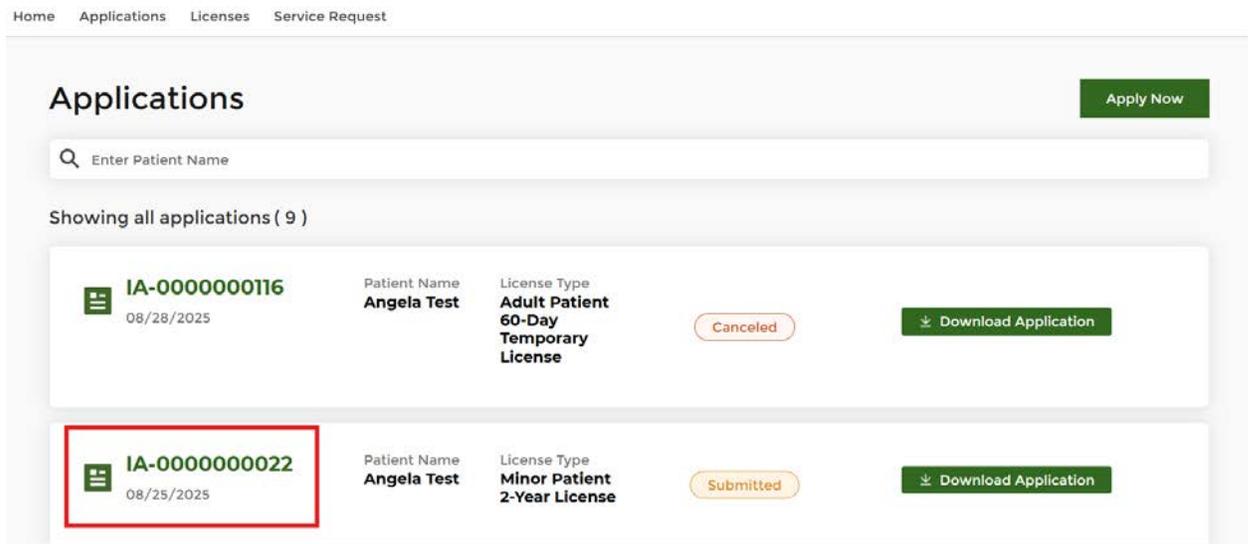
Viewing Submitted Application Details

To view application details,

1. Click the “Applications” Tab.



2. Select the Application you would like to view by clicking on the individual application number.



3. Application details should be visible on this page.

Applications > IA-000000022

IA-000000022

Submission Date	Patient Name	License Type	Status
2025-08-26	Angela Test	Minor Patient 2-Year License	Submitted

Details

 **General Information** ▼

Legal First Name	Legal Last Name
Angela	Test
Birth Date	Mobile Number
8/1/2012	
E-mail Address	
test@test.com	

Related

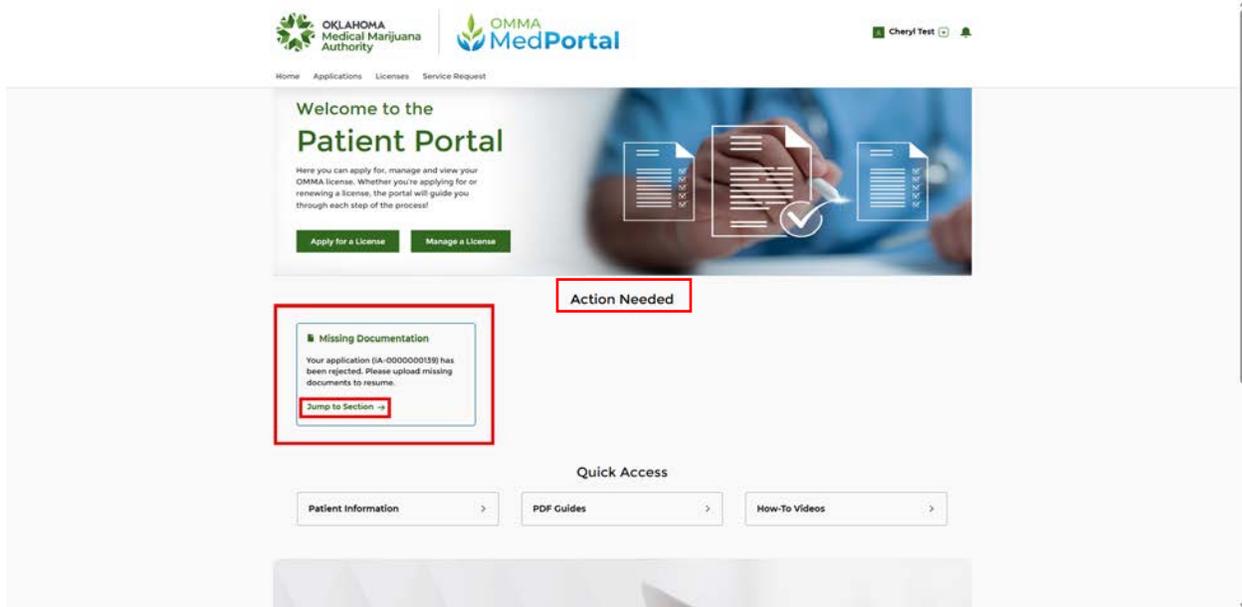
-  Fee (1) ▼
-  Address (4) ▼

Post-Approval Verification

After approval, check that the License Number is a **12-character** value by scrolling to the application and confirming its generation.

Application Rejection-Proof of Identity Expired

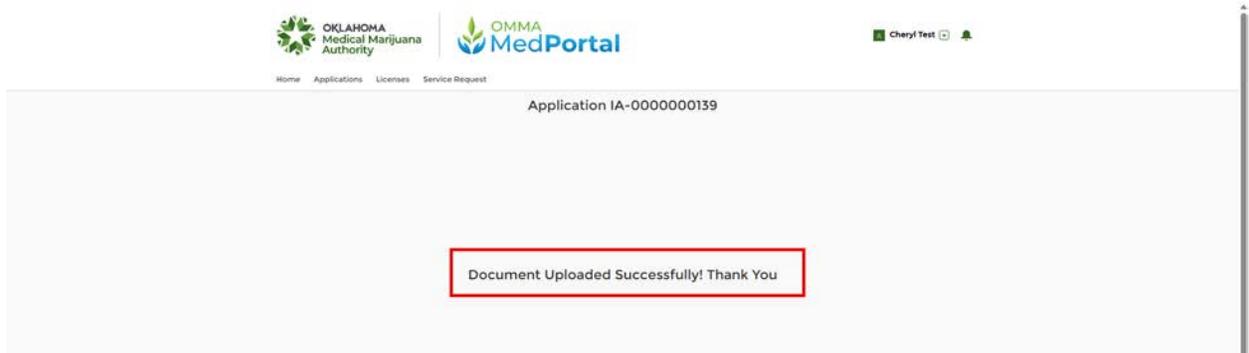
1. If your application is rejected, you will be notified on your portal that you have missing information that needs to be submitted to OMMA on home page “Action Needed.” In this example the Driver’s License was expired.



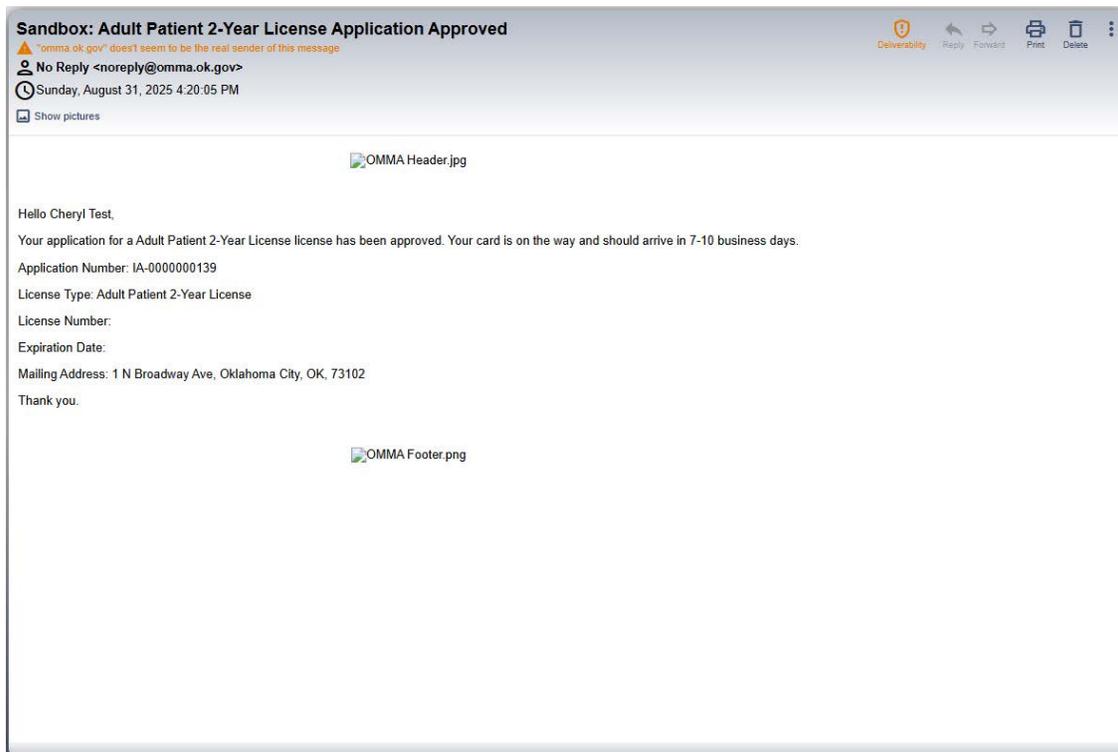
2. Click on Jump to section under “Missing Documentation” and you will be provided with details you need to submit within 30 days, or your application will be cancelled.



- Once you upload the required document you will get a message letting you know you have successfully uploaded the document.

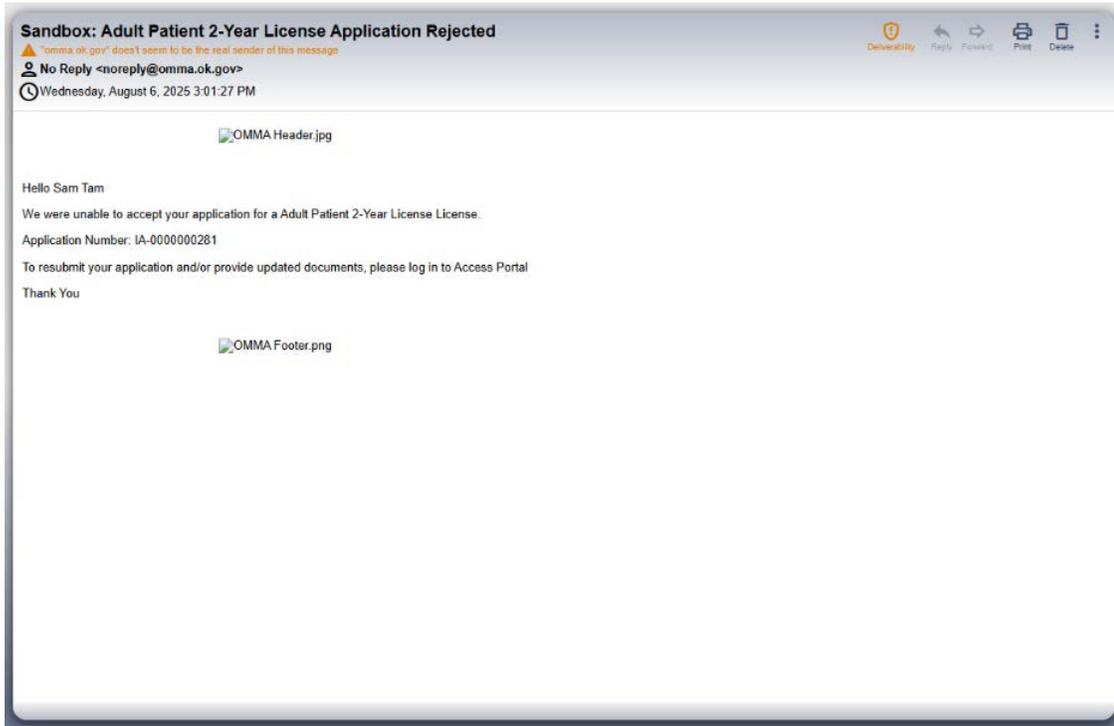


- If the document meets OMMA's requirement your status will change to approved and you will receive an email. Confirm your expiration is 2 years from today.

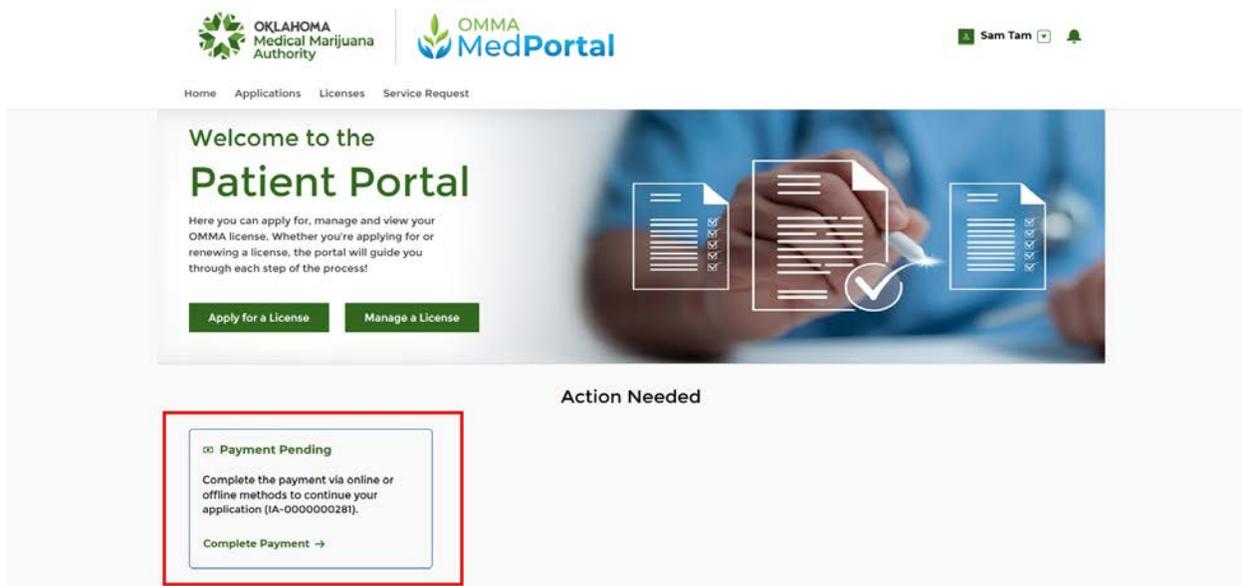


Application Rejection-Medicaid/Medicare & Disabled Veteran Status information is inaccurate. Request applicant to pay the remaining \$80 application fee.

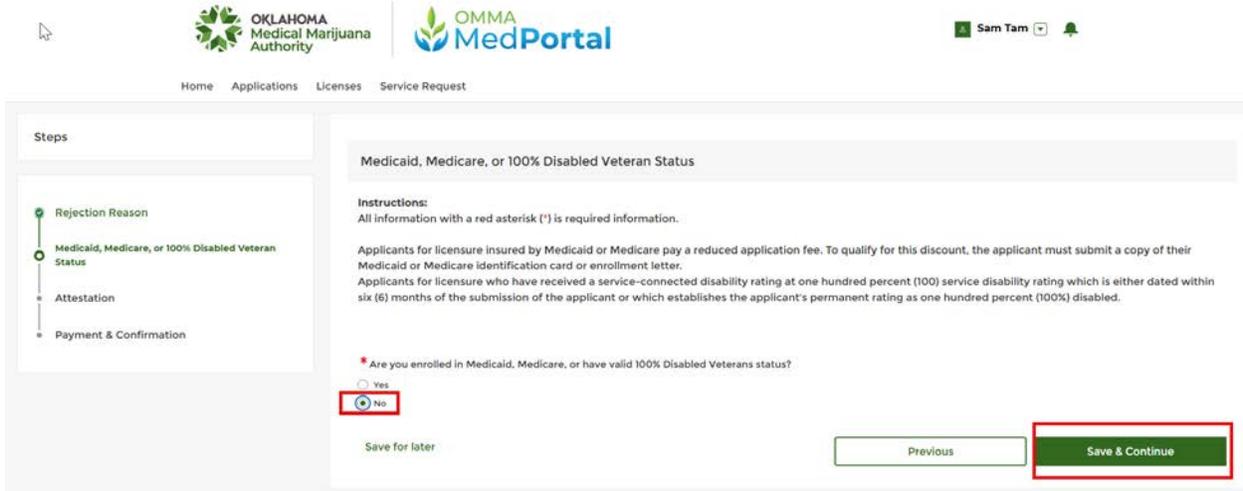
1. An email is sent to applicants informing them that their application has been rejected and further action is required.



2. On the patient portal homepage, the applicant will see an **Action Needed** section prompting payment of the \$80.00 fee.



3. Select "Complete Payment" to proceed with the payment process. On the following screen, the user must choose "No," as application has been rejected due to documents not meeting the requirements for the discounted amount. The remaining balance of \$80.00 must be paid.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal | Sam Tam

Home Applications Licenses Service Request

Steps

- Rejection Reason
- Medicaid, Medicare, or 100% Disabled Veteran Status
- Attestation
- Payment & Confirmation

Medicaid, Medicare, or 100% Disabled Veteran Status

Instructions:
All information with a red asterisk (*) is required information.

Applicants for licensure insured by Medicaid or Medicare pay a reduced application fee. To qualify for this discount, the applicant must submit a copy of their Medicaid or Medicare identification card or enrollment letter.

Applicants for licensure who have received a service-connected disability rating at one hundred percent (100) service disability rating which is either dated within six (6) months of the submission of the applicant or which establishes the applicant's permanent rating as one hundred percent (100%) disabled.

* Are you enrolled in Medicaid, Medicare, or have valid 100% Disabled Veterans status?

Yes

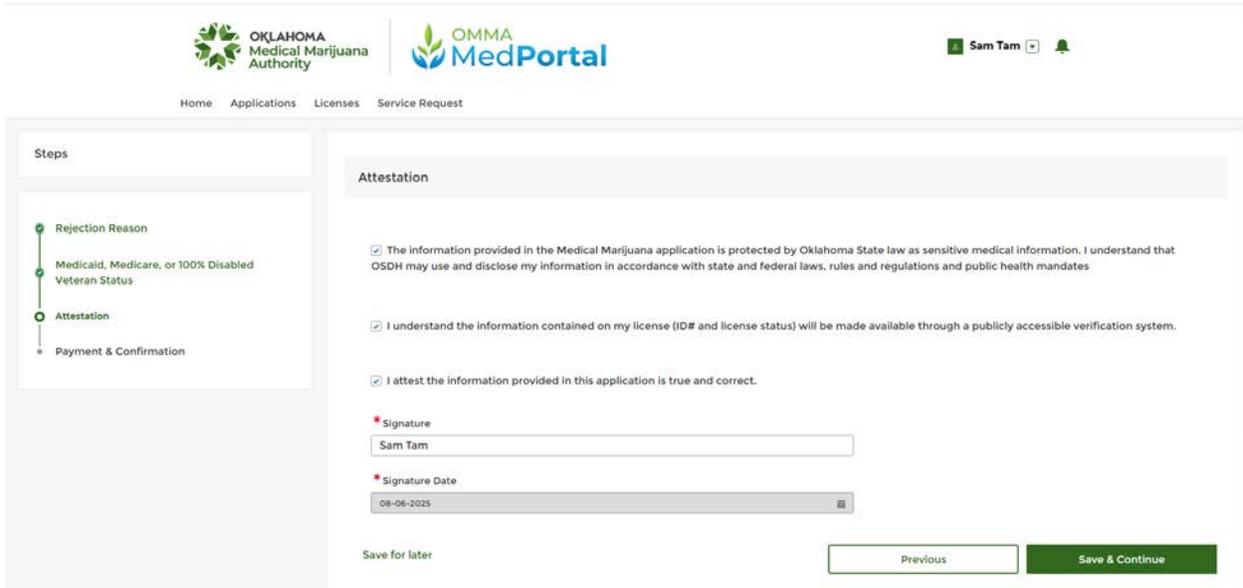
No

Save for later

Previous

Save & Continue

4. You will complete attestation and sign application.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal | Sam Tam

Home Applications Licenses Service Request

Steps

- Rejection Reason
- Medicaid, Medicare, or 100% Disabled Veteran Status
- Attestation
- Payment & Confirmation

Attestation

The information provided in the Medical Marijuana application is protected by Oklahoma State law as sensitive medical information. I understand that OSDH may use and disclose my information in accordance with state and federal laws, rules and regulations and public health mandates

I understand the information contained on my license (ID# and license status) will be made available through a publicly accessible verification system.

I attest the information provided in this application is true and correct.

* Signature

Sam Tam

* Signature Date

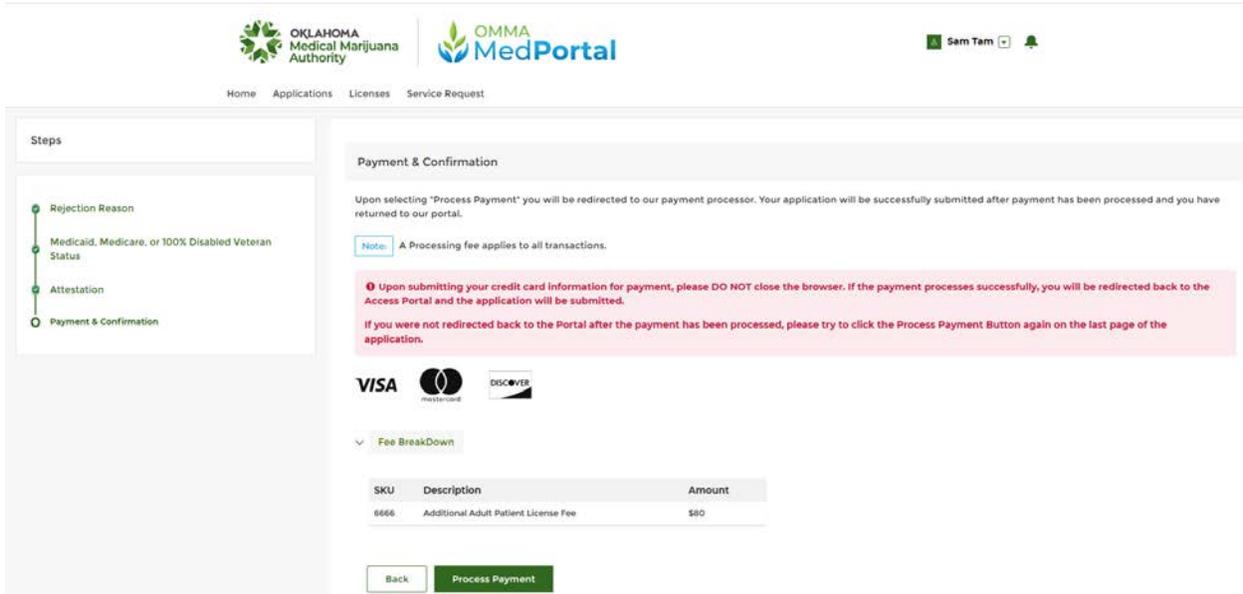
08-06-2025

Save for later

Previous

Save & Continue

5. Applicant will process payment for the remaining \$80.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Home Applications Licenses Service Request

Sam Tam

Steps

- Rejection Reason
- Medicaid, Medicare, or 100% Disabled Veteran Status
- Attestation
- Payment & Confirmation

Payment & Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted. If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.

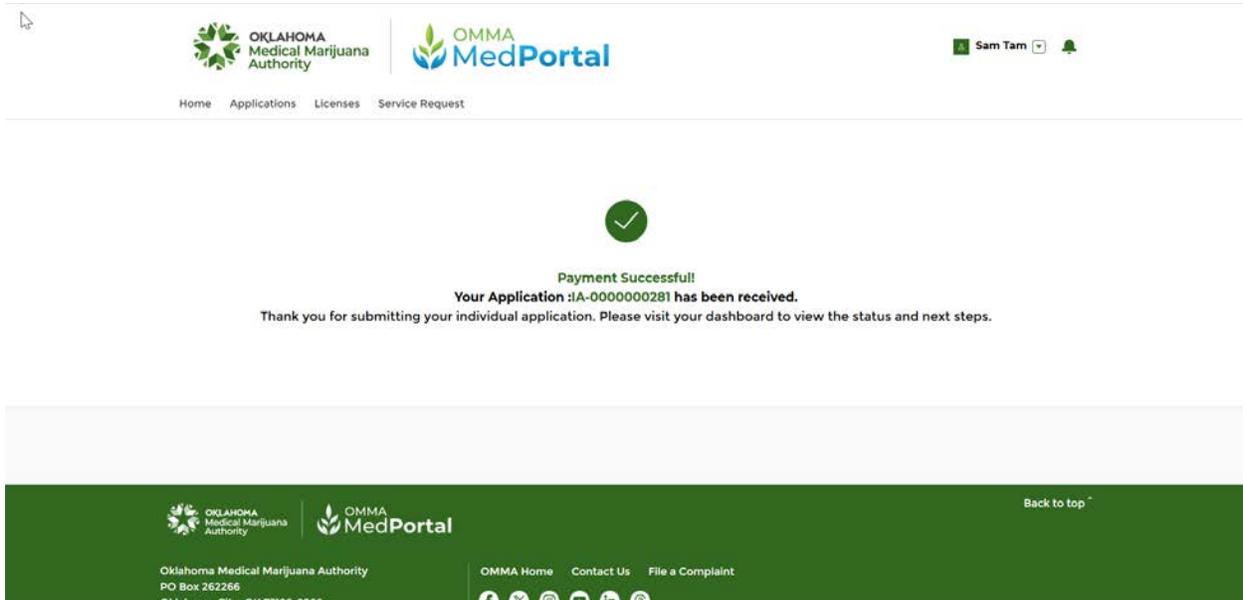
VISA MASTERCARD DISCOVER

Fee BreakDown

SKU	Description	Amount
6666	Additional Adult Patient License Fee	\$80

Back Process Payment

6. Once paid and processed the applicant will get a payment successful message and a receipt will be sent to your email.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Home Applications Licenses Service Request

Sam Tam

Payment Successful!

Your Application :A-0000000281 has been received.

Thank you for submitting your individual application. Please visit your dashboard to view the status and next steps.

Back to top

OKLAHOMA Medical Marijuana Authority
PO Box 262266
Oklahoma City, OK 73126-2266

OMMA Home Contact Us File a Complaint

a. The system will email the applicant about payment.

Sandbox: Payment Receipt

⚠️ "omma.ok.gov" doesn't seem to be the real sender of this message

 Deliverability  Reply  Forward  Print  Delete 

 No Reply <noreply@omma.ok.gov>

 Wednesday, August 6, 2025 2:10:47 PM

 Payment...



OKLAHOMA
Medical Marijuana
Authority

Invoice #2025-080619

PAID

Issued by

Oklahoma Medical Marijuana Authority (OMMA)
PO Box 262266
Oklahoma City, OK
73126-2266
Telephone: (405) 522-6662

Recipient

Sam Tam

Issued Date

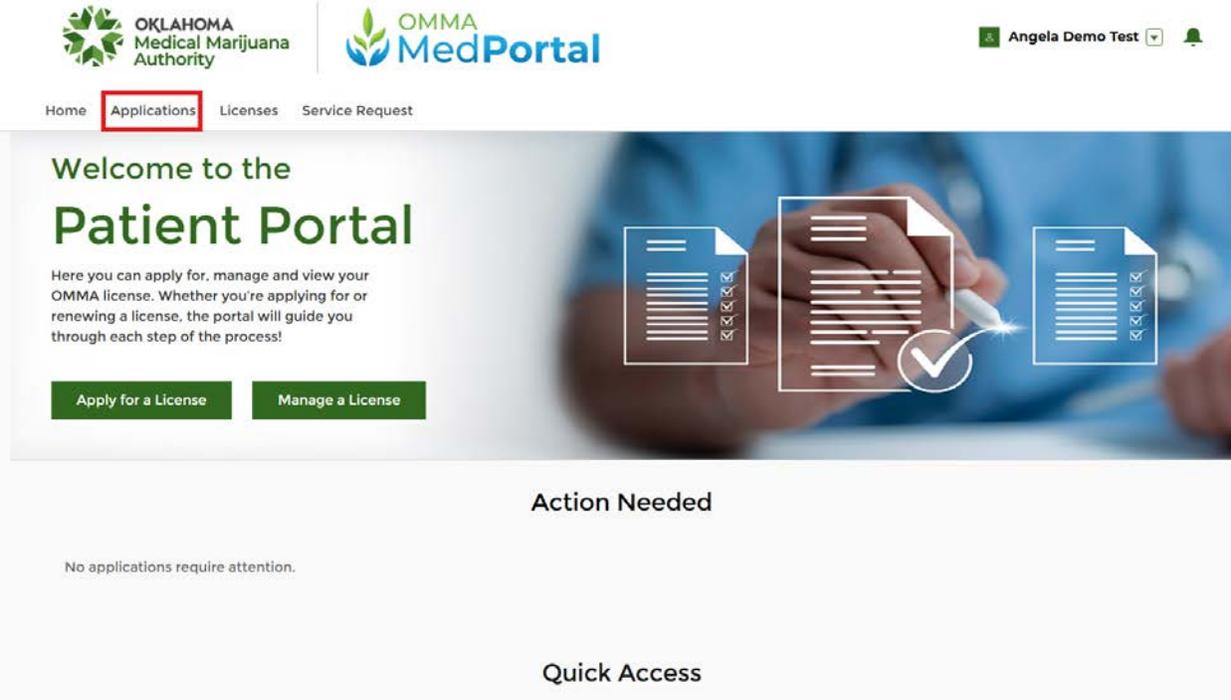
August 06, 2025

Item : Adult Patient 2-Year License (Initial)	\$80.00
Service Fee	\$0.00
Total:	\$80.00
Total amount paid:	\$80.00
Balance owing	\$0.00

2.2 Patient – Adult License Application (Out of State)

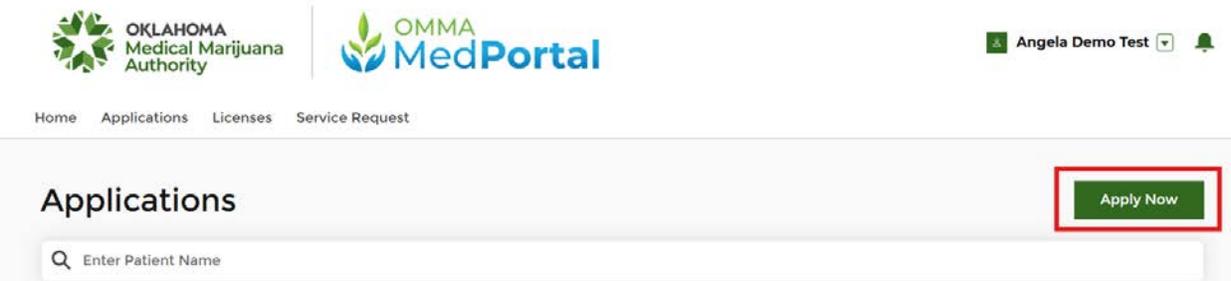
To apply for a license,

1. Click the “Applications” Tab.



The screenshot shows the OMMA MedPortal homepage. At the top left is the Oklahoma Medical Marijuana Authority logo. To its right is the OMMA MedPortal logo. In the top right corner, there is a user profile dropdown menu showing "Angela Demo Test" and a notification bell icon. Below the logos is a navigation bar with "Home", "Applications" (highlighted with a red box), "Licenses", and "Service Request". The main content area features a large banner with the text "Welcome to the Patient Portal" and a sub-headline "Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!". Below the banner are two green buttons: "Apply for a License" and "Manage a License". Underneath the banner is a section titled "Action Needed" with the text "No applications require attention." Below that is a section titled "Quick Access".

- Click the “Apply Now” Button. You will now begin applying for your choice of license.



The screenshot shows the OMMA MedPortal "Applications" page. At the top left is the Oklahoma Medical Marijuana Authority logo. To its right is the OMMA MedPortal logo. In the top right corner, there is a user profile dropdown menu showing "Angela Demo Test" and a notification bell icon. Below the logos is a navigation bar with "Home", "Applications" (highlighted with a red box), "Licenses", and "Service Request". The main content area features a large heading "Applications" and a green "Apply Now" button (highlighted with a red box). Below the heading is a search bar with the placeholder text "Enter Patient Name".

2. Answer each of the three questions below. **Note: if you complete application for a minor you would select legal guardian.**

3. Select “Yes” or “No” based on your age. Different sets of questions will appear based on your answer and provide you with a choice of which type of applications you are eligible to apply for.



License Eligibility Criteria

* Are you a Patient Or Legal Guardian?
 Yes No

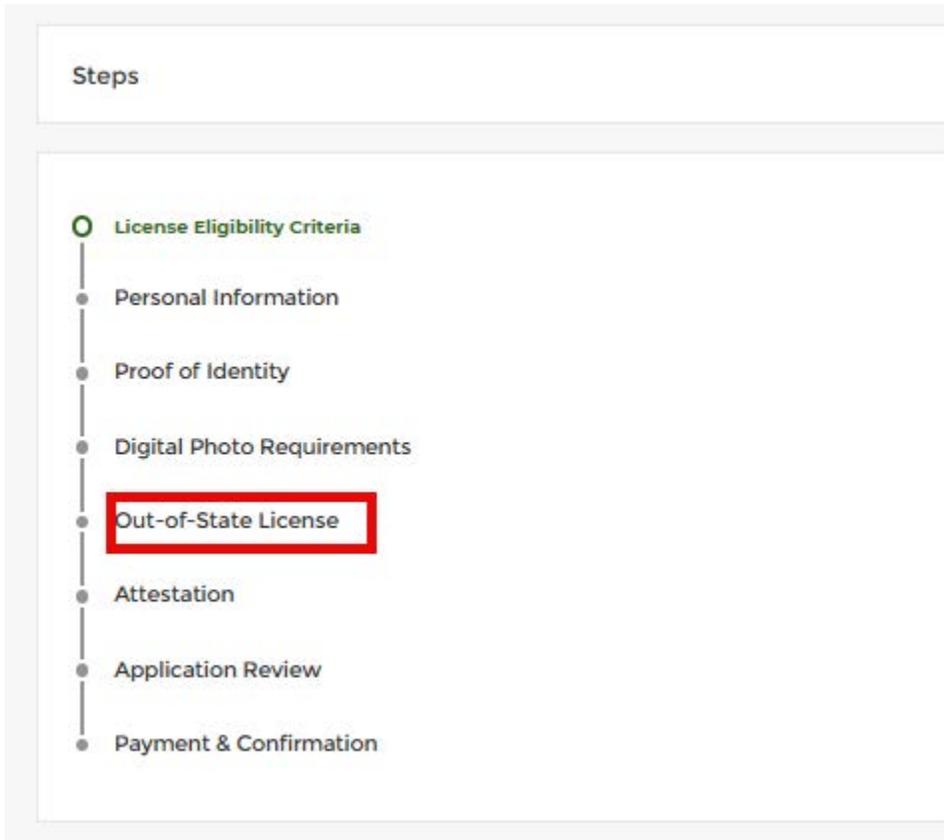
* Are you an Oklahoma State Resident?
 Yes No

* Are you applying for an adult patient license?
 Yes No

You can apply for the following license:
 Adult Patient - Temporary License (Out of State)

Save for later

4. There will be a guided step-by-step process for your application on the left side of the screen.



Steps

- License Eligibility Criteria
- Personal Information
- Proof of Identity
- Digital Photo Requirements
- Out-of-State License
- Attestation
- Application Review
- Payment & Confirmation

5. Enter your personal information. The greyed fields are not editable and are based on your Single Sign On login.

Personal Information

Personal Information

Legal First Name
Angela

Legal Middle Name

Legal Last Name
Test

Suffix

* Birth Date
08-01-1995

* Gender
Female

* Country of Residence
United States

6. Enter your physical address.

Physical Address

* Street Address

Unit No./Apt No.

* City

* State
Select an Option

* Zip Code

7. Enter your mailing address. If your home address and mailing address are the same, select the box that says, “Mailing address is the same as Physical address.”



▼ Mailing Address

Mailing address is the same as Physical address

* Street Address

Unit No./Apt No.

* City

* State
Select an Option ▼

* Zip Code

8. Enter your contact information. Select “Save & Continue.”



▼ Contact Information

* Telephone

Mobile Number

E-mail Address

Save for later

9. Next, you are required to upload valid Proof of Identity. There are instructions for valid forms of identification. The screen displays document type drop down for you to select along with entering the ID Document number and expiration date. You are required to upload the **front and back** of the document. Once completed press the “Save & Continue” Button.

me Applications Licenses Service Request

Proof of Identity

Instructions:
All information with a red asterisk (*) is required information.

Each applicant must establish their identity through the submission of electronic copy or digital image in color of one of the following unexpired documents:

(1) A valid State issued driver's license (front and back);
(2) A valid State issued Identification Card (front and back);
(3) A United States Passport or other photo identification issued by the United States government.

* Identity Document Type

-- Clear --

- State-issued Driver's License
- State-issued ID Card
- Tribal Identification Card
- United States Passport
- Military ID

Upload section

* Upload Identity Document Front

Upload Files

* Please upload required documents

Please Upload the Document

Save for later

Previous

Save & Continue

10. Next, you are required to upload a picture of yourself for your medical marijuana card. The screen displays every option of valid documentation that can be uploaded.

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note:

Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- ✓ • **Do keep hair out of your face.** It should not cover your eyebrows, eyes, ears, or any part of your face .
- ✓ • **Do remove eyeglasses and hats** before taking the photo.
- ✓ • **Do avoid shadows on your face.**
- ✓ • **Do wear hats or head coverings for medical or religious purposes** as long as your full face is visible .
- ✓ • **Do position your head and shoulders** where they can be seen.



Good



Good



Good



Good

Don'ts

- X** • **Do not** use digital filters, borders, text or any other method of **altering the appearance** of the picture.
- X** • **Do not** tilt your head or turn your shoulder to the side.
- X** • **Do not** crop off your head and shoulders by **zooming in** too closely.
- X** • **Do not** wear sunglasses, show hands or other **objects in the photo**.
- X** • **Do not** re-size the photo outside the provided guidelines.
- X** • **Do not** capture anyone else besides the person applying for a license in the photo.



Too Close



Unaccepted accessories



Side Facing



Filtered Image



Background Color



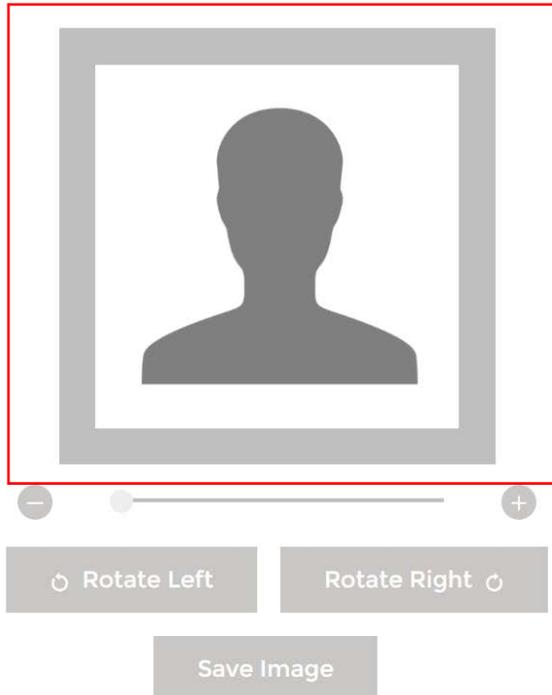
Hair covering face

11. Choose a photo to upload. The photo will fill the frame, and you will be able to adjust in the frame based on instructions above.

Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:

(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



∨ **Upload Photo**

Choose a photo to upload and attach to your application.

Note: **File Format:** must be .jpg, .png, or .gif and **no larger than 3 MB in size**

Note: **Resolution Limits:** must be **Minimum:**600 x 600 pixels. **Maximum:**1200 x 1200 pixels.

* Select Photo

12. Adjust your photo is necessary and click the “Save Image” button.

13. Be sure that your photo complies with the requirements and check the following boxes.

Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

* I attest the photo only shows the applicant and was taken within the last 6 months.

* I attest the photo was taken with a white or off-white background.

* I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

14. If you are required to wear a hat/head covering for medical or religious reasons, you must upload documentation for proof.

∨ **Hat or Head Covering (if applicable)**

If you are wearing a hat or head covering, please upload one of the necessary files below:

Is the hat or head covering for medical purposes?

In accordance with **OAC 442:10-1-8(6)(B)**, please submit a signed doctor's statement verifying the hat or head covering in the photo is used daily for medical purposes.

 Upload Files

Is the hat or head covering for religious purposes?

In accordance with **OAC 442:10-1-8(6)(A)**, please submit a signed statement that verifies the hat or head covering in the photo is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public.

 Upload Files

I attest the photo meets the License Application Photo Requirements and I have provided all relevant information and forms requested.

Save for later

Previous

Save & Continue

15. Once completed, select the box to agree that you have complied with the photo requirements. Then select the "Save & Continue" button.

16. Complete Out of State License requirements.

ome Applications Licenses Service Request

Out-of-State License

Instructions:
All information with a red asterisk (*) is required information.
Applicants for a temporary patient license must provide an electronic copy of the applicant's valid unexpired out-of-state medical marijuana patient license.

* State

* License Number

* Expiration Date

* License Front

* Please upload required documents
⚠ This is a required document

* License Back

* Please upload required documents
⚠ This is a required document

Save for later

Attestations:

17. Select all the boxes and ensure that you have filled out the form completely and correctly.
18. Provide a signature. **Note: it must match the signature you logged in to portal with.** The date will be generated by the system. When completed, select the "Save & Continue" button.

ome Applications Licenses Service Request

Attestation

The information provided in the Medical Marijuana application is protected by Oklahoma State law as sensitive medical information. I understand that OSDH may use and disclose my information in accordance with state and federal laws, rules and regulations and public health mandates

I understand the information contained on my license (ID# and license status) will be made available through a publicly accessible verification system.

I attest the information provided in this application is true and correct.

* Signature

* Signature Date

Save for later

19. You will have an opportunity to review and edit your application. Prior to clicking on “Next” you can download your application.

  David Smith

ne Applications Licenses Service Request

Application Review

PERSONAL INFORMATION Edit

Legal First Name: David
Legal Middle Name:
Legal Last Name: Smith
Suffix:
Birth Date: 11-09-2000
Country of Residence: United States

Address Information

Physical Address

Street Address: 200 N Walker Ave
Unit No./Apt No.:
City: Oklahoma City
State: OK
County: Oklahoma
Zip Code: 73102
Country: United States Of America

Mailing Address

Street Address: 200 N Walker Ave
Unit No./Apt No.:
City: Oklahoma City
State: OK
County: Oklahoma
Zip Code: 73102
Country: United States Of America

Contact Information

Telephone: 4057917285
Mobile Number:
E-mail Address: david.smith@yopmail.com

PROOF OF IDENTITY Edit

Identity Document Type: State-issued Driver's License
Identity Document Number: 2346788
Identity Document Expiration Date: 09-09-2028

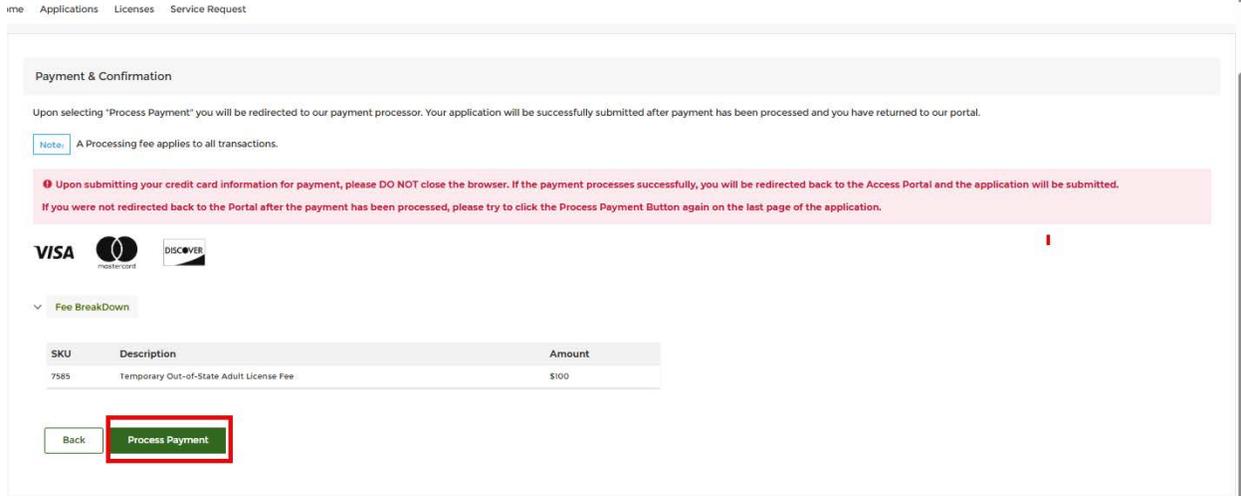
OUT-OF-STATE LICENSE Edit

State: Kansas
License Number: 12345767
Expiration Date: 11-09-2028

Save for later Download Application

Previous Next

20. View your price breakdown and then select the “Save & Continue” Button.



Payment & Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted. If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.

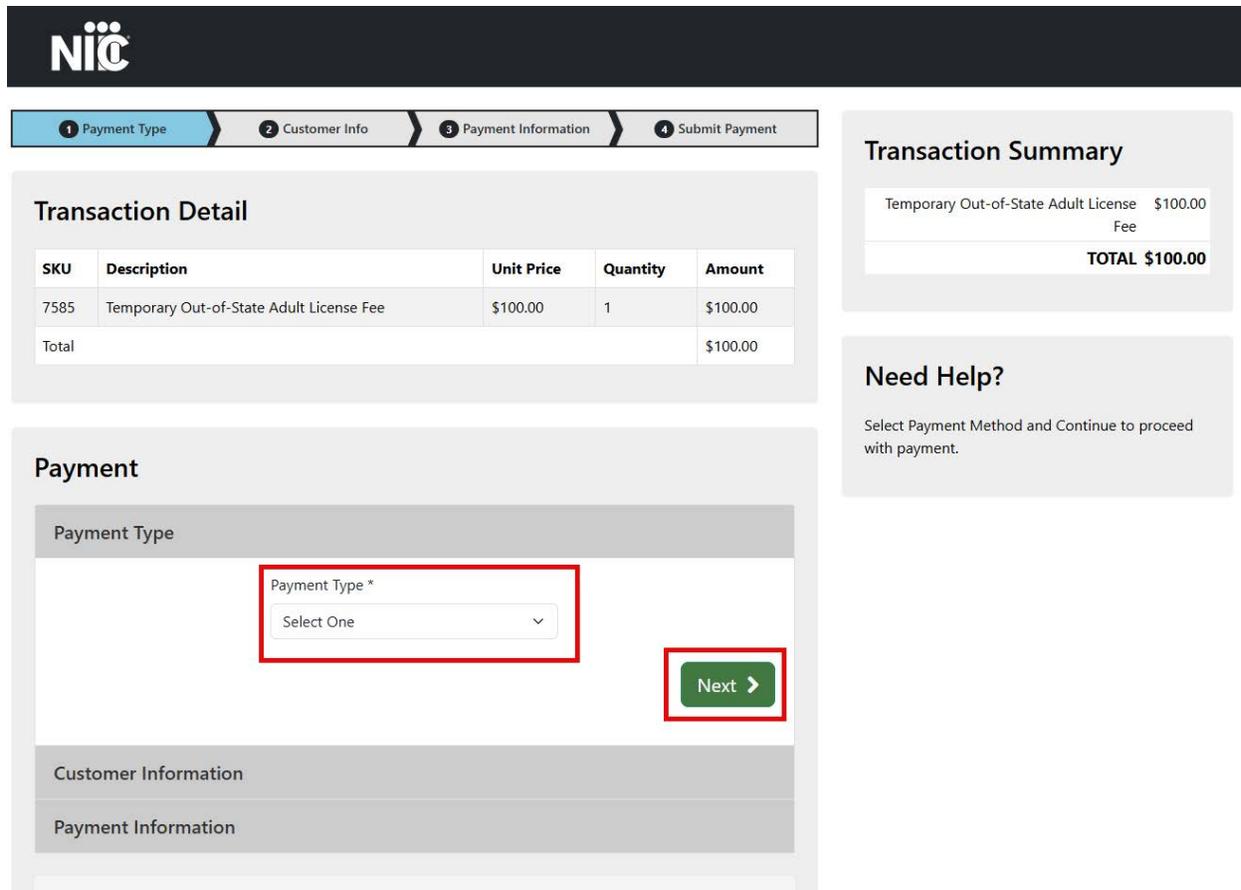
VISA mastercard DISCOVER

Fee BreakDown

SKU	Description	Amount
7585	Temporary Out-of-State Adult License Fee	\$100

Back **Process Payment**

21. The page then will direct you to the NIC payment page. Select your form of payment and then enter your card details if applicable.



NIC

1 Payment Type 2 Customer Info 3 Payment Information 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
7585	Temporary Out-of-State Adult License Fee	\$100.00	1	\$100.00
Total				\$100.00

Transaction Summary

Temporary Out-of-State Adult License Fee	\$100.00
TOTAL	\$100.00

Need Help?

Select Payment Method and Continue to proceed with payment.

Payment

Payment Type

Payment Type *
Select One

Next >

Customer Information

Payment Information

22. Fill out Customer Information and click 'Next.'



1 Payment Type
2 Customer Info
3 Payment Information
4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
7585	Temporary Out-of-State Adult License Fee	\$100.00	1	\$100.00
Total				\$100.00

Payment

Payment Type ✓

Credit/Debit Card

Customer Information Complete all required fields [*]

Country *

First Name * Last Name *

Transaction Summary

Temporary Out-of-State Adult License Fee	\$100.00
Service Fee	\$4.30
TOTAL	\$104.30

Need Help?

Please complete the Customer Information Section.

23. Fill out Payment Information and click 'Next.'



1 Payment Type
2 Customer Info
3 Payment Information
4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
7585	Temporary Out-of-State Adult License Fee	\$100.00	1	\$100.00
Total				\$100.00

Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

Address
 David Smith
 200 N. Walker Ave
 OKC, OK 97103

Country **Email Address**

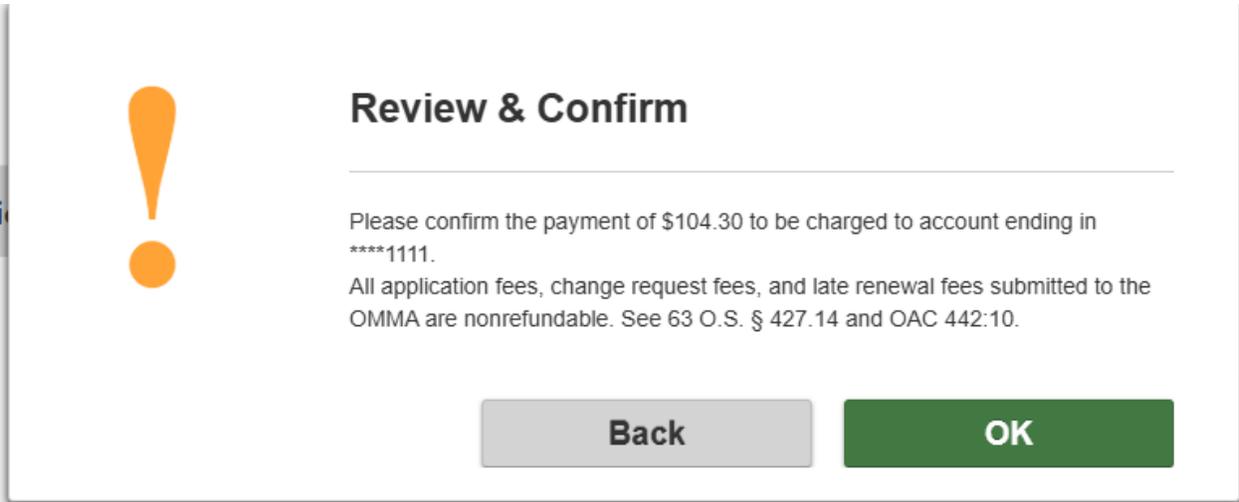
Transaction Summary

Temporary Out-of-State Adult License Fee	\$100.00
Service Fee	\$4.30
TOTAL \$104.30	

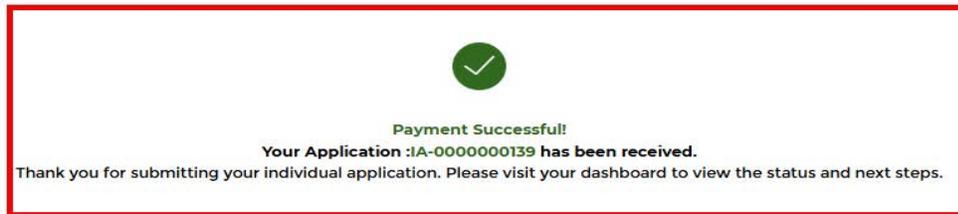
Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

24. The page will show a pop-up message to review and confirm the payment.



25. Once the payment is processed, your screen will display a confirmation message letting you know that your application has been submitted. You will also receive two emails, one that your application has been submitted and the second email is receipt of payment



2.3 Applying for a Minor Patient License (2 year and 60-day Temporary)

Minor:

1. Answer each of the three questions below.
2. Select “Yes” or “No” based on minor’s age. Different sets of questions will appear based on your answer. Select the application you would like to apply for.

License Eligibility Criteria

* Are you a Patient Or Legal Guardian?
 Yes No

* Are you an Oklahoma State Resident?
 Yes No

* Are you applying for an adult patient license?
 Yes No

* You can apply for the following licenses:

- Minor Patient 2-Year License
- Minor Patient 60-Day Temporary License
- Caregiver

Save for later Apply

3. Enter your personal information of the minor.

Minor Patient Personal Information

* Legal First Name

Legal Middle Name

* Legal Last Name

Suffix

* Birth Date

* Gender

* Country of Residence

4. Enter your physical address of the minor. (Please note that only Oklahoma addresses are accepted)

Physical Address

* Street Address

Unit No./Apt No.

* City

* State

Select an Option

* Zip Code

5. Enter minor's mailing address. If minor home address and mailing address are the same, select the box that says, "Mailing address is the same as Physical address."

Mailing Address

Mailing address is the same as Physical address

* Street Address

Unit No./Apt No.

* City

* State

Select an Option

* Zip Code

6. Enter Minor Contact information. Once completed, press the “Save & Continue” button. Also, at the bottom left side you have the option to “Save for later” and return to complete your application.

∨ Contact Information

* Telephone

Mobile Number

* E-mail Address

Save for later Save & Continue

7. Enter Minor’s Proof of Identity. This screen provides you with instructions on valid forms of Identification that can be uploaded. Once completed, press the “Save & Continue” button.

Minor Proof of Identity

Instruction text:

All information with a red asterisk * is required information.

All minor patient applicants must provide identification documents. Acceptable forms include:

1. A copy of the minor's valid, unexpired Oklahoma driver license;
2. A copy of the minor's valid, unexpired Oklahoma identification card;
3. A copy of the minor's valid, unexpired United States Passport;
4. A copy of the minor's photo identification issued by the United States government;
5. A copy of the minor's tribal identification card;
6. A official certified copy of the minor's birth certficiate.

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety: United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

* Identity Document Type

* Identity Document Number

* Identity Document Expiration Date

∨ Upload Section

Upload Identity Document Front

Save for later

Previous

Save & Continue

8. Next, you are required to upload a picture of yourself for your medical marijuana card. The screen displays requirements for photo upload.

Important: Please follow these instructions.

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note:

Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- ✓ • **Do keep hair out of your face.** It should not cover your eyebrows, eyes, ears, or any part of your face .
- ✓ • **Do remove eyeglasses and hats** before taking the photo.
- ✓ • **Do avoid shadows on your face.**
- ✓ • **Do wear hats or head coverings for medical or religious purposes** as long as your full face is visible .
- ✓ • **Do position your head and shoulders** where they can be seen.



Good



Good



Good



Good

Don'ts

- ✗ • Do not use digital filters, borders, text or any other method of **altering the appearance** of the picture.
- ✗ • Do not **tilt your head or turn your shoulder** to the side.
- ✗ • Do not **crop off your head and shoulders by zooming in too closely**.
- ✗ • Do not wear sunglasses, show hands or other objects in the photo.
- ✗ • Do not **re-size** the photo outside the provided guidelines.
- ✗ • Do not **capture anyone else** besides the person applying for a license in the photo.



Too Close



Unaccepted accessories



Side Facing



Filtered Image



Background Color



Hair covering face

10. Choose a photo to upload.

∨ **Upload Photo**

Choose a photo to upload and attach to your application.

Note: File Format: must be .jpg, .png, or .gif and no larger than 3 MB in size

Note: Resolution Limits: must be Minimum:600 x 600 pixels. Maximum:1200 x 1200 pixels.

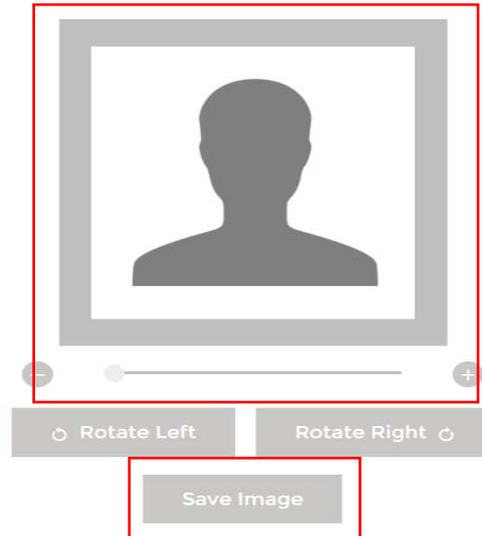
* Select Photo

 Upload Files

9. When you upload your photo, it will show within the frame. Adjust your photo if necessary and click the “Save Image” button.

Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:
(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



10. Be sure that your photo complies with the requirements and check the following boxes.

Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

- * I attest the photo only shows the applicant and was taken within the last 6 months.
- * I attest the photo was taken with a white or off-white background.
- * I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

11. If you are required to wear a hat/head covering for medical or religious reasons, you must upload documentation for proof. Once completed, select the box to agree that you have completed the photo requirements and select the “Save & Continue” button.

▼ **Hat or Head Covering (if applicable)**

If you are wearing a hat or head covering, please upload one of the necessary files below:

Is the hat or head covering for medical purposes?

In accordance with **OAC 442:10-1-8(6)(B)**, please submit a signed doctor's statement verifying the hat or head covering in the photo is used daily for medical purposes.

 Upload Files

Is the hat or head covering for religious purposes?

In accordance with **OAC 442:10-1-8(6)(A)**, please submit a signed statement that verifies the hat or head covering in the photo is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public.

 Upload Files

I attest the photo meets the License Application Photo Requirements and I have provided all relevant information and forms requested.

Save for later

Previous

Save & Continue

12. Enter current medical conditions.

Recommending Physician Information

▼ **Medical Conditions**

Condition ICD-10-CM +

13. Select “Yes” or “No” depending on whether your physician has given you the certification of necessity for a caregiver? If you selected “Yes,” an additional question would appear. Now, select if you intend to use a caregiver. If you select “Yes” on this question as well, enter the information of the caregiver you intend to use. If you select “No,” move on to the next question.

∨ Certification of Necessity of a Caregiver

* Did the Physician provide certification of necessity of a caregiver?

- Yes
 No

* Do you intend to use a caregiver?

- Yes
 No

∨ Caregiver (You indicated you plan on using a caregiver. Please provide the caregiver informatio...

* First Name

Middle Name

* Last Name

* Phone Number

* Physician Signature Date (Caregiver)



14. Enter Minor's Physician's information.

▼ **Recommending Physician**

* First Name

Middle Name

* Last Name

* Phone Number

* Physician Licensing Entity

* License Number

* NPI Number

▼ **Recommending Physician Office Address**

* Street Address

Unit No./Apt No.

* City

* State

* Zip Code

▼ **Physician Recommendation Form**

* Physician Signature Date

15. Next, you must upload a completed and signed physician recommendation form with the correct requirements. Once completed, select the "Save & Continue" button.

Instructions:

You must upload a completed and signed physician recommendation form that has:

- Patient information filled out
- Physician information filled out
- Signed and dated by a physician within the last 30 days.
- If you need a caregiver's assistance, the same physician must also sign the bottom section of the form stating your need for a caregiver.

∨ **Document Upload Section**

[Click Here for Form Link](#)

* Physician Recommendation Form

📁 Upload Files

- Acceptable file format : pdf, .jpg, .jpeg, .png, .bmp
- Acceptable file Size : 10 MB

⚠ Address is required

Save for later

Previous

Save & Continue

16. Minor Patient is required to enter a second Physician Recommendation form. You will enter information for the secondary physician recommendation. Enter your current medical condition (optional field)

Recommending Physician Information

∨ **Medical Conditions**

Condition ICD-10-CM +

17. Select “Yes” or “No” depending on whether your physician has given you a certification of the necessity of a caregiver. If you selected “Yes,” an additional question would appear. Now, select if you intend to use a caregiver. If you select “Yes” on this question as well, enter the information of the caregiver you intend to use. If you selected “No,” move on to the next question.

∨ Certification of Necessity of a Caregiver

* Did the Physician provide certification of necessity of a caregiver?

- Yes
 No

* Do you intend to use a caregiver?

- Yes
 No

∨ Caregiver (You indicated you plan on using a caregiver. Please provide the caregiver informatio...

* First Name

Middle Name

* Last Name

* Phone Number

* Physician Signature Date (Caregiver)

18. Enter your Physician’s information.

∨ Recommending Physician

* First Name

Middle Name

* Last Name

* Phone Number

* Physician Licensing Entity

* License Number

* NPI Number

∨ **Recommending Physician Office Address**

* Street Address

Unit No./Apt No.

* City

* State

* Zip Code

∨ **Physician Recommendation Form**

* Physician Signature Date

19. Next, you must upload a completed and signed physician recommendation form with the correct requirements. Once completed, select the “Save & Continue” button.

Instructions:

You must upload a completed and signed physician recommendation form that has:

- Patient information filled out
- Physician information filled out
- Signed and dated by a physician within the last 30 days.
- If you need a caregiver’s assistance, the same physician must also sign the bottom section of the form stating your need for a caregiver.

▼ **Document Upload Section**

[Click Here for Form Link](#)

* Physician Recommendation Form

[Upload Files](#)

- Acceptable file format : pdf, .jpg, .jpeg, .png, .bmp
- Acceptable file Size : 10 MB

 Address is required

[Save for later](#)

[Previous](#)

[Save & Continue](#)

20. Select “Yes” or “No” based on if you enrolled in Medicaid, Medicare, or have valid 100% Disabled Veterans status. If you selected “Yes” please provide which program you are in and your documentation. Check the box to agree that you have provided valid documentation. If you select “No,” move on.

Medicaid, Medicare, or 100% Disabled Veteran Status

Instructions:

All information with a red asterisk (*) is required information.

Applicants for licensure insured by Medicaid or Medicare pay a reduced application fee. To qualify for this discount, the applicant must submit a copy of their Medicaid or Medicare identification card or enrollment letter.

Applicants for licensure who have received a service-connected disability rating at one hundred percent (100%) from the United States Department of Veterans Affairs or an agency of the United States Department of Defense pay a reduced application fee. To qualify for this discount, the applicant must submit a copy of the letter or other official documentation from the United States Department of Veterans Affairs or an agency of the United States Department of Defense establishing the applicant's one hundred percent (100%) service disability rating which is either dated within six (6) months of the submission of the applicant or which establishes the applicant's permanent rating as one hundred percent (100%) disabled.

* Are you enrolled in Medicaid, Medicare, or have valid 100% Disabled Veterans status?

- Yes
 No

Save for later

Previous

Save & Continue

* Which Program?

Upload Document

 Upload Files

Please upload documentation indicating your status with the above program is current. This could include a valid ID card, a letter dated within the last 6 months, or a screenshot from the issuing agency indicating a valid status and future dated expiration.

I understand if I am unable to provide suitable proof of active Medicaid, Medicare, or 100% Disabled Veteran status my application will be rejected.

21. Enter the patient's parental/legal guardian's personal information.

Parent/Legal Guardian Information

Instructions :

All information with a red asterisk * is required information.

Provide the patient's Parent/Legal Guardian Information below.

If a legal guardian, documentation proving legal guardianship is required. The documentation must contain the name of the minor applicant and the legal guardian.

* Relationship Type

* Legal First Name

Legal Middle Name

* Legal Last Name

Suffix

* Birth Date

* Telephone

Mobile Number

* E-mail Address

* Confirm E-mail Address

* Upload Proof of Legal Guardianship

 Upload Files

Save for later

Previous

Save & Continue

22. Next, the parent/legal guardian is required to upload valid Proof of Identity. The screen displays valid identification that can be uploaded. Once completed, select “Save & Continue” button.

Parent/Legal Guardian Proof of Identity

Instructions:

All information with a red asterisk * is required information.

Each applicant must establish their identity through the submission of electronic copy or digital image in color of one of the following unexpired documents:

- (1) An Oklahoma issued driver's license or Real ID (front and back);
- (2) An Oklahoma issued Identification Card (front and back);
- (3) A United States Passport or other photo identification issued by the United States government;
- (4) A tribal issued identification card approved for identification purposes by the Oklahoma Department of Public Safety

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety: United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

* Identity Document Type

* Identity Document Number

* Identity Document Expiration Date

∨ Upload Section

* Upload Identity Document Front

Save for later

Previous

Save & Continue

23. Next, the parent/legal guardian is required to upload a picture of themselves for the medical marijuana card. The screen displays every option of valid documentation that can be uploaded.

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note:

Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- ✓ • **Do keep hair out of your face.** It should not cover your eyebrows, eyes, ears, or any part of your face .
- ✓ • **Do remove eyeglasses and hats** before taking the photo.
- ✓ • **Do avoid shadows on your face.**
- ✓ • **Do wear hats or head coverings for medical or religious purposes** as long as your full face is visible .
- ✓ • **Do position your head and shoulders** where they can be seen.



Good



Good



Good



Good

Don'ts

- ✗ • Do not use digital filters, borders, text or any other method of **altering the appearance** of the picture.
- ✗ • Do not tilt your head or turn your shoulder to the side.
- ✗ • Do not crop off your head and shoulders by zooming in too closely.
- ✗ • Do not wear sunglasses, show hands or other objects in the photo.
- ✗ • Do not re-size the photo outside the provided guidelines.
- ✗ • Do not capture anyone else besides the person applying for a license in the photo.



Too Close



Unaccepted accessories



Side Facing



Filtered Image



Background Color



Hair covering face

24. Choose a photo to upload.

∨ **Upload Photo**

Choose a photo to upload and attach to your application.

Note: File Format: must be .jpg, .png, or .gif and no larger than 3 MB in size

Note: Resolution Limits: must be Minimum:600 x 600 pixels. Maximum:1200 x 1200 pixels.

* Select Photo

 Upload Files

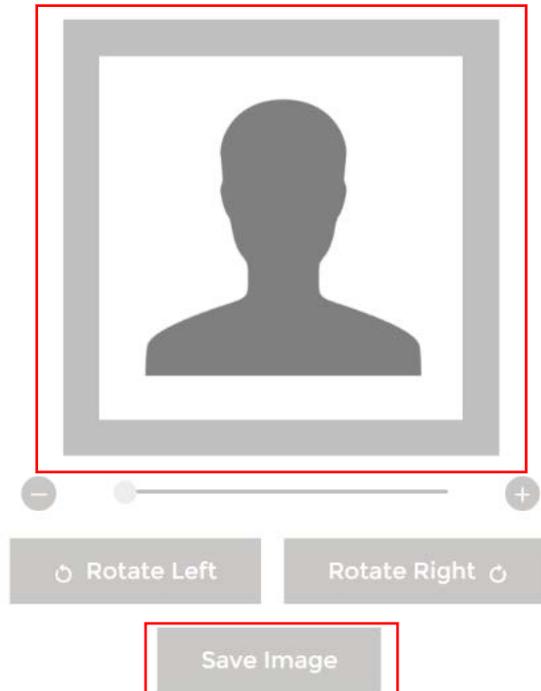
25. When you upload your photo, it will show within the frame. Adjust your photo if necessary and click the “Save Image” button.

Note:

All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:

(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



26. Be sure that your photo complies with the requirements and check the following boxes.

Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

* I attest the photo only shows the applicant and was taken within the last 6 months.

* I attest the photo was taken with a white or off-white background.

* I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

27. If you are required to wear a hat/head covering for medical or religious reasons, you must upload documentation for proof. Once completed, select the box to agree that you have complied with the photo requirements. Then select the “Save & Continue” button.

▼ **Hat or Head Covering (if applicable)**

If you are wearing a hat or head covering, please upload one of the necessary files below:

Is the hat or head covering for medical purposes?

In accordance with **OAC 442:10-1-8(6)(B)**, please submit a signed doctor's statement verifying the hat or head covering in the photo is used daily for medical purposes.

 Upload Files

Is the hat or head covering for religious purposes?

In accordance with **OAC 442:10-1-8(6)(A)**, please submit a signed statement that verifies the hat or head covering in the photo is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public.

 Upload Files

I attest the photo meets the License Application Photo Requirements and I have provided all relevant information and forms requested.

Save for later

Previous

Save & Continue

Attestations:

28. Select all the boxes and ensure that you have filled out the form completely and correctly.
29. Provide a signature. **Note: it must match the signature you logged in to the portal with.** The date will be generated by the system. When completed, select the "Save & Continue" Button.

Attestation

The information provided in the Medical Marijuana application is protected by Oklahoma State law as sensitive medical information. I understand that OSDH may use and disclose my information in accordance with state and federal laws, rules and regulations and public health mandates

I understand the information contained on my license (ID# and license status) will be made available through a publicly accessible verification system.

I attest the information provided in this application is true and correct.

* Signature

* Signature Date

06-17-2025



30. You will have an opportunity to review and edit your application. Prior to clicking on “Next” you can download your application.

Application Review

MINOR PATIENT PERSONAL INFORMATION Edit

Legal First Name: Pamela
Legal Middle Name:
Legal Last Name: Test
Suffix:
Birth Date: 09-24-2015
Country of Residence: United States

Address Information

Physical Address

Street Address: 1 N Broadway Ave
Unit No./Apt No.:
City: Oklahoma City
State: OK
County: Oklahoma
Zip Code: 73102
Country of Residence: United States

Mailing Address

Street Address: 1 N Broadway Ave
Unit No./Apt No.:
City: Oklahoma City
State: OK
County: Oklahoma
Zip Code: 73102
Country of Residence: United States

Contact Information

Telephone: 4056654567
Mobile Number:
E-mail Address: Patrick.test@yopmail.com

MINOR PROOF OF IDENTITY

[Edit](#)

Identity Document Type: Birth Certificate

RECOMMENDING PHYSICIAN INFORMATION

[Edit](#)

Certification of Necessity of Caregiver

Physician Provide Certification Of Necessity Of Caregiver: No

Recommending Physician

Physician First Name: Mary
 Physician Middle Name:
 Physician Last Name: Miller
 Physician Phone Number: 4056674533
 Physician Licensing Entity: Oklahoma Board of Medical Licensure and Supervision
 Physician License Number: 1123456
 Physician NPI Number: 234567656
 Physician Signature Date: 08-24-2025

Recommending Physician Office Address

Street: 100 E Sheridan Ave
 Unit:
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73104

SECONDARY RECOMMENDING PHYSICIAN INFORMATION

[Edit](#)

Certification of Necessity of Caregiver

Physician Provide Certification Of Necessity Of Caregiver: No

Recommending Physician

Physician First Name: John
 Physician Middle Name:
 Physician Last Name: Lee
 Physician Phone Number: 4053345600

Recommending Physician Office Address

Street: 200 N Walker Ave
 Unit:
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73102

MEDICAID, MEDICARE, OR 100% DISABLED VETERAN STATUS

[Edit](#)

Are you enrolled in Medicaid, Medicare, or have valid 100 Percent Disabled Veterans status?: No

PARENT/LEGAL GUARDIAN INFORMATION

[Edit](#)

Relationship Type: Parent
 Legal First Name: Patrick
 Legal Middle Name:
 Legal Last Name: Test
 Suffix:
 Birth Date: 09-24-1995
 Telephone: 4053345699
 Mobile Number:
 E-mail Address: patrick.test@yopmail.com
 Confirm E-mail Address: patrick.test@yopmail.com

PARENT/GUARDIAN PROOF OF IDENTITY

[Edit](#)

Identity Document Type: Oklahoma Driver's License or REAL ID
 Identity Document Number: 3456
 Identity Document Expiration Date: 09-24-2028

Save for later

Previous

Download Application

Next

31. View your price breakdown and then select the “Save & Continue” Button.

Applications Licenses Service Request

Payment & Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.

VISA **mastercard** **DISCOVER**

Fee BreakDown

SKU	Description	Amount
7286	Minor Patient License	\$100

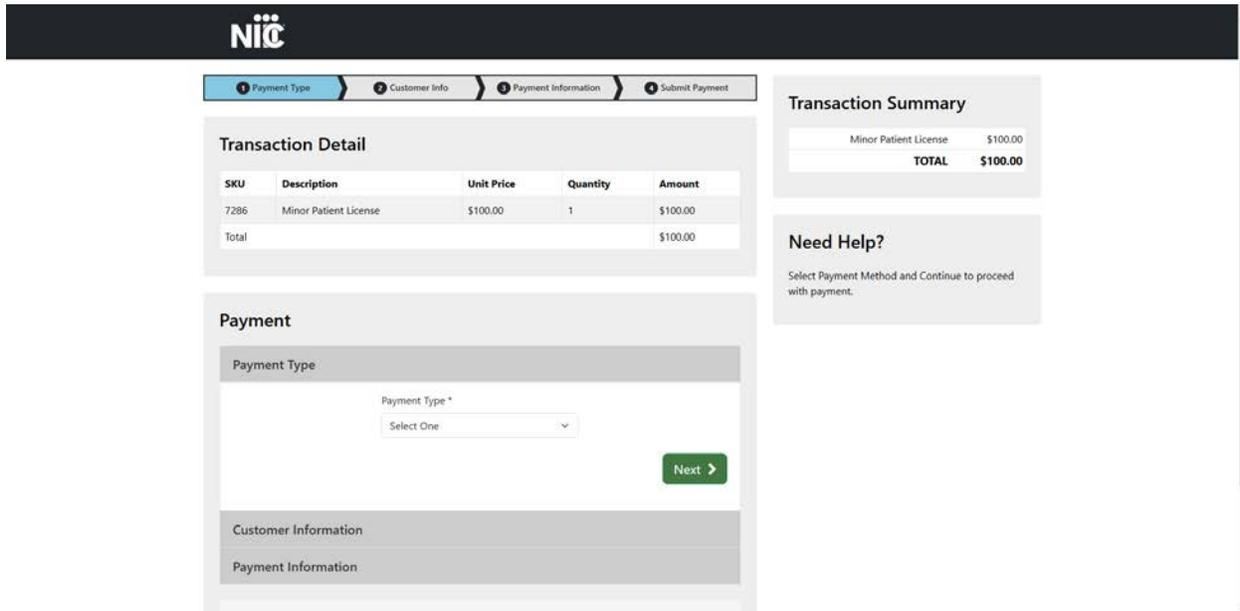
[Back](#) [Process Payment](#)

OKLAHOMA Medical Marijuana Authority | OMMA MedPortal | Back to top

Medical Marijuana Authority | 2266 City, OK 73126-2266 | OMMA Home | Contact Us | File a Complaint

gov | Policies | Accessibility | Feedback | Copyright © 2025 State of Oklahoma

32. The page then will direct you to the NIC payment page. Select your form of payment and then enter your card details if applicable.



NiC

1 Payment Type 2 Customer Info 3 Payment Information 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
7286	Minor Patient License	\$100.00	1	\$100.00
Total				\$100.00

Transaction Summary

Minor Patient License	\$100.00
TOTAL	\$100.00

Need Help?

Select Payment Method and Continue to proceed with payment.

Payment

Payment Type

Payment Type *

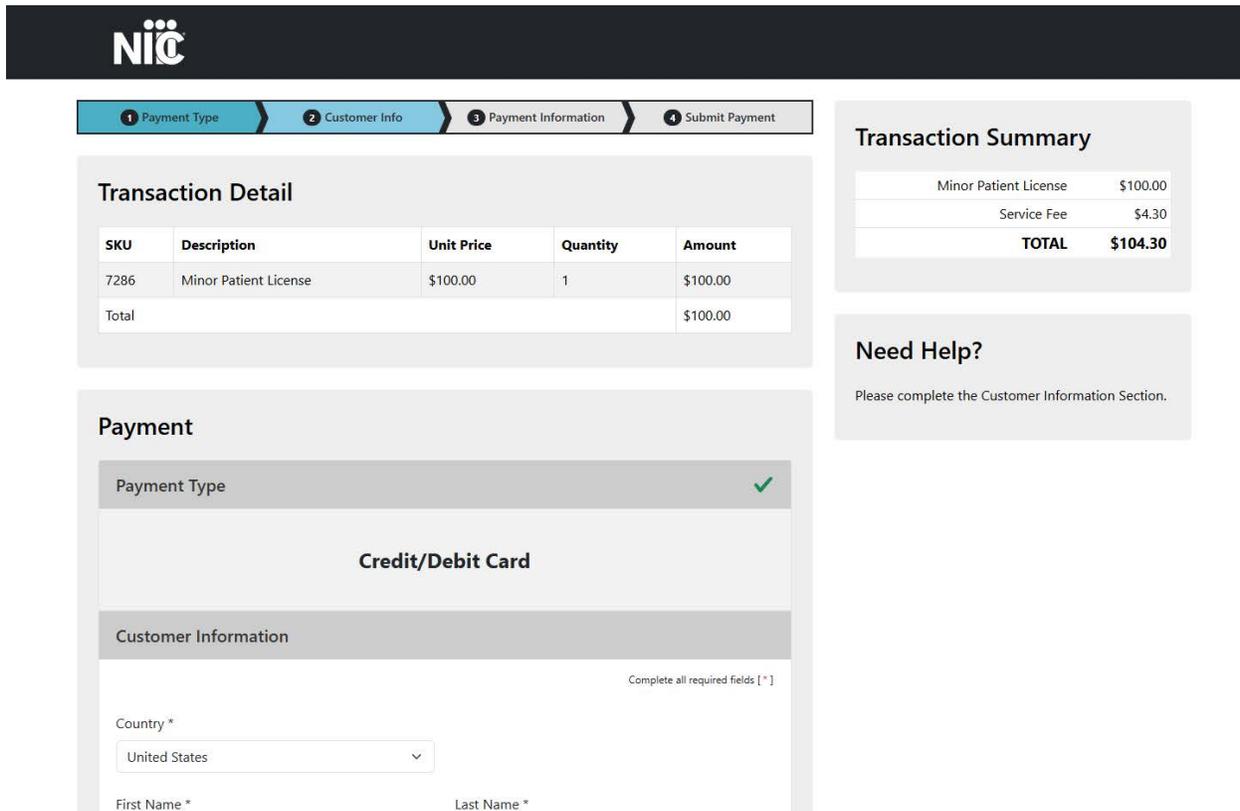
Select One:

Next >

Customer Information

Payment Information

33. Fill out Customer Information and click 'Next.'



NiC

1 Payment Type 2 Customer Info 3 Payment Information 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
7286	Minor Patient License	\$100.00	1	\$100.00
Total				\$100.00

Transaction Summary

Minor Patient License	\$100.00
Service Fee	\$4.30
TOTAL	\$104.30

Need Help?

Please complete the Customer Information Section.

Payment

Payment Type

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *
United States

First Name * Last Name *

34. Fill out Payment Information and click 'Next.'

Payment Information

Complete all required fields [*]

Credit Card Number * 

Credit Card Number is missing.

Credit Card Type



Expiration Month *

Expiration Year *

Security Code * 

Name on Credit Card *

Next 

35. Once Customer Information and Payment Information are filled out, click on 'Submit Payment.'



Credit/Debit Card

Customer Information ✓

Address
Patrick Test
1 N. Broadway Ave
OKC, OK 97103

Country
United States

Email Address
Patrick.test@yopmail.com

Payment Information ✓

Credit Card
Visa ****1111
Exp. 01/2027

Name on Credit Card
Patrick Test

Transaction Summary

Minor Patient License	\$100.00
Service Fee	\$4.30
TOTAL	\$104.30

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

© NIC 2025 [Terms of Use](#) | [Privacy Policy](#)

36. The page will show a pop-up message to review and confirm the payment.

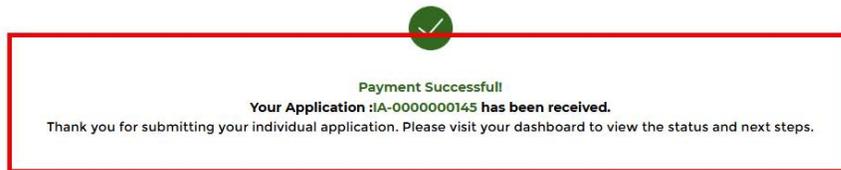


Review & Confirm

Please confirm the payment of \$104.30 to be charged to account ending in ****1111.

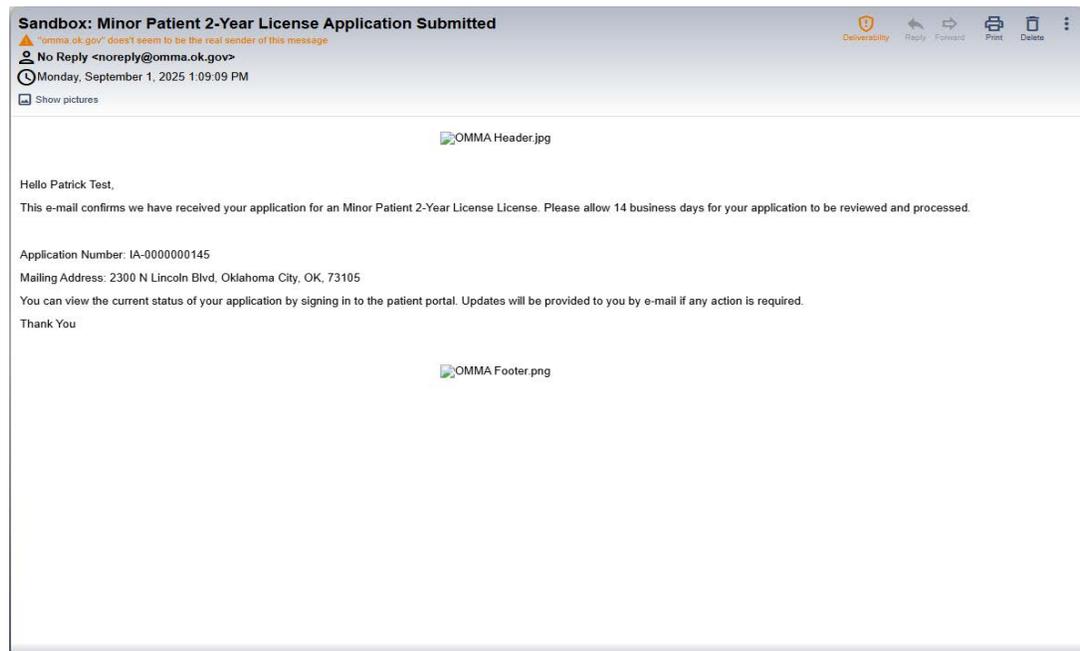
All application fees, change request fees, and late renewal fees submitted to the OMMA are nonrefundable. See 63 O.S. § 427.14 and OAC 442:10.

37. You will receive a “Payment Successful” message.



38. You will receive two emails that your application has been submitted and receipt for your payment.

a. Application submission email.



b. Receipt for Application fee paid.

Sandbox: Payment Receipt

⚠️ "omma.ok.gov" doesn't seem to be the real sender of this message

No Reply <noreply@omma.ok.gov>

Monday, September 1, 2025 1:09:10 PM

Show pictures

Payment...

omma logo

Invoice #2025-090120

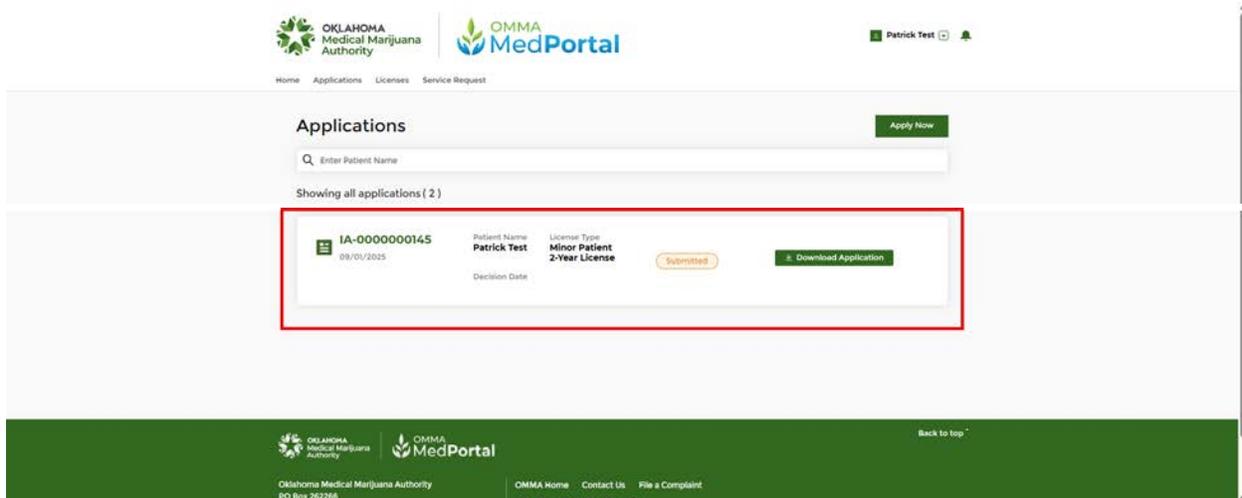
PAID

Issued by

Oklahoma Medical Marijuana Authority (OMMA) PO Box 262266 Oklahoma City, OK 73126-2266 Telephone: (405) 522-6662	Recipient Pamela Test Issued Date September 01, 2025
--	---

Item : Minor Patient 2-Year License (Initial)	\$100.00
	Service Fee \$4.30
	Total: \$100.00
	Total amount paid: \$104.30
	Balance owing \$0.00

39. Application will show in submitted status. You will be able to view updates on your portal under applications.



The screenshot shows the OMMA MedPortal interface. At the top, there are logos for the Oklahoma Medical Marijuana Authority and OMMA MedPortal, along with a user profile for Patrick Test. The main heading is "Applications" with an "Apply Now" button. Below this is a search bar for "Enter Patient Name" and a note "Showing all applications (2)". A table lists the applications, with one application highlighted by a red box:

Application ID	Patient Name	License Type	Status	Action
IA-000000145 09/01/2025	Patrick Test	Minor Patient 2-Year License	Submitted	Download Application

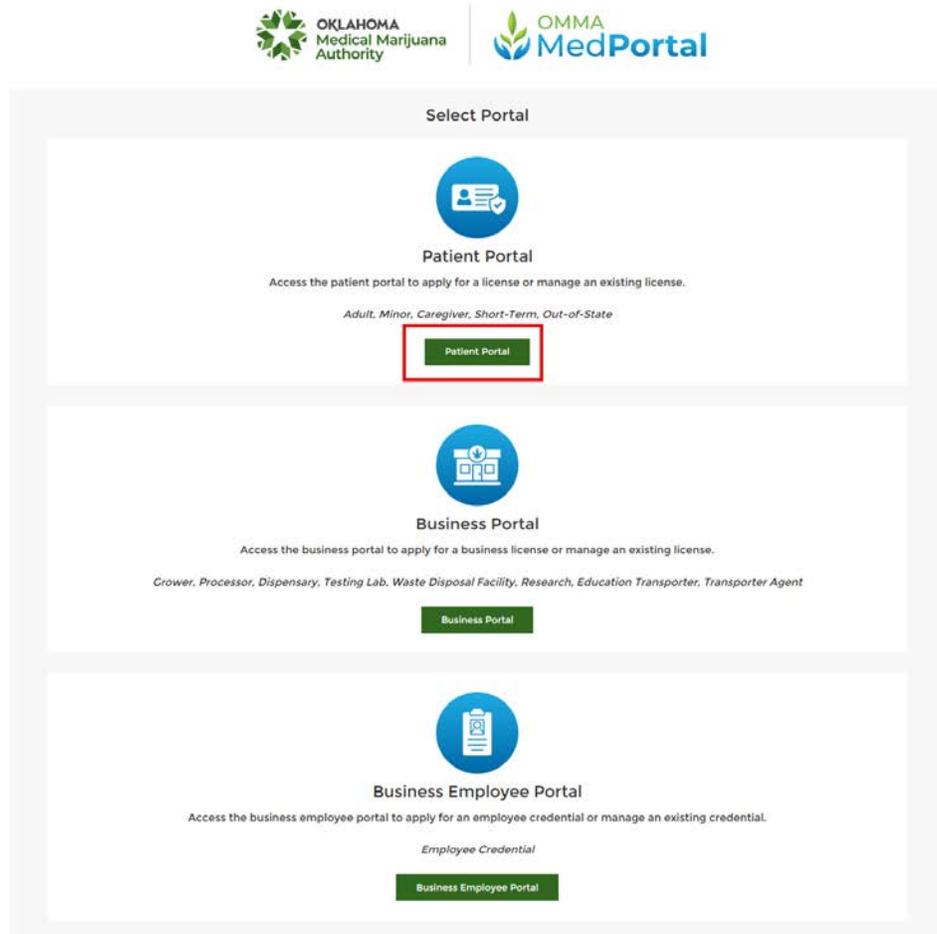
The footer contains navigation links: OMMA Home, Contact Us, and File a Complaint.

2.4 Applying for a Minor Patient Out of State Temporary License

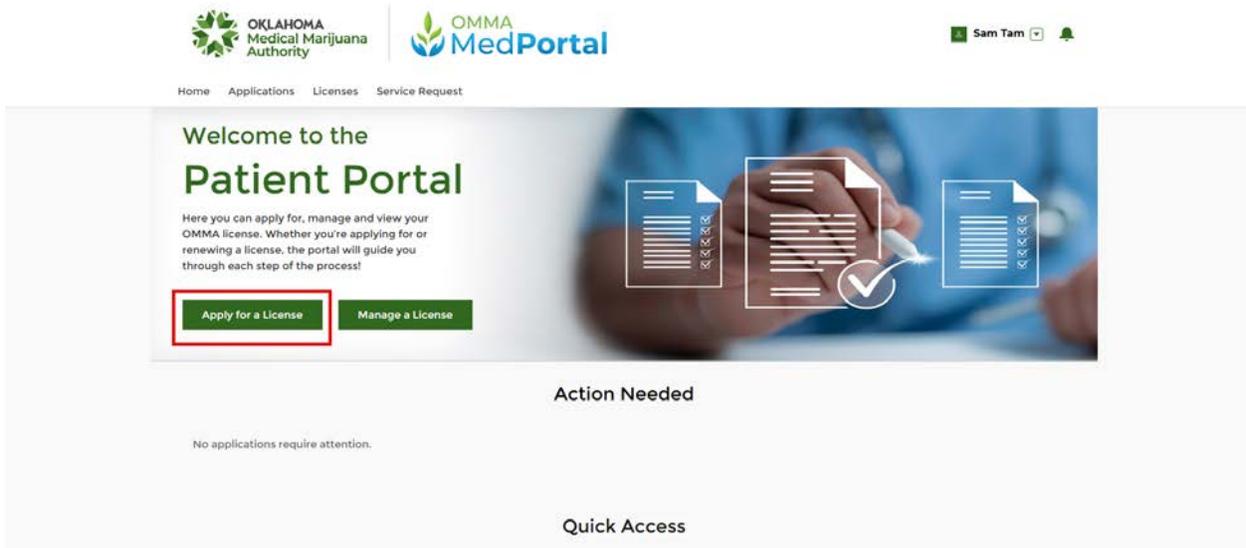
Follow these steps to apply for a Minor Patient Out of State Temporary license through Patient Portal:

1. Access the Patient Portal

1. Go to the Patient Portal.



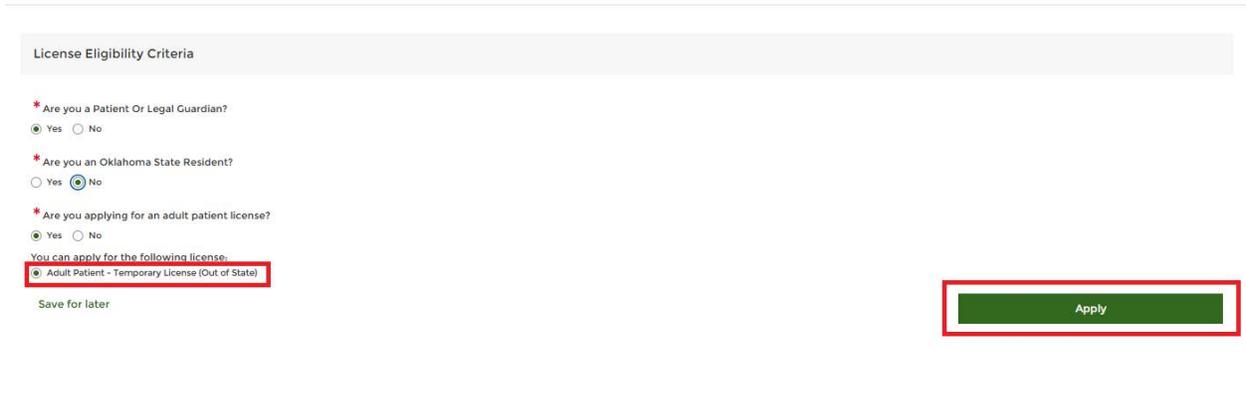
2. Apply for a License.



The screenshot shows the Patient Portal homepage. At the top left is the Oklahoma Medical Marijuana Authority logo, and at the top right is the OMMA MedPortal logo. A user profile for 'Sam Tam' is visible in the top right corner. The main navigation bar includes 'Home', 'Applications', 'Licenses', and 'Service Request'. The central banner features the text 'Welcome to the Patient Portal' and a sub-header: 'Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!'. Below this text are two buttons: 'Apply for a License' (highlighted with a red box) and 'Manage a License'. To the right of the text is an image of a hand holding a pen over documents. Below the banner, the text 'Action Needed' is displayed, followed by 'No applications require attention.' and a 'Quick Access' section.

3. License Eligibility and Selection

- Answer the License Eligibility Criteria as prompted.
- Select Minor Patient – Temporary License (Out of State)
- Click on “Apply” button.



The screenshot shows the 'License Eligibility Criteria' form. It contains three questions with radio button options:

- * Are you a Patient Or Legal Guardian?
 Yes No
- * Are you an Oklahoma State Resident?
 Yes No
- * Are you applying for an adult patient license?
 Yes No

Below the questions, it states: 'You can apply for the following license:' followed by a radio button selection for 'Adult Patient - Temporary License (Out of State)' (highlighted with a red box). There is a 'Save for later' link and an 'Apply' button (highlighted with a red box) at the bottom right of the form.

4. Complete Required Sections



5. **Personal Information**

- Enter your personal details as requested for the Minor.

Steps

- License Eligibility Criteria
- Minor Patient Personal Information**
- Minor Proof of Identity
- Minor Digital Photo Requirements
- Recommending Physician Information
- Secondary Recommending Physician Information
- Medicaid, Medicare, or 100% Disabled Veteran Status
- Parent/Legal Guardian Information
- Parent/Legal Guardian Proof of Identity
- Parent/Legal Guardian Digital Photo Requirements
- Attestation
- Application Review
- Payment & Confirmation

Minor Patient Personal Information

* Legal First Name

Legal Middle Name

* Legal Last Name

Suffix

* Birth Date

* Gender

* Country of Residence

Physical Address

* Street Address

Unit No./Apt No.

6. Enter Minor's Proof of Identity. This screen provides you with instructions on valid forms of Identification that can be uploaded. There will also be a drop down shown on acceptable documents for Minor Identity.

Minor Proof of Identity

Instructions:

All minor patient applicants must provide identification documents. Acceptable forms include:

1. A copy of the minor's valid, unexpired Oklahoma driver license;
2. A copy of the minor's valid, unexpired Oklahoma identification card;
3. A copy of the minor's valid, unexpired United States Passport;
4. A copy of the minor's photo identification issued by the United States government;
5. A copy of the minor's tribal identification card;
6. A official certified copy of the minor's birth certificate.

The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety; United States Bureau of Indian Affairs;
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

*** Identity Document Type**

--- Clear ---

Birth Certificate

State-Issued Driver's License

State-Issued ID Card

Tribal Identification Card

United States Passport

Military ID

*** Upload Identity Document Front**

[Upload Files](#)

** Please upload required documents*

7. Once completed, select "Save & Continue".

Minor Proof of Identity

Instructions:

All minor patient applicants must provide identification documents. Acceptable forms include:

1. A copy of the minor's valid, unexpired Oklahoma driver license;
2. A copy of the minor's valid, unexpired Oklahoma identification card;
3. A copy of the minor's valid, unexpired United States Passport;
4. A copy of the minor's photo identification issued by the United States government;
5. A copy of the minor's tribal identification card;
6. A official certified copy of the minor's birth certificate.

The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety; United States Bureau of Indian Affairs;
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

* Identity Document Type

Birth Certificate

Upload Section

Upload Identity Document Front

- background check

Save for later

Previous

Save & Continue

8. Next, you are required to upload a picture of yourself for your medical marijuana card. The screen displays requirements for photo upload.
Important: Please follow these instructions.

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note:

Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- ✓ • **Do keep hair out of your face.** It should not cover your eyebrows, eyes, ears, or any part of your face .
- ✓ • **Do remove eyeglasses and hats** before taking the photo.
- ✓ • **Do avoid shadows on your face.**
- ✓ • **Do wear hats or head coverings for medical or religious purposes** as long as your full face is visible .
- ✓ • **Do position your head and shoulders** where they can be seen.



Good



Good



Good



Good

Don'ts

- ✗ • Do not use digital filters, borders, text or any other method of **altering the appearance** of the picture.
- ✗ • Do not tilt your head or turn your shoulder to the side.
- ✗ • Do not crop off your head and shoulders by zooming in too closely.
- ✗ • Do not wear sunglasses, show hands or other objects in the photo.
- ✗ • Do not re-size the photo outside the provided guidelines.
- ✗ • Do not capture anyone else besides the person applying for a license in the photo.



Too Close



Unaccepted accessories



Side Facing



Filtered Image



Background Color



Hair covering face

✓ **Upload Photo**

Choose a photo to upload and attach to your application.

Note: File Format: must be .jpg, .png, or .gif and no larger than 3 MB in size

Note: Resolution Limits: must be Minimum:600 x 600 pixels. Maximum:1200 x 1200 pixels.

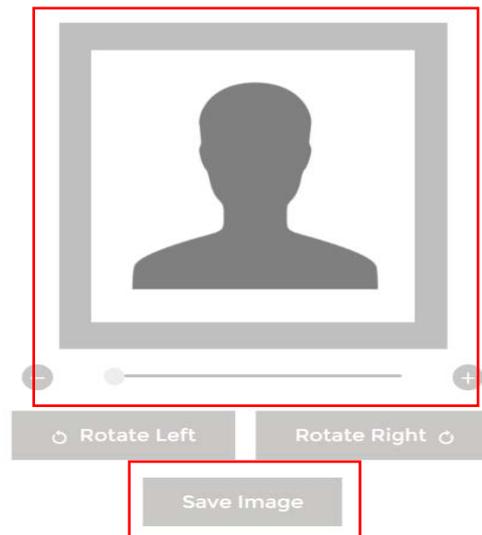
* Select Photo

9. When you upload your photo, it will show within the frame. Adjust your photo if necessary and click the “Save Image” button.

Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:

(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



10. Be sure that your photo complies with the requirements and check the following boxes.

Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

* I attest the photo only shows the applicant and was taken within the last 6 months.

* I attest the photo was taken with a white or off-white background.

* I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

11. If you are required to wear a hat/head covering for medical or religious reasons, you must upload documentation for proof. Once completed, select the box to agree that you have completed the photo requirements and select the “Save & Continue” button.

✓ **Hat or Head Covering (if applicable)**

If you are wearing a hat or head covering, please upload one of the necessary files below:

Is the hat or head covering for medical purposes?

In accordance with **OAC 442:10-1-8(6)(B)**, please submit a signed doctor's statement verifying the hat or head covering in the photo is used daily for medical purposes.

 Upload Files

Is the hat or head covering for religious purposes?

In accordance with **OAC 442:10-1-8(6)(A)**, please submit a signed statement that verifies the hat or head covering in the photo is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public.

 Upload Files

I attest the photo meets the License Application Photo Requirements and I have provided all relevant information and forms requested.

Save for later

Previous

Save & Continue

12. Complete Out of State License information.

Out-of-State License

Instructions:

All information with a red asterisk (*) is required information.

Applicants for a temporary patient license must provide an electronic copy of the applicant's valid unexpired out-of-state medical marijuana patient license.

* State
Kansas

* License Number
K5456788

* Expiration Date
03-17-2027

License Front

- OK DL Image

License Back

- OK DL Image

Save for later

Previous

Save & Continue

13. Next, you will complete parent or legal guardian section. This has grayed out section with name as the logged in user. Upload proof of guardianship. Once completed select “Save & Continue”.

Parent/Legal Guardian Information

Instructions :

All information with a red asterisk * is required information.

Provide the patient's Parent/Legal Guardian Information below.

If a legal guardian, documentation proving legal guardianship is required. The documentation must contain the name of the minor applicant and the legal guardian.

* Relationship Type
Parent

Legal First Name
Aly

Legal Middle Name

Legal Last Name
test

Suffix

* Birth Date
04-09-2000

* Telephone
(405) 665-8989

Mobile Number

E-mail Address
aly.test@yopmail.com

* Confirm E-mail Address
aly.test@yopmail.com

Upload Proof of Legal Guardianship

- OK DL Image

Save for later

Previous Save & Continue

14. Complete Parent/Guardian Proof of Identity.

Parent Guardian Proof of Identity

Instructions :

All parents or legal guardians must provide identification documents. Acceptable forms include:

- (1) A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
- (2) A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
- (3) A copy of the owner or principal officer's valid, unexpired United States Passport;
- (4) A copy of the owner or principal officer's photo identification issued by the United States government;
- (5) A copy of the owner or principal officer's tribal identification card

The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety: United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008

* Identity Document Type

State-Issued Driver's License

* Identity Document Number

K8907899

* Identity Document Expiration Date

04-09-2028

Upload Section

Upload Identity Document Front

- OK DL Image

Save for later

Previous

Save & Continue

15. Complete attestation and signature of Parent/Guardian (logged in user)

Attestation

The information provided in the Medical Marijuana application is protected by Oklahoma State law as sensitive medical information. I understand that OSDH may use and disclose my information in accordance with state and federal laws, rules and regulations and public health mandates

I understand the information contained on my license (ID# and license status) will be made available through a publicly accessible verification system.

I attest the information provided in this application is true and correct.

* Signature

* Signature Date

[Save for later](#) [Previous](#) [Save & Continue](#)

16. Review application and make edits if necessary.

Application Review

MINOR PATIENT PERSONAL INFORMATION

Edit

Legal First Name: Amy
Legal Middle Name:
Legal Last Name: Test
Suffix:
Birth Date: 03-16-2017
Gender: Female
Country of Residence: United States

Address Information

Physical Address

Street Address:
Unit No./Apt No.:
City: Oklahoma City
State: OK
County: Oklahoma
Zip Code: 97104
Country of Residence: United States

Mailing Address

Street Address:
Unit No./Apt No.:
City: Oklahoma City
State: OK
County: Oklahoma
Zip Code: 97104
Countrv of Residence: United States

Contact Information

Telephone: 4052345544
Mobile Number:
E-mail Address: Aly.test@yopmail.com

MINOR PROOF OF IDENTITY

Edit

Identity Document Type: Birth Certificate

OUT-OF-STATE LICENSE

Edit

State: Kansas
License Number: K5456788
Expiration Date: 03-16-2027

PARENT/LEGAL GUARDIAN INFORMATION

Edit

Relationship Type: Parent
Legal First Name: Aly
Legal Middle Name:
Legal Last Name: test
Suffix:
Birth Date: 04-08-2000
Telephone: 4056658989
Mobile Number:
E-mail Address: aly.test@yopmail.com
Confirm E-mail Address: aly.test@yopmail.com

PARENT/GUARDIAN PROOF OF IDENTITY

Edit

Identity Document Type: State-Issued Driver's License
Identity Document Number: K8907899
Identity Document Expiration Date: 04-08-2028

Save for later

Previous

Download Application

Next

17. Process Payment.

Payment & Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

ⓘ Upon submitting your credit card information for payment, please **DO NOT** close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





▼ **Fee BreakDown**

SKU	Description	Amount
7587	Temporary Out-of-State Minor License Fee	\$100

Back
Process Payment

18. The page then will direct you to the NIC payment page. Select your form of payment and then enter your card details if applicable.



Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
7587	Temporary Out-of-State Minor License Fee	\$100.00	1	\$100.00
Total				\$100.00

Payment

Payment Type

Payment Type *

Select One
▼

Transaction Summary

Temporary Out-of-State Minor License Fee	\$100.00
TOTAL \$100.00	

Need Help?

Select Payment Method and Continue to proceed with payment.

19. Fill out Payment Information and click 'Next.'

Payment Information

Complete all required fields [*]

Credit Card Number * 

Credit Card Number is missing.

Credit Card Type



Expiration Month *

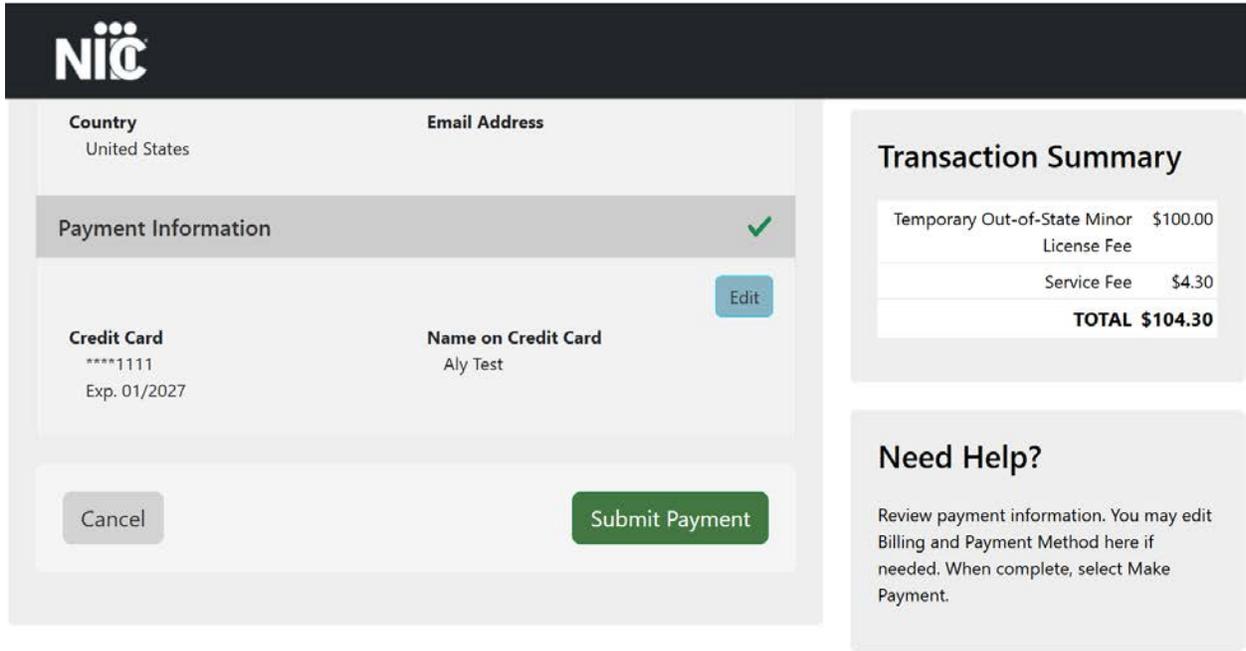
Expiration Year *

Security Code * 

Name on Credit Card *

Next 

20. Once Customer Information and Payment Information are filled out, click on 'Submit Payment.'

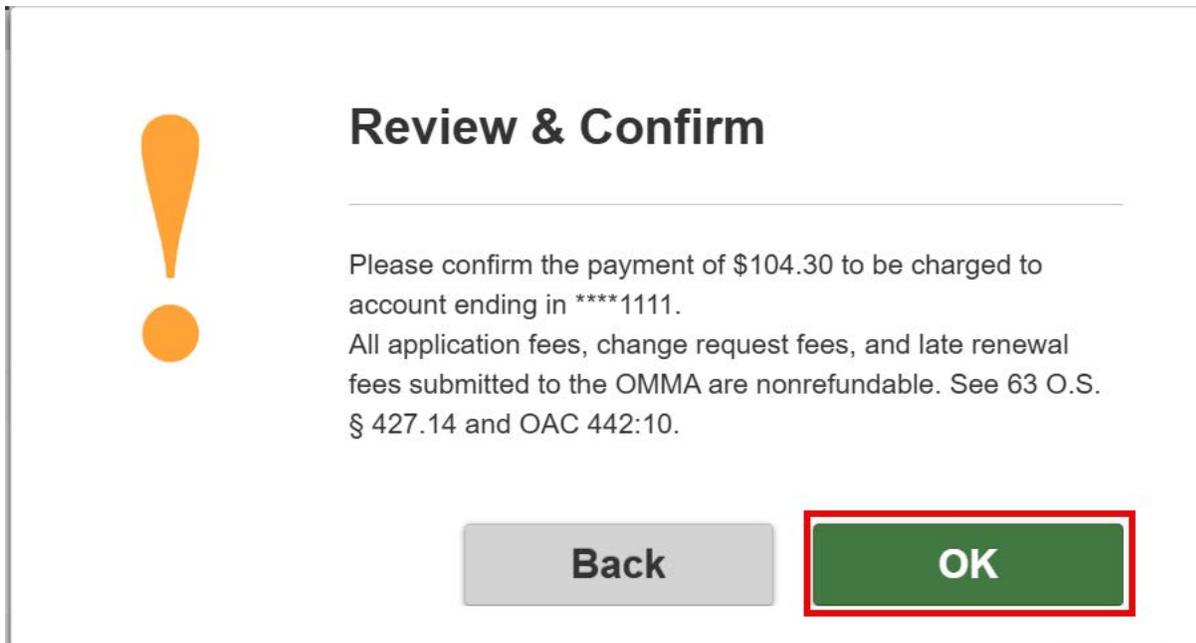


The screenshot shows the NIC payment interface. At the top left is the NIC logo. The main form area is divided into sections: 'Country' (United States), 'Email Address', and 'Payment Information' (marked with a green checkmark). Below 'Payment Information' is a 'Credit Card' section with fields for 'Credit Card' (****1111, Exp. 01/2027) and 'Name on Credit Card' (Aly Test), with an 'Edit' button. At the bottom are 'Cancel' and 'Submit Payment' buttons. To the right is a 'Transaction Summary' table and a 'Need Help?' section.

Transaction Summary	
Temporary Out-of-State Minor License Fee	\$100.00
Service Fee	\$4.30
TOTAL	\$104.30

Need Help?
Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

21. The page will show a pop-up message to review and confirm the payment.



The pop-up message features a large orange exclamation mark icon on the left. The title is 'Review & Confirm'. The text reads: 'Please confirm the payment of \$104.30 to be charged to account ending in ****1111. All application fees, change request fees, and late renewal fees submitted to the OMMA are nonrefundable. See 63 O.S. § 427.14 and OAC 442:10.' At the bottom are two buttons: 'Back' (grey) and 'OK' (green with a red border).

Review & Confirm

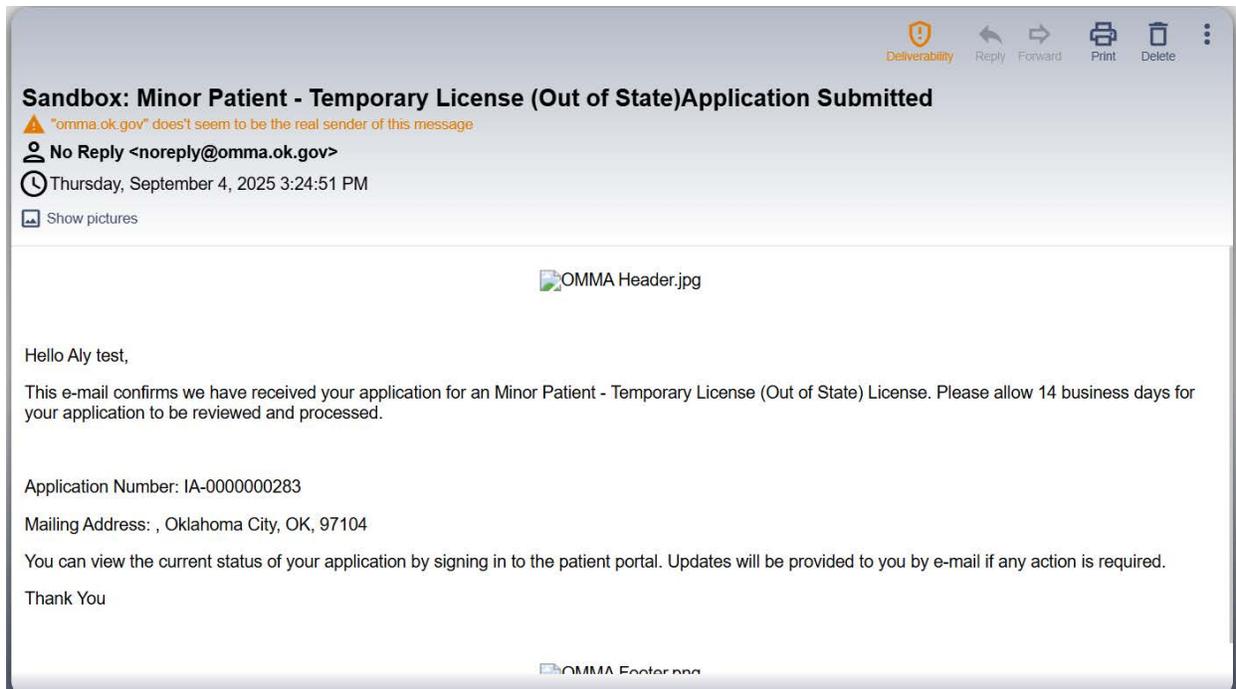
Please confirm the payment of \$104.30 to be charged to account ending in ****1111. All application fees, change request fees, and late renewal fees submitted to the OMMA are nonrefundable. See 63 O.S. § 427.14 and OAC 442:10.

Back **OK**

22. You will receive successful confirmation that payment has been received.



23. You will also receive two emails regarding your application has been submitted and receipt of payment.



Sandbox: Payment Receipt

 "omma.ok.gov" doesn't seem to be the real sender of this message

 Deliverability  Reply  Forward  Print  Delete 

 No Reply <noreply@omma.ok.gov>

 Thursday, September 4, 2025 3:24:53 PM

 Show pictures

 Payment...

 omma logo

Invoice #2025-090422

PAID

Issued by

Oklahoma Medical Marijuana Authority (OMMA)
PO Box 262266
Oklahoma City, OK
73126-2266
Telephone: (405) 522-6662

Recipient

Amy Test

Issued Date

September 04, 2025

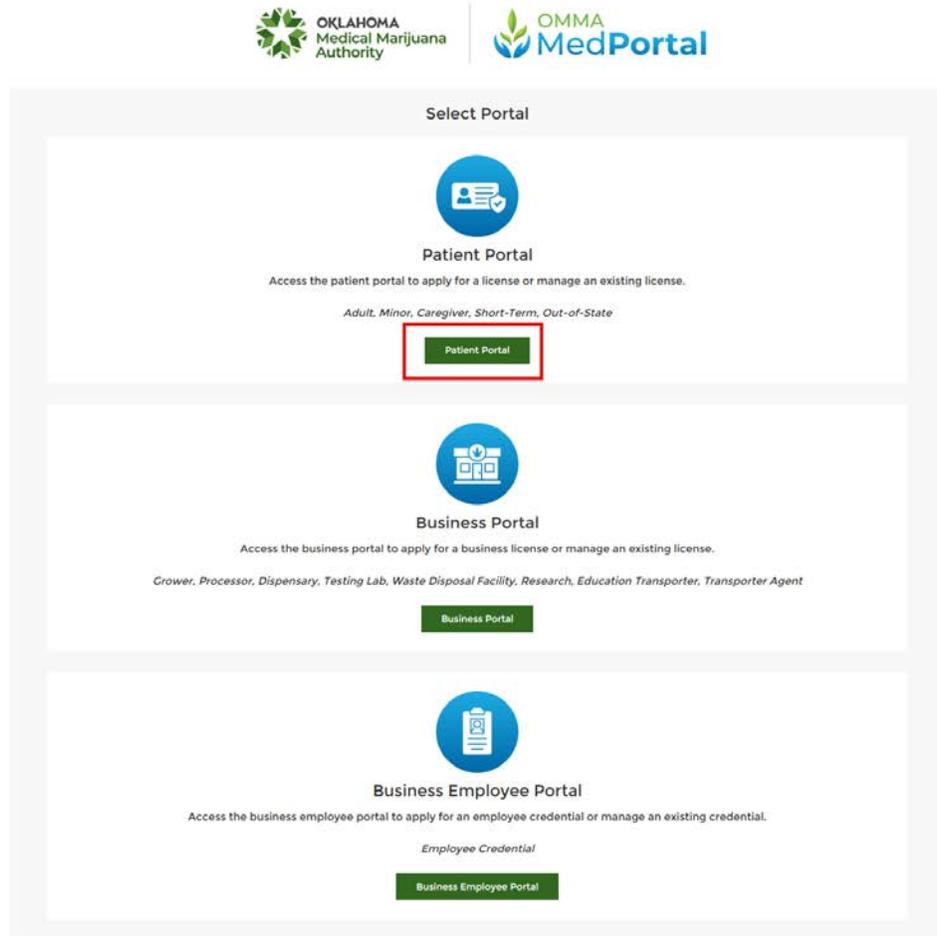
Item : Minor Patient - Temporary License (Out of State) (Initial)	\$100.00
Service Fee	\$4.30
Total:	\$100.00
Total amount paid:	\$104.30
<hr/>	
Balance owing	\$0.00

2.5 Applying for a Caregiver License

Follow these steps to apply for a Caregiver license through Patient Portal:

1. Access the Patient Portal

24. Go to the Patient Portal.



1. Click **Apply for a License**.

Welcome to the Patient Portal

Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!

[Apply for a License](#)

[Manage a License](#)

Action Needed

No applications require attention.

Quick Access

2. License Eligibility and Selection

- Answer the License Eligibility Criteria as prompted.
- Select **Caregiver License**.
- Click **Apply**.

Steps

License Eligibility Criteria

- License Eligibility Criteria
- Personal Information
- Caregiver Patient Information
- Proof of Identity
- Digital Photo Requirements
- Attestation
- Application Review
- Confirmation

License Eligibility Criteria

* Are you a Patient Or Legal Guardian?

Yes No

Are you a Caregiver?

Yes No

You can apply for the following license:

Caregiver

[Save for later](#)

[Apply](#)

3. Complete Required Sections

a. Personal Information

25. Enter your personal details as requested.

Steps

- License Eligibility Criteria
- Personal Information**
- Caregiver Patient Information
- Proof of Identity
- Digital Photo Requirements
- Attestation
- Application Review
- Confirmation

Personal Information

Personal Information

Legal First Name
Sam

Legal Middle Name

Legal Last Name
Tam

Suffix

Birth Date

* Country of Residence
United States

Physical Address

* Street Address
9100 Misty Ln

Unit No./Apt No.
9100

* City
Oklahoma City

* State
Oklahoma

* County
Cleveland

* Zip Code
73160

Mailing Address

Mailing address is the same as Physical address

Contact Information

* Telephone
(646) 542-3132

Mobile Number

E-mail Address
sittestomma@yahoo.com

Save for later

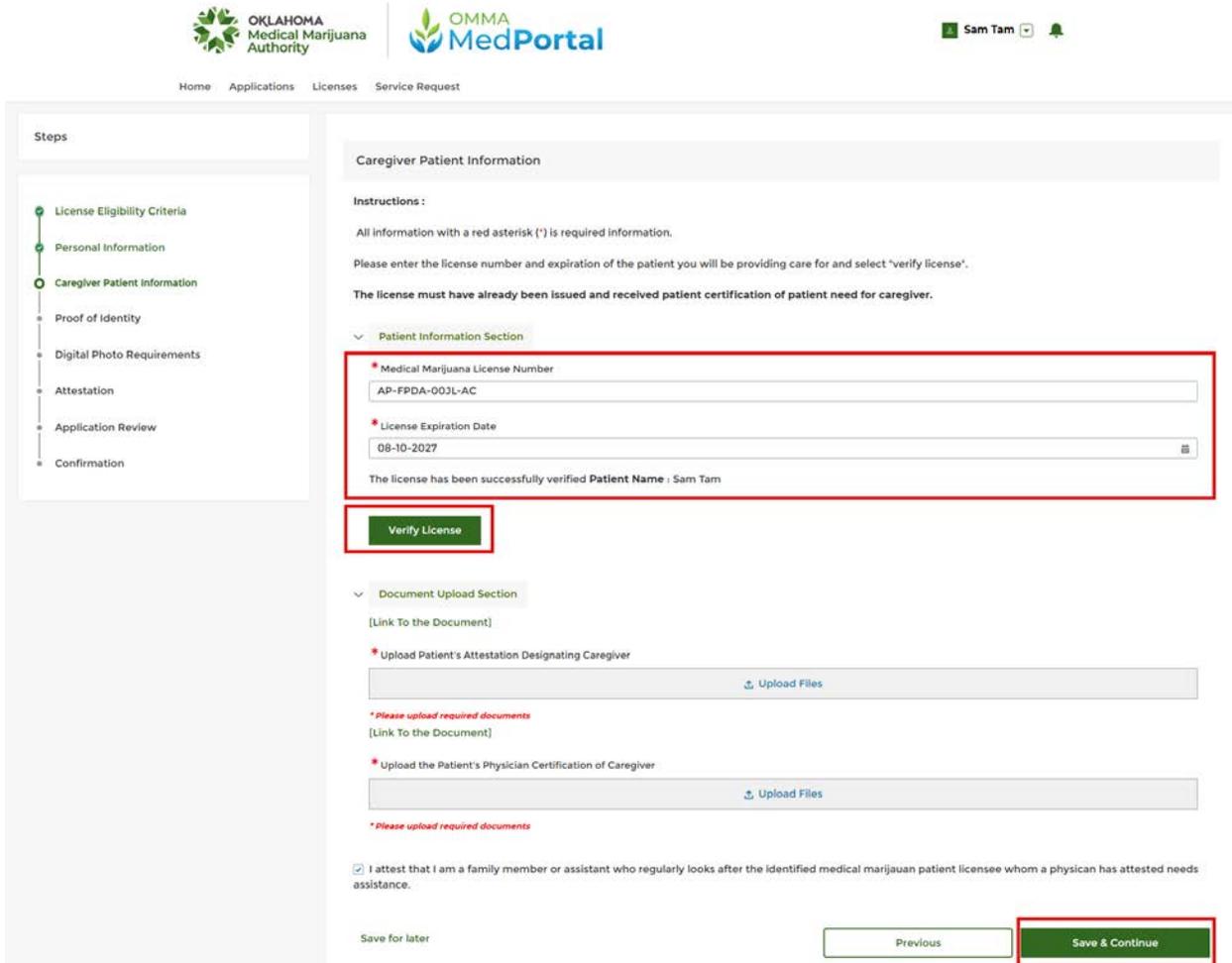
Previous

Save & Continue

b. Caregiver Patient Information

- Enter the exact patient license number for the individual you wish to become a caregiver for.
- Enter the patient's license expiration date.
- Click **Validate**.

- The system will display the patient's name for your reference.



Home Applications Licenses Service Request

OKLAHOMA Medical Marijuana Authority

OMMA MedPortal

Sam Tam

Steps

- License Eligibility Criteria
- Personal Information
- Caregiver Patient Information**
- Proof of Identity
- Digital Photo Requirements
- Attestation
- Application Review
- Confirmation

Caregiver Patient Information

Instructions :

All information with a red asterisk (*) is required information.

Please enter the license number and expiration of the patient you will be providing care for and select "verify license".

The license must have already been issued and received patient certification of patient need for caregiver.

▼ Patient Information Section

* Medical Marijuana License Number
AP-FPDA-00JL-AC

* License Expiration Date
08-10-2027

The license has been successfully verified Patient Name : Sam Tam

Verify License

▼ Document Upload Section

[Link To the Document]

* Upload Patient's Attestation Designating Caregiver

Upload Files

* Please upload required documents

[Link To the Document]

* Upload the Patient's Physician Certification of Caregiver

Upload Files

* Please upload required documents

I attest that I am a family member or assistant who regularly looks after the identified medical marijuana patient licensee whom a physician has attested needs assistance.

Save for later

Previous

Save & Continue

- Next, upload required documents and click "Save & Continue".

c. Proof of Identity

- Choose your form of identification.
 - **Note:** If you select anything other than an Oklahoma Driver's License or Oklahoma Identification ID card, you must also provide Proof of Residency.

Steps

- License Eligibility Criteria
- Personal Information
- Caregiver Patient Information
- Proof of Identity**
- Proof of Oklahoma Residency
- Digital Photo Requirements
- Attestation
- Application Review
- Confirmation

Proof of Identity

Instructions:
All information with a red asterisk * is required information.
Each applicant must establish their identity through the submission of electronic copy or digital image in color of one of the following unexpired documents:

- (1) An Oklahoma issued driver's license or Real ID (front and back);
- (2) An Oklahoma issued Identification Card (front and back);
- (3) A United States Passport or other photo identification issued by the United States government;
- (4) A tribal issued identification card approved for identification purposes by the Oklahoma Department of Public Safety

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety; United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne, Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

* Identity Document Type

* Identity Document Number

* Identity Document Expiration Date

Upload Section

Upload Identity Document Front

 This is a required document

d. Proof of Oklahoma Residency

- Complete this section if required (see above).

Steps

- License Eligibility Criteria
- Personal Information
- Caregiver Patient Information
- Proof of Identity
- Proof of Oklahoma Residency**
- Digital Photo Requirements
- Attestation
- Application Review
- Confirmation

Proof of Oklahoma Residency

Instructions:
All information with a red asterisk (*) is required information.
Oklahoma resident must establish their current Oklahoma residency through submission of electronic copies or digital image in color of one or more of the following unexpired documents:

- (1) A utility bill for the calendar month preceding the date of application, excluding cellular telephone, television, and internet bills
- (2) A residential property deed to property in the State of Oklahoma
- (3) A current rental agreement for residential property located in the State of Oklahoma
- (4) The preceding year's Oklahoma Tax Return showing the applicant as an Oklahoma taxpayer

Documents submitted should provide a valid residential address and documents providing only Post Office Boxes will not be sufficient proof of residency.

* Proof of Oklahoma Residency Type

Upload Section

* Upload Residency Document

*Please upload required documents

e. Digital Photo

- Upload a recent digital photo as instructed.



Sam Tam 

Home
Applications
Licenses
Service Request

Steps

- [License Eligibility Criteria](#)
- [Personal Information](#)
- [Caregiver Patient information](#)
- [Proof of Identity](#)
- [Proof of Oklahoma Residency](#)
- [Digital Photo Requirements](#)**
- [Attestation](#)
- [Application Review](#)
- [Confirmation](#)

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note: Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- ✓ Do keep hair out of your face. It should not cover your eyebrows, eyes, ears, or any part of your face.
- ✓ Do remove eyeglasses and hats before taking the photo.
- ✓ Do avoid shadows on your face.
- ✓ Do wear hats or head coverings for medical or religious purposes as long as your full face is visible.
- ✓ Do position your head and shoulders where they can be seen.

Don'ts

- ✗ Do not use digital filters, borders, text or any other method of altering the appearance of the picture.
- ✗ Do not tilt your head or turn your shoulder to the side.
- ✗ Do not crop off your head and shoulders by zooming in too closely.
- ✗ Do not wear sunglasses, show hands or other objects in the photo.
- ✗ Do not re-size the photo outside the provided guidelines.
- ✗ Do not capture anyone else besides the person applying for a license in the photo.



Good



Good



Good



Good



Too Close



Unaccepted accessories



Side Facing



Filtered image



Background Color



Hair covering face

Upload Photo

Choose a photo to upload and attach to your application.

Note: File Format: must be .jpg, .png, or .gif and no larger than 3 MB in size

Note: Resolution Limits: must be Minimum:600 x 600 pixels. Maximum:1200 x 1200 pixels.

*Select Photo

Digital_Photo_Main_Dog.jpg ✕

Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:
(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



◀ Rotate Left
Rotate Right ▶

Save Image

Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

- I attest the photo only shows the applicant and was taken within the last 6 months.
- I attest the photo was taken with a white or off-white background.
- I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

Hat or Head Covering (if applicable)

If you are wearing a hat or head covering, please upload one of the necessary files below.

Is the hat or head covering for medical purposes?
In accordance with OAC 44230-1-8(6)(B), please submit a signed doctor's statement verifying the hat or head covering in the photo is used daily for medical purposes.

Is the hat or head covering for religious purposes?
In accordance with OAC 44230-1-8(6)(A), please submit a signed statement that verifies the hat or head covering in the photo is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public.

I attest the photo meets the License Application Photo Requirements and I have provided all relevant information and forms requested.

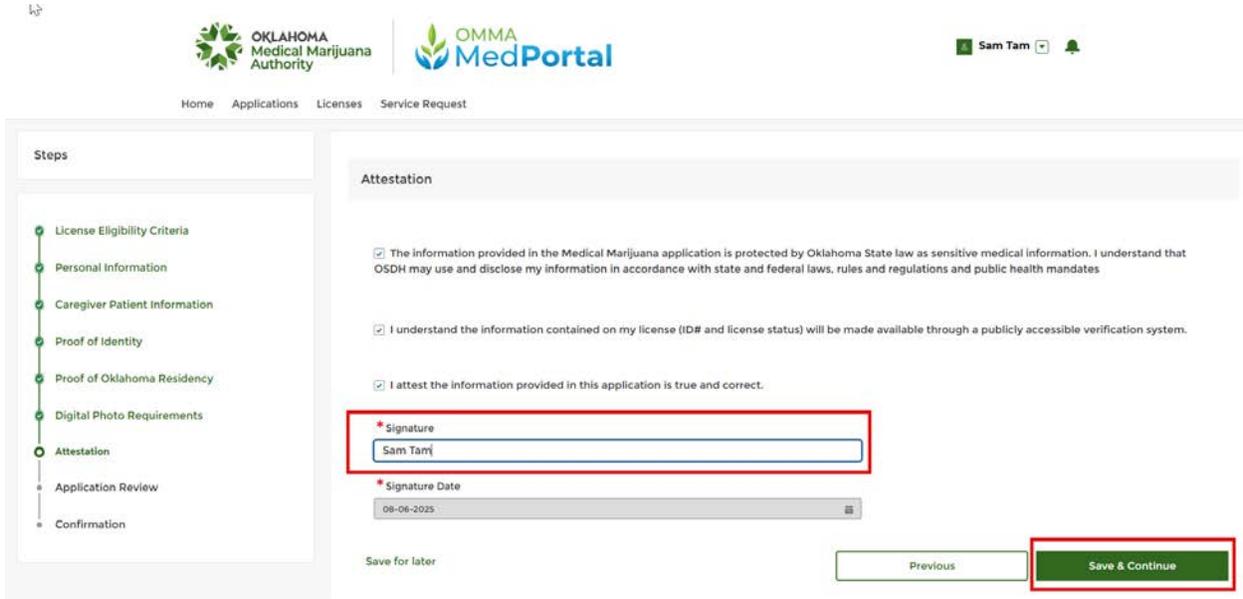
Save for later

Previous

Save & Continue

f. Attestation

- Enter your name exactly as it appears in the Personal Information section.
 - **Note:** If the name does not match, the system will not allow you to proceed.



The screenshot shows the OMMA MedPortal interface. At the top, there are logos for the Oklahoma Medical Marijuana Authority and OMMA MedPortal, along with a user profile for Sam Tam. A navigation menu includes Home, Applications, Licenses, and Service Request. On the left, a 'Steps' sidebar lists: License Eligibility Criteria, Personal Information, Caregiver Patient Information, Proof of Identity, Proof of Oklahoma Residency, Digital Photo Requirements, Attestation (highlighted), Application Review, and Confirmation. The main 'Attestation' section contains three checked checkboxes: 'The information provided in the Medical Marijuana application is protected by Oklahoma State law as sensitive medical information...', 'I understand the information contained on my license (ID# and license status) will be made available through a publicly accessible verification system.', and 'I attest the information provided in this application is true and correct.' Below these are two input fields: '* Signature' with the text 'Sam Tam' and '* Signature Date' with the date '09-06-2025'. At the bottom, there are three buttons: 'Save for later', 'Previous', and 'Save & Continue' (highlighted with a red box).

4. Review and Submit

- Click **Save and Continue**.
- Review your application for accuracy.
- Click **Submit**.
 - **Note:** There is no fee for a Caregiver application. Upon submission, you will receive a confirmation email.

Steps

- License Eligibility Criteria
- Personal Information
- Caregiver Patient Information
- Proof of Identity
- Proof of Oklahoma Residency
- Digital Photo Requirements
- Attestation
- Application Review**
- Confirmation

Application Review

PERSONAL INFORMATION Edit

Legal First Name: Sam
Legal Middle Name:
Legal Last Name: Tam
Suffix:
Birth Date: NaN-NaN-NaN
Country of Residence: United States

Address Information

Physical Address

Street Address: 9100 Misty Ln
Unit No./Apt No.: 9100
City: Oklahoma City
State: OK
County: Cleveland
Zip Code: 73160
Country: United States Of America

Mailing Address

Street Address: 9100 Misty Ln
Unit No./Apt No.: 9100
City: Oklahoma City
State: OK
County: Cleveland
Zip Code: 73160
Country: United States Of America

Contact Information

Telephone: 6146532413
Mobile Number:
E-mail Address: sittestomma@yopmail.com

CAREGIVER PATIENT INFORMATION Edit

Medical Marijuana License Number: AP-FBPA-00GS-AW
License Expiration Date: 08-02-2027
Caregiver Patient Info Attestation Checkbox: true

PROOF OF IDENTITY Edit

Identity Document Type: United States Passport
Identity Document Number: 134345FGR
Identity Document Expiration Date: 08-05-2029

PROOF OF OKLAHOMA RESIDENCY Edit

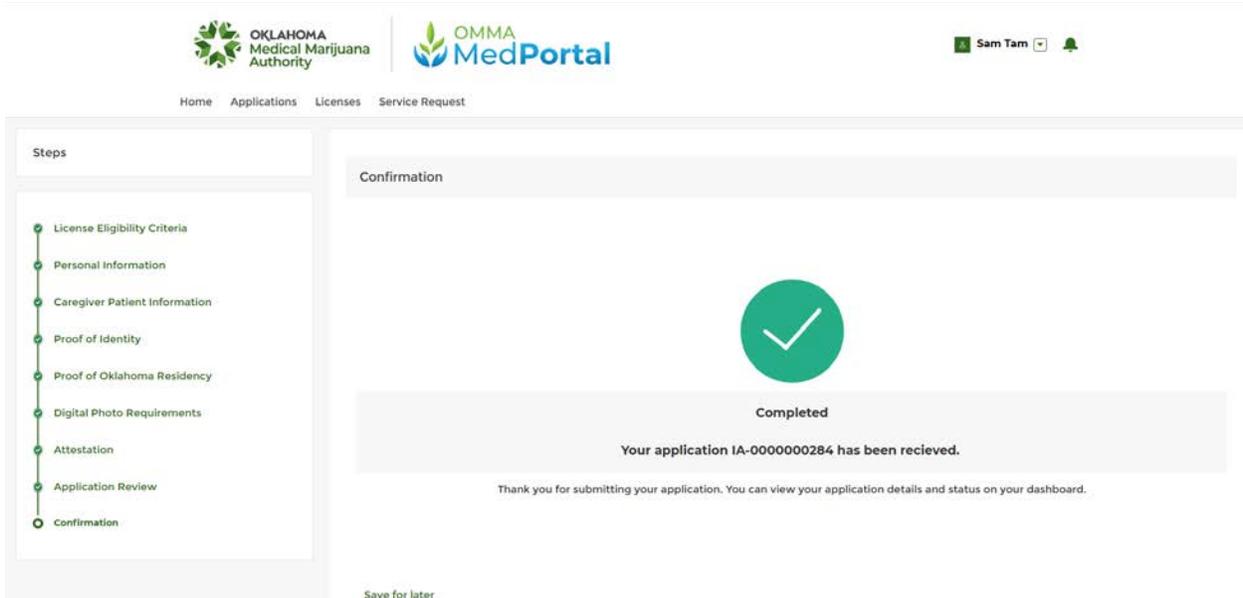
Proof of Oklahoma Residency Document Type: Current Rental Agreement

[Download Application](#)

[Save for later](#)

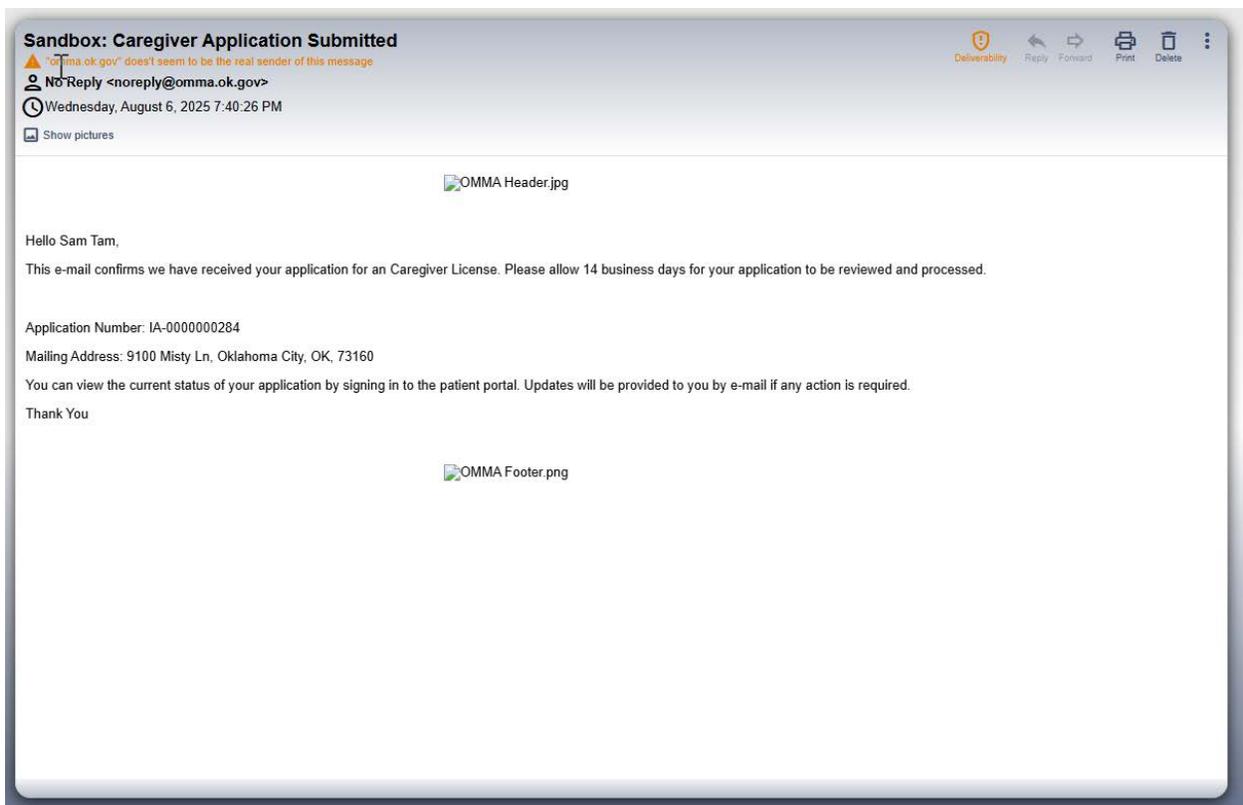
[Previous](#)

[Submit](#)



The screenshot shows the OMMA MedPortal interface. At the top, there are logos for the Oklahoma Medical Marijuana Authority and OMMA MedPortal. A user profile for 'Sam Tam' is visible in the top right. Below the navigation bar (Home, Applications, Licenses, Service Request), a 'Steps' sidebar on the left lists the application process stages: License Eligibility Criteria, Personal Information, Caregiver Patient Information, Proof of Identity, Proof of Oklahoma Residency, Digital Photo Requirements, Attestation, Application Review, and Confirmation. The main content area is titled 'Confirmation' and features a large green checkmark icon. Below the icon, the text reads 'Completed' and 'Your application IA-000000284 has been recieved.' A message below states: 'Thank you for submitting your application. You can view your application details and status on your dashboard.' A 'Save for later' link is located at the bottom left of the main content area.

- The system emails confirmation of application submission.



The screenshot shows an email titled 'Sandbox: Caregiver Application Submitted' from 'NoReply <noreply@omma.ok.gov>' dated Wednesday, August 6, 2025 7:40:26 PM. The email body contains the following text: 'Hello Sam Tam, This e-mail confirms we have received your application for an Caregiver License. Please allow 14 business days for your application to be reviewed and processed. Application Number: IA-000000284 Mailing Address: 9100 Misty Ln, Oklahoma City, OK, 73160 You can view the current status of your application by signing in to the patient portal. Updates will be provided to you by e-mail if any action is required. Thank You'. The email also includes image placeholders for 'OMMA Header.jpg' and 'OMMA Footer.png'. The email interface shows standard actions like Reply, Forward, Print, and Delete.

Applications

[Apply Now](#)

Showing all applications (4)

 IA-000000281 08/06/2025	Patient Name Sam Tam Decision Date 08/06/2025	License Type Adult Patient 2-Year License	Approved	Download Application
 IA-000000282 08/06/2025	Patient Name Sam Tam Decision Date 08/06/2025	License Type Caregiver	Denied	Download Application
 IA-000000284 08/06/2025	Patient Name Sam Tam Decision Date	License Type Caregiver	Submitted	Download Application

2.6 Submitting a Service Request for an Individual License

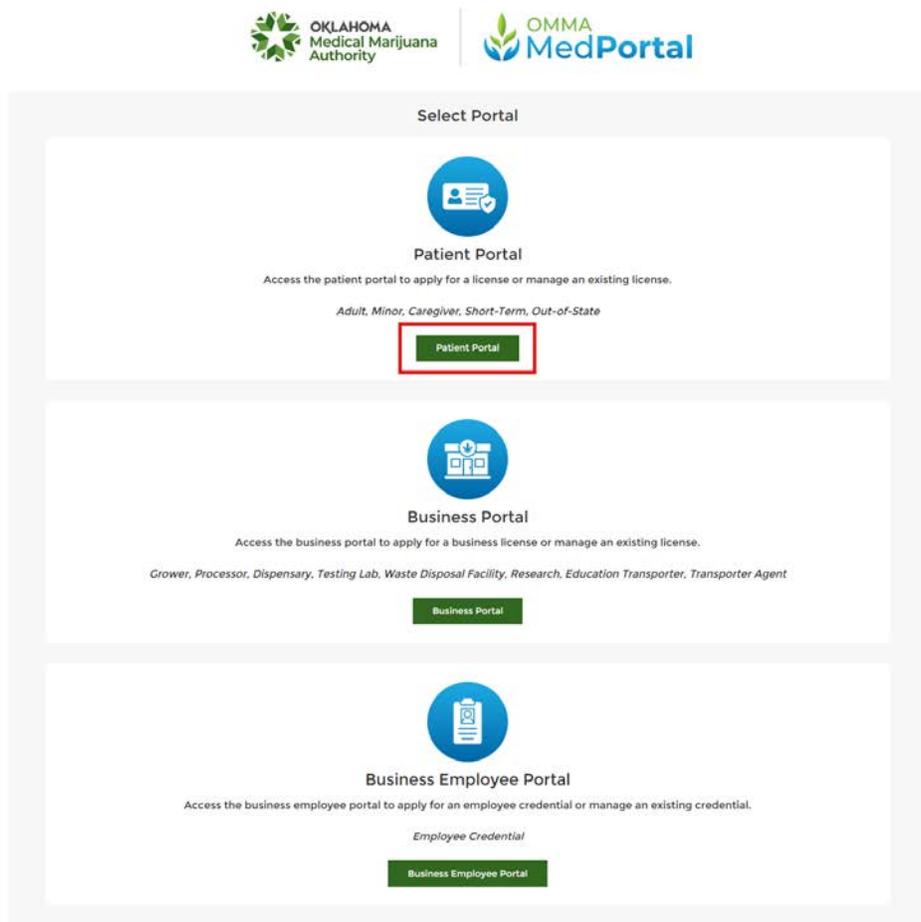
Prerequisite

You must have an **Active License** to submit a Service Request for Replacement of card, Surrender License and Remove Caregiver.

Steps for Patients

Access the Patient Portal

1. Log in to your Patient Portal account.



2. **Navigate to Your License for Replacement Card, Surrender License and Remove Caregiver.**
 1. Click on the **License** tab.
 2. Select the license for which you want to submit a Service Request.

Licenses

Showing licenses from last 6 months (1)

AP-FOZE-1KAH-AJ			License Type Adult Patient 2-Year License	Active
Original Issue Date 08/28/2025	Effective Date 08/28/2025	Expiration Date 09/01/2027	Service Request	

Surrender License Service Request:

1. Initiate a Service Request

- Click the **Service Request** button.

2. Select Request Type

- On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant. They are License Surrender, and Replacement Card.
- Select **Surrender License**

Service Request

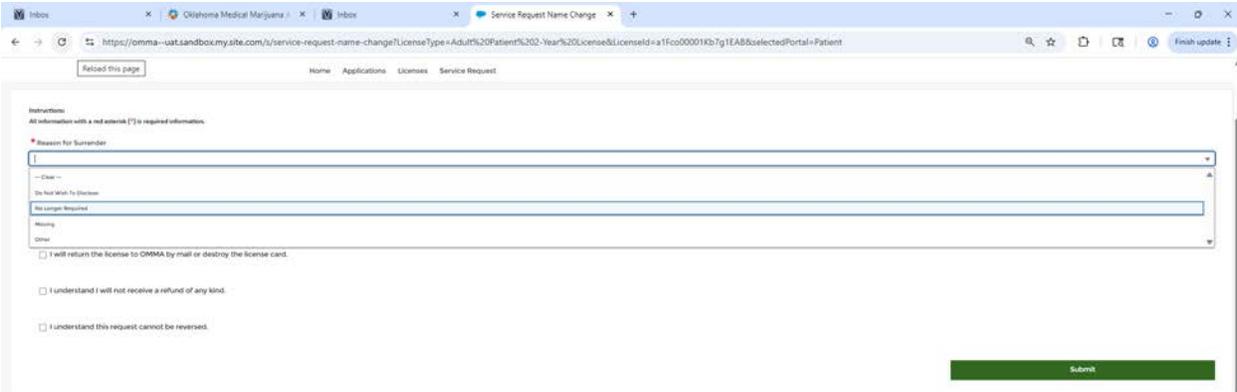
Request Type

Select an Option

Replacement of License Card
License Surrender

Next

3. Complete Reason for Surrender from Drop Down.



Instructions:
All information with a red asterisk (*) is required information.

Reason for Surrender

Reason for Surrender

— Clear —

Do Not Wish to Surrender

No Longer Required

Heavy

Other

I will return the license to OMMA by mail or destroy the license card.

I understand I will not receive a refund of any kind.

I understand this request cannot be reversed.

Submit

4. Complete Attestation and submit.



Instructions:
All information with a red asterisk (*) is required information.

Reason for Surrender

No Longer Required

Attestation

I confirm I wish to surrender my license.

I will return the license to OMMA by mail or destroy the license card.

I understand I will not receive a refund of any kind.

I understand this request cannot be reversed.

Submit

5. You will see your license status has changed to surrendered.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Cheryl Test

Home Applications Licenses Service Request

Licenses

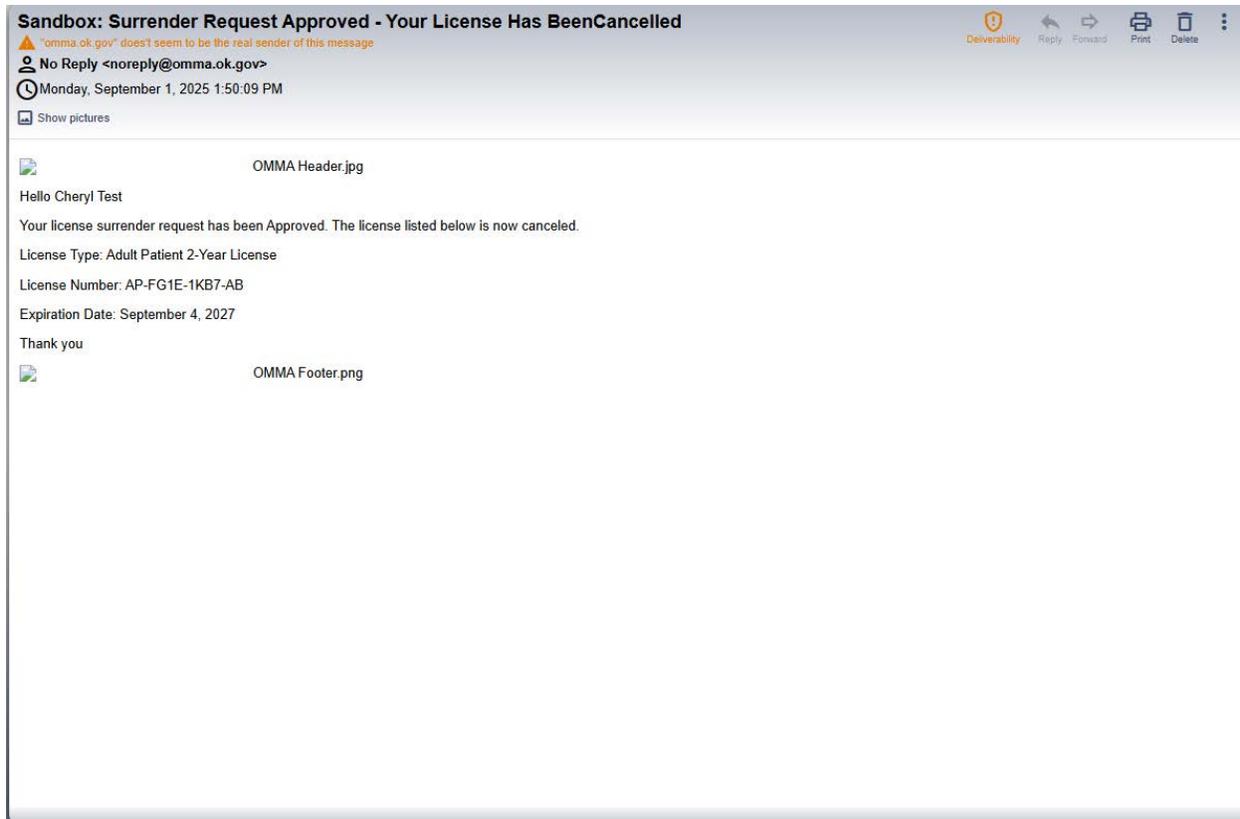
Search relevant license type or license number

Showing licenses from last 6 months (1)

AP-FGIE-1KB7-AB	License Type Adult Patient 2-Year License	Surrendered
Original Issue Date 08/31/2025	Effective Date 08/31/2025	Expiration Date 09/01/2025

Review
Service Request

6. You will get an email informing you that your Surrender request has been approved.



Replacement Card Service Request:

1. Initiate a Service Request

- Click the **Service Request** button.

2. Select Request Type

- On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant. They are Name Change, Address Change, License Surrender, and Remove Caregiver, Replacement Card
- Select **Replacement Card**

Note: If you have recently applied for a license, the option of requesting a replacement license ID card will not be available. This option becomes visible and can be submitted only after 30 calendar days from the license issuance date.

Service Request

* Request Type

Select an Option

Replacement of License Card

License Surrender

1/2021

3. Complete reason for replacement card and attestation. Once completed select "Submit" button.

Replacement of License Card

Instruction Text:
If you require a replacement license card you can request one here. Please verify your mailing address. If your address is outdated, submit an Address Change Service Request to update it before requesting a replacement card.

* What is the reason for the replacement?

Clear

Have not received my card yet

My card is damaged

My card is lost/stolen

Expiration Date: 2027-09-02

Mailing Address:
1 N Broadway Ave
Oklahoma City, OK
73102

Attestation

- I am requesting a replacement card due to the previously issued card being lost, stolen, or damaged, and not for any fraudulent, deceptive, or unlawful purpose.
- I affirm that, to the best of my knowledge, the original card has not been transferred, sold, loaned, or otherwise provided to any other person or entity.
- If the original card is later found, I will immediately destroy it or return it to the Oklahoma Medical Marijuana Authority, and I will not use or permit anyone else to use the original card.
- I affirm that the information associated with my card is current and accurate. I understand that any changes must be reported and updated prior to submitting a replacement request.
- I affirm that I will use the replacement card solely for the purposes permitted under Oklahoma's medical marijuana laws and rules, and only by the individual to whom it was issued.
- I affirm that the information provided as the basis for this request is true and accurate.

I Agree

Save for later

Previous

Submit

Back to top

Oklahoma Medical Marijuana Authority
PO Box 26266
Oklahoma City, OK 73126-2666

OMMA Home Contact Us File a Complaint

Oklahoma.gov Policies Accessibility Feedback

Copyright © 2023 State of Oklahoma

4. You will receive message that your service request has been successfully submitted, and a replacement card will be sent to you in 7 to 10 days.

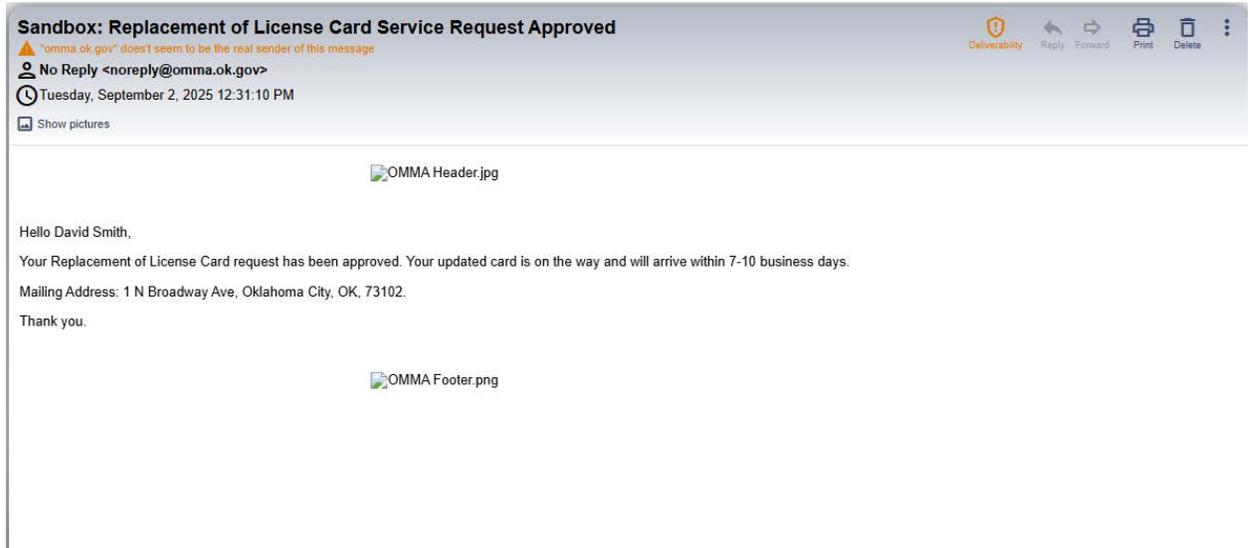
Successfully Submitted

Service Request No. : SR-2025-24E696

We have successfully received and approved your Replacement of License Card request, SR-2025-24E696. Your card is on the way and should arrive in approximately 7-10 business days.

Go to All Service Requests

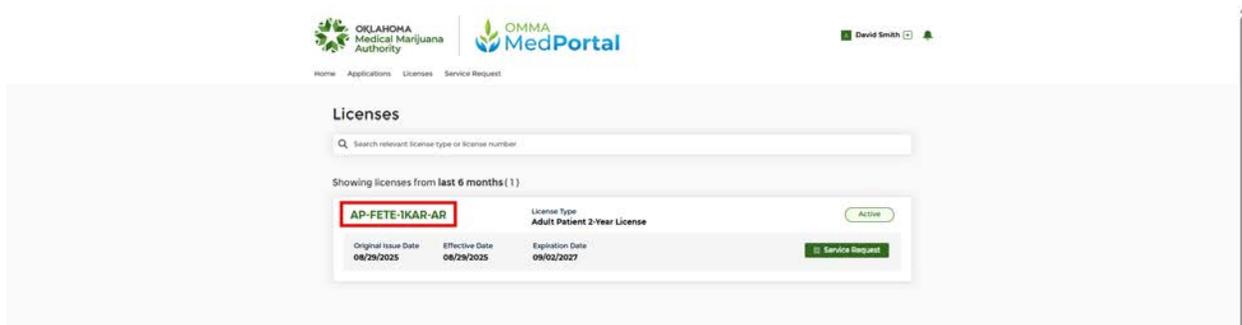
- You will get an email that your replacement card has been approved and will be sent you in the next 7 to 10 days.



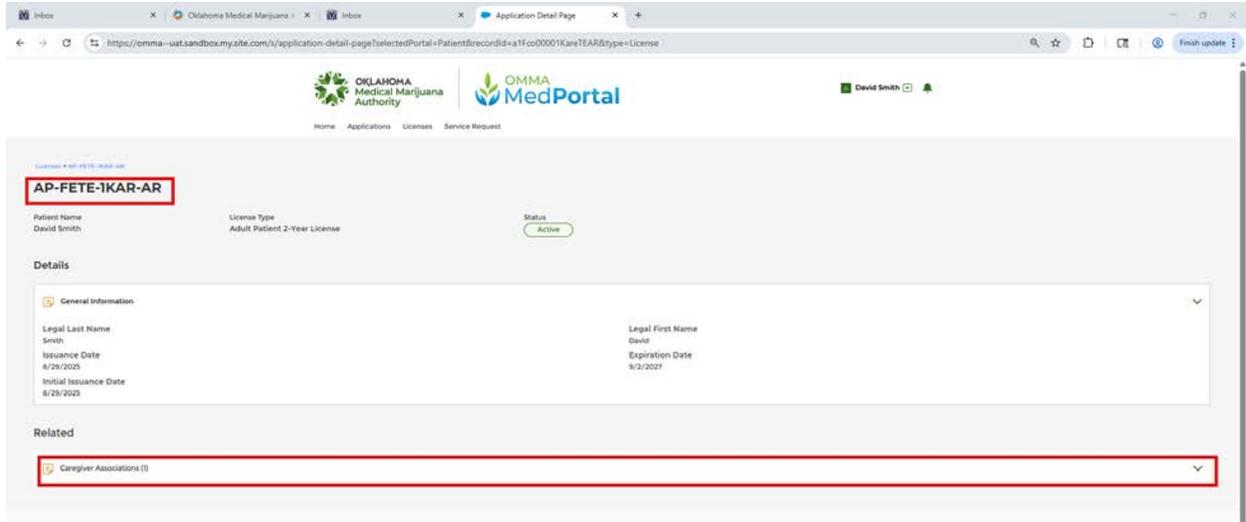
Remove Caregiver Service Request:

1. Initiate a Service Request

- Click the **License tab on Navigation bar** and then click on **License Number** you want to remove caregiver from.



- After you click on license number you will see the detailed page of your license.



AP-FETE-1KAR-AR

Patient Name: David Smith

License Type: Adult Patient 2-Year License

Status: Active

Details

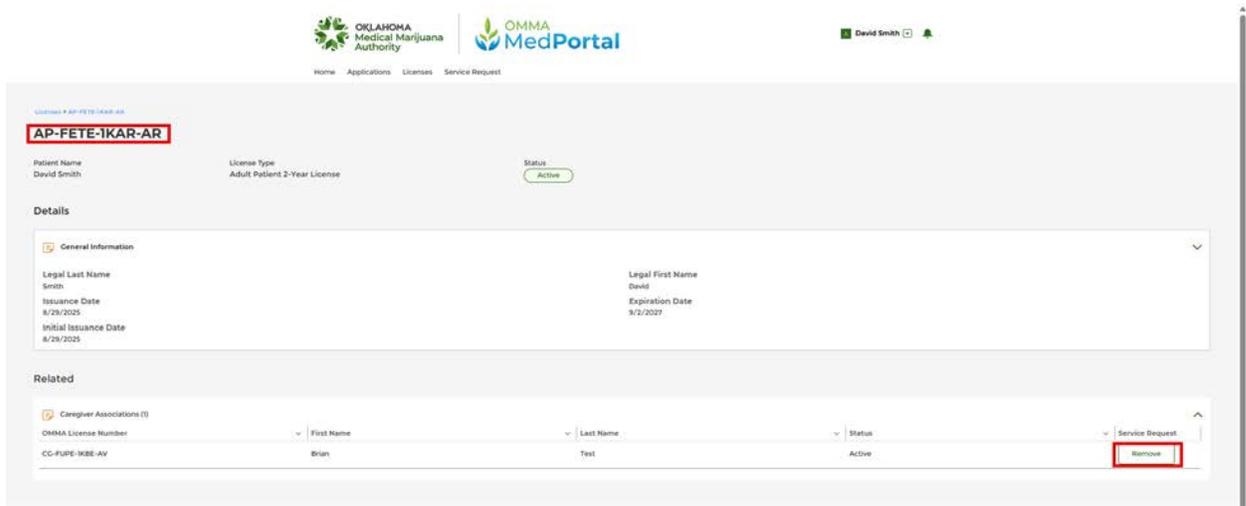
General Information

Legal Last Name: Smith	Legal First Name: David
Issuance Date: 8/29/2025	Expiration Date: 8/29/2027
Initial Issuance Date: 8/29/2025	

Related

Caregiver Associations (1)

- When you click on down arrow for “Caregiver Association” you will see Name of Caregiver, status, and “Remove” Button. Click on “remove” button.



AP-FETE-1KAR-AR

Patient Name: David Smith

License Type: Adult Patient 2-Year License

Status: Active

Details

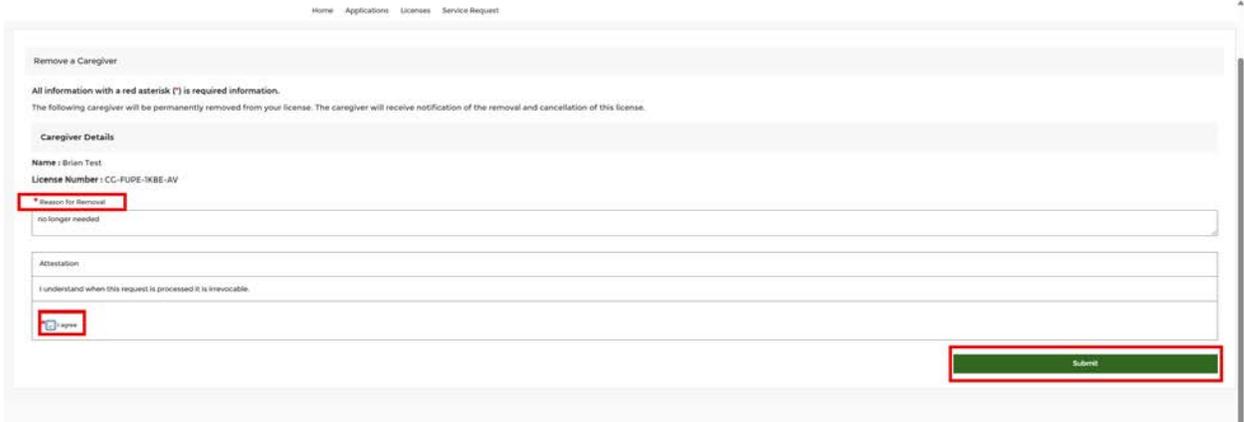
General Information

Legal Last Name: Smith	Legal First Name: David
Issuance Date: 8/29/2025	Expiration Date: 8/29/2027
Initial Issuance Date: 8/29/2025	

Related

OMMA License Number	First Name	Last Name	Status	Service Request
CG-PLPS-1KBE-AY	Brian	Text	Active	Remove

- Complete Reason for removal and attestation. Once completed, click on “Submit” button.



Home Applications Licenses Service Request

Remove a Caregiver

All information with a red asterisk (*) is required information.
The following caregiver will be permanently removed from your license. The caregiver will receive notification of the removal and cancellation of this license.

Caregiver Details

Name : Brian Test
License Number : CG-FUPE-1KBE-AV

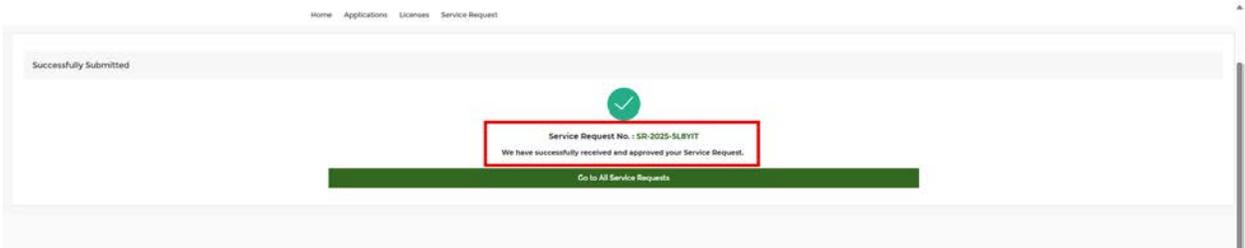
* Reason for Removal
No longer needed

Attestation
I understand when this request is processed it is irrevocable.

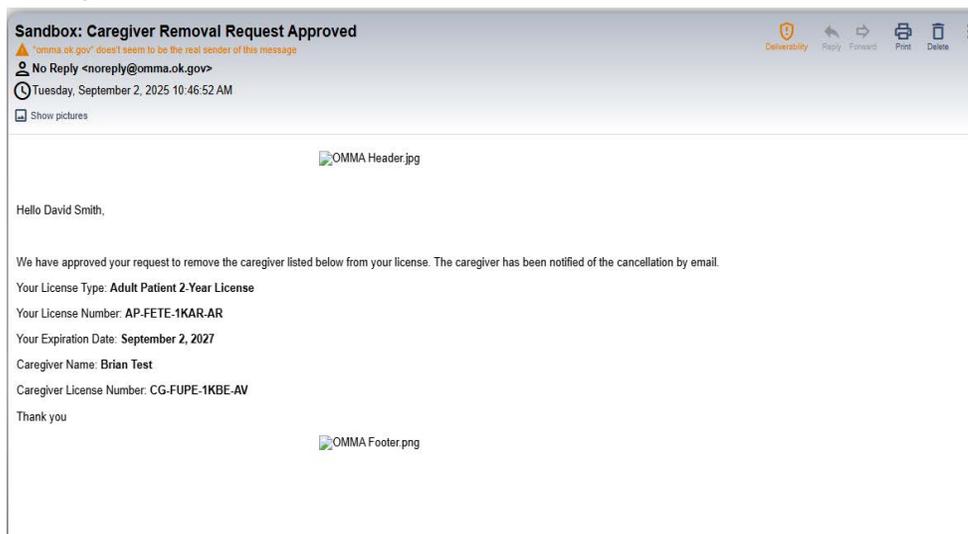
Agree

Submit

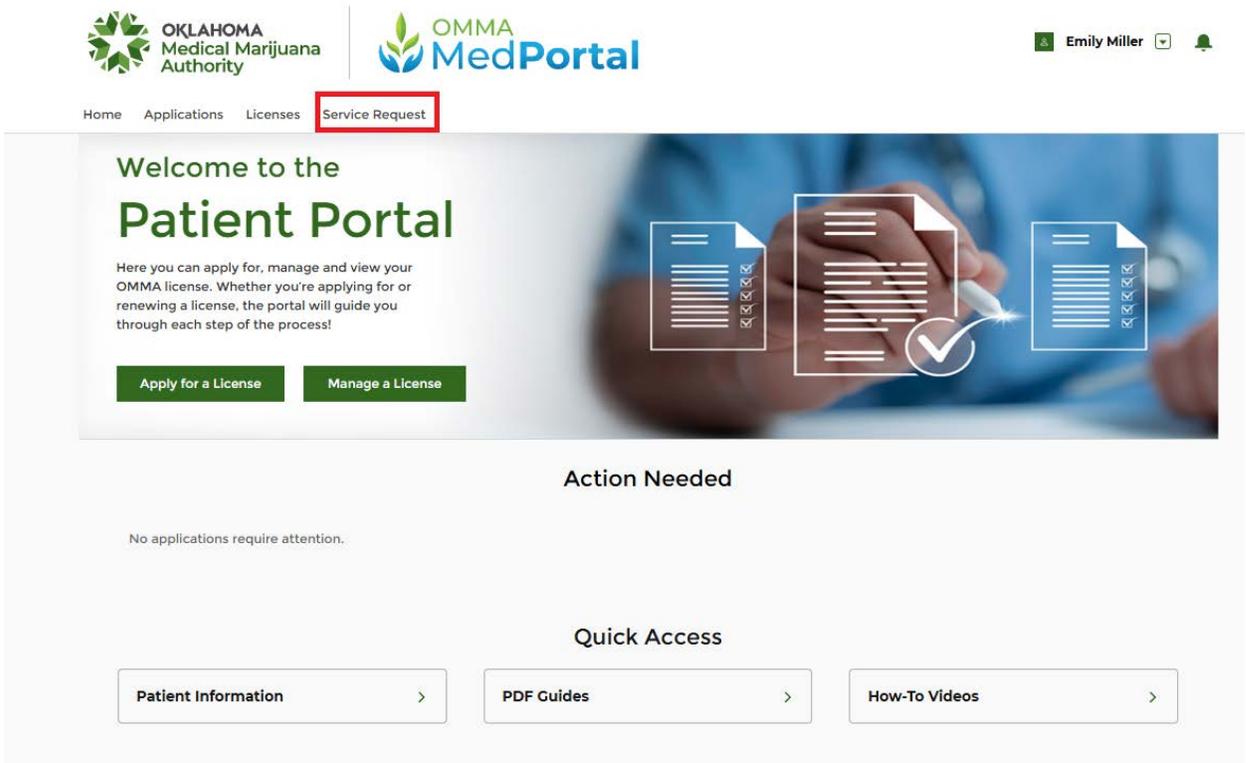
- You will receive message that your service request has been successfully submitted and approved with Service Request number.



- You will also receive an email notification letting you know your caregiver has been removed.



Navigate to Service Request Tab on your home page to make Name Change, Address Change or Email Change.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Home Applications Licenses **Service Request**

Welcome to the **Patient Portal**

Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!

[Apply for a License](#) [Manage a License](#)

Action Needed

No applications require attention.

Quick Access

[Patient Information](#) [PDF Guides](#) [How-To Videos](#)

1. At the Service Request page, select 'Raise Service Request'
2. Select the service request type you would like to make from the drop-down menu.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Home Applications Licenses **Service Request**

Service Request

* Request Type

Select an Option

Name Change

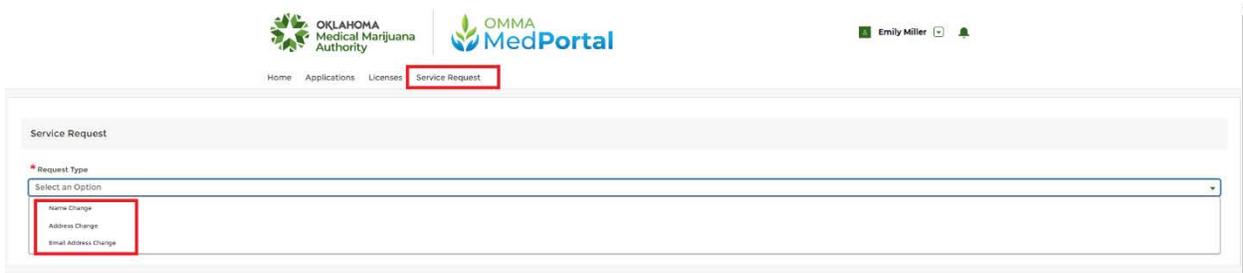
Address Change

Email Address Change

Address Change Service Request:

1. **Initiate a Service Request from Service Request Tab on home page.**
 - Click the **Raise Service Request** button.
2. On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant. They are Name Change, Address Change, email change.
 - Select **Address Change**

Note: If you have recently applied for a license, the option of requesting a replacement license ID card will not be available. This option becomes visible and can be submitted only after 30 calendar days from the license issuance date.



The screenshot shows the OMMA MedPortal interface. At the top, there are logos for the Oklahoma Medical Marijuana Authority and OMMA MedPortal. A navigation bar includes links for Home, Applications, Licenses, and Service Request (highlighted with a red box). Below the navigation bar, the 'Service Request' section is visible. A dropdown menu for 'Request Type' is open, showing three options: 'Name Change', 'Address Change', and 'Email Address Change'. The 'Address Change' option is highlighted with a red box.

3. Enter New Address

1. Click **Next**.
2. Enter your new address as prompted.
3. Click **Submit**.

Address Change Service Request

Physical Address

* Street Address

541 N Council Rd Apt A

Unit No./Apt No.

541

* City

Oklahoma City

* State

Oklahoma

* County

Oklahoma

* Zip Code

73127

Mailing Address

Mailing address is the same as Physical address

[Save for later](#)

[Submit](#)

4. Confirmation

1. You will see a successful message with your Service Request number, confirming that OMMA has received and approved your Address Change request.
2. You will also receive an email with approval.

Successfully Submitted



Service Request No. : SR-2025-ZMM6NA

We have successfully received and approved your Address Change Service Request.

[Go to All Service Requests](#)

Sandbox: Address Change Service Request Approved

 "omma.ok.gov" does't seem to be the real sender of this message

 No Reply <noreply@omma.ok.gov>

 Wednesday, August 6, 2025 9:19:55 PM

 Deliverability  Reply  Forward  Print  Delete 

 OMMA Header.jpg

Hello Sam Tam,

Your Address Change request has been approved.

Thank you.

 OMMA Footer.png

Name Change Service Request:

1. Initiate a Service Request

- Click the **Service Request** button.

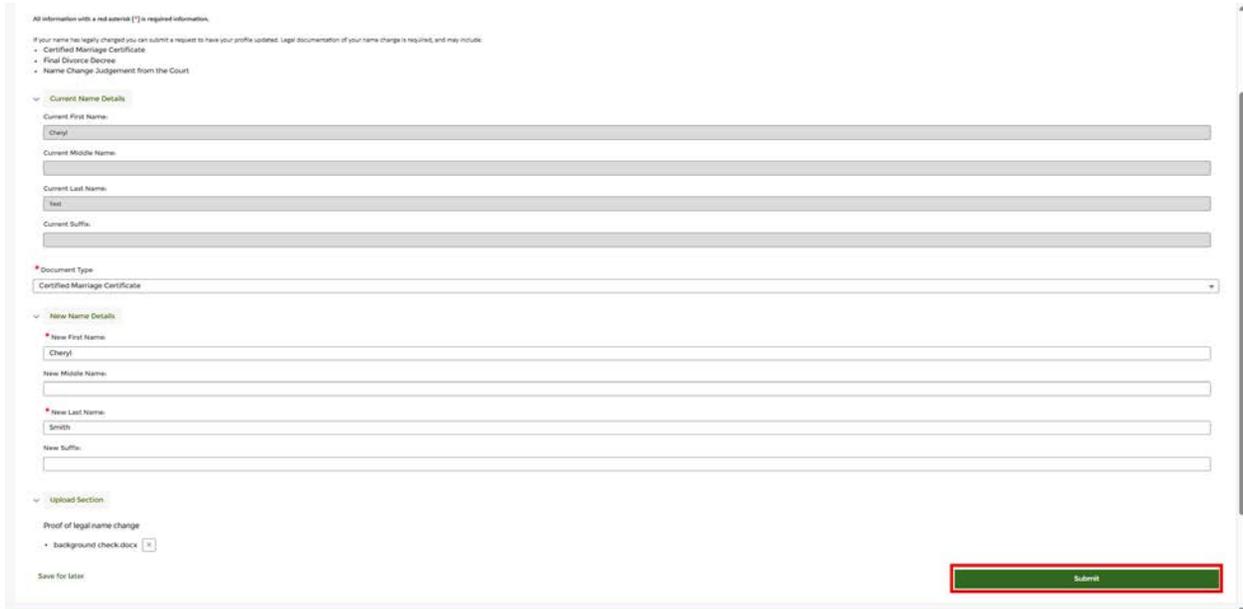
2. Select Request Type

- On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant. They are Name Change, Address Change, Email Change.
- Select **Name Change**.



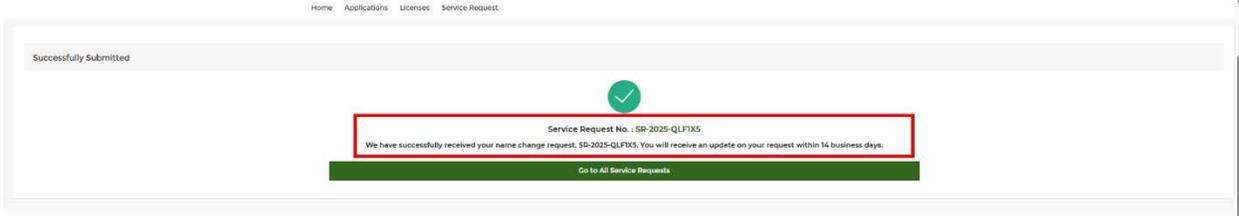
The screenshot shows the top navigation bar with the Oklahoma Medical Marijuana Authority and OMMA MedPortal logos. The user is logged in as Emily Miller. The breadcrumb trail is Home > Applications > Licenses > Service Request. The main content area is titled "Service Request" and contains a "Request Type" dropdown menu. The dropdown is open, showing three options: "Name Change", "Address Change", and "Email Address Change". The "Name Change" option is highlighted with a red box.

- ### 3. Complete Name change information and upload supporting documentation for name change. There is a drop down for acceptable documents.

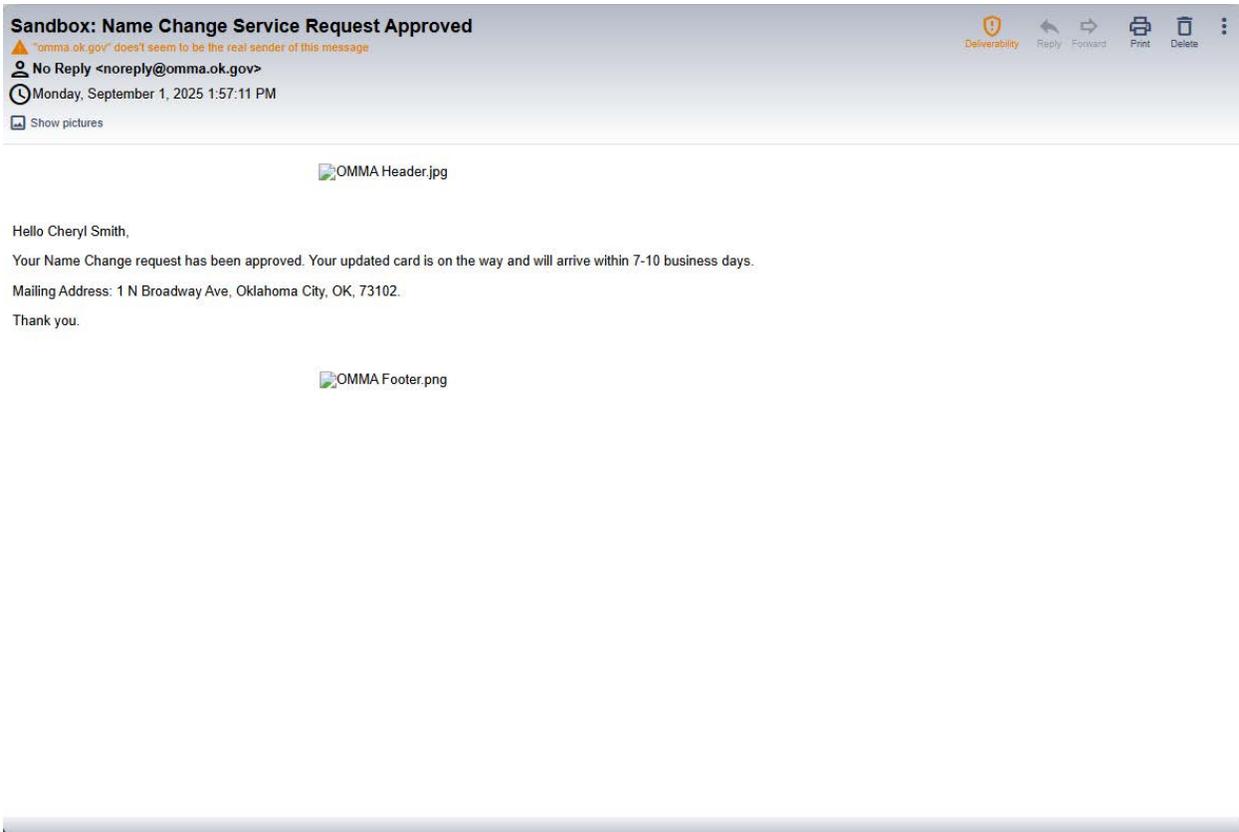


The screenshot shows the "Name Change" form. It includes a "Current Name Details" section with fields for Current First Name (Cheryl), Current Middle Name, Current Last Name (Lee), and Current Suffix. Below this is a "Document Type" dropdown menu set to "Certified Marriage Certificate". The "New Name Details" section has fields for New First Name (Cheryl), New Middle Name, New Last Name (Smith), and New Suffix. At the bottom, there is an "Upload Section" with a "Proof of legal name change" dropdown menu set to "background check.docx" and a "Submit" button highlighted with a red box.

4. You will get confirmation that your Service Request has been received.



5. You will get email confirmation when Name change has been approved by OMMA.



Change Email address Service Request:

1. **Initiate a Service Request from home page navigation bar**
 - o Click the **Raise Service Request** button.

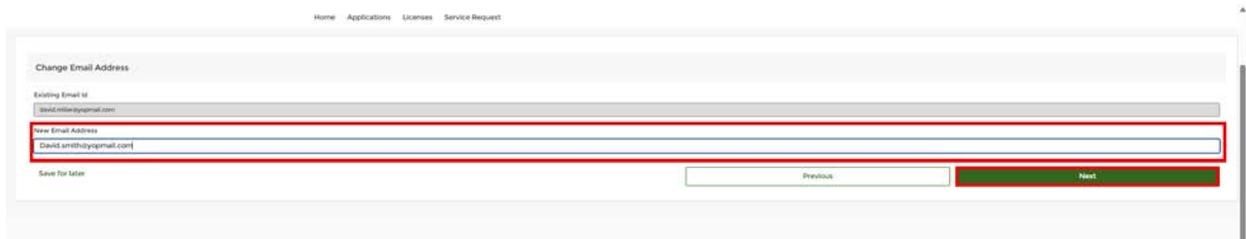


2. **Select Request Type**

- o On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant.
- o Select **Email Address Change**



3. Enter new Email Address.



4. You will receive a successful message with your Service Request number.

Successfully Submitted



Service Request No.: SR-2025-CNOVBX

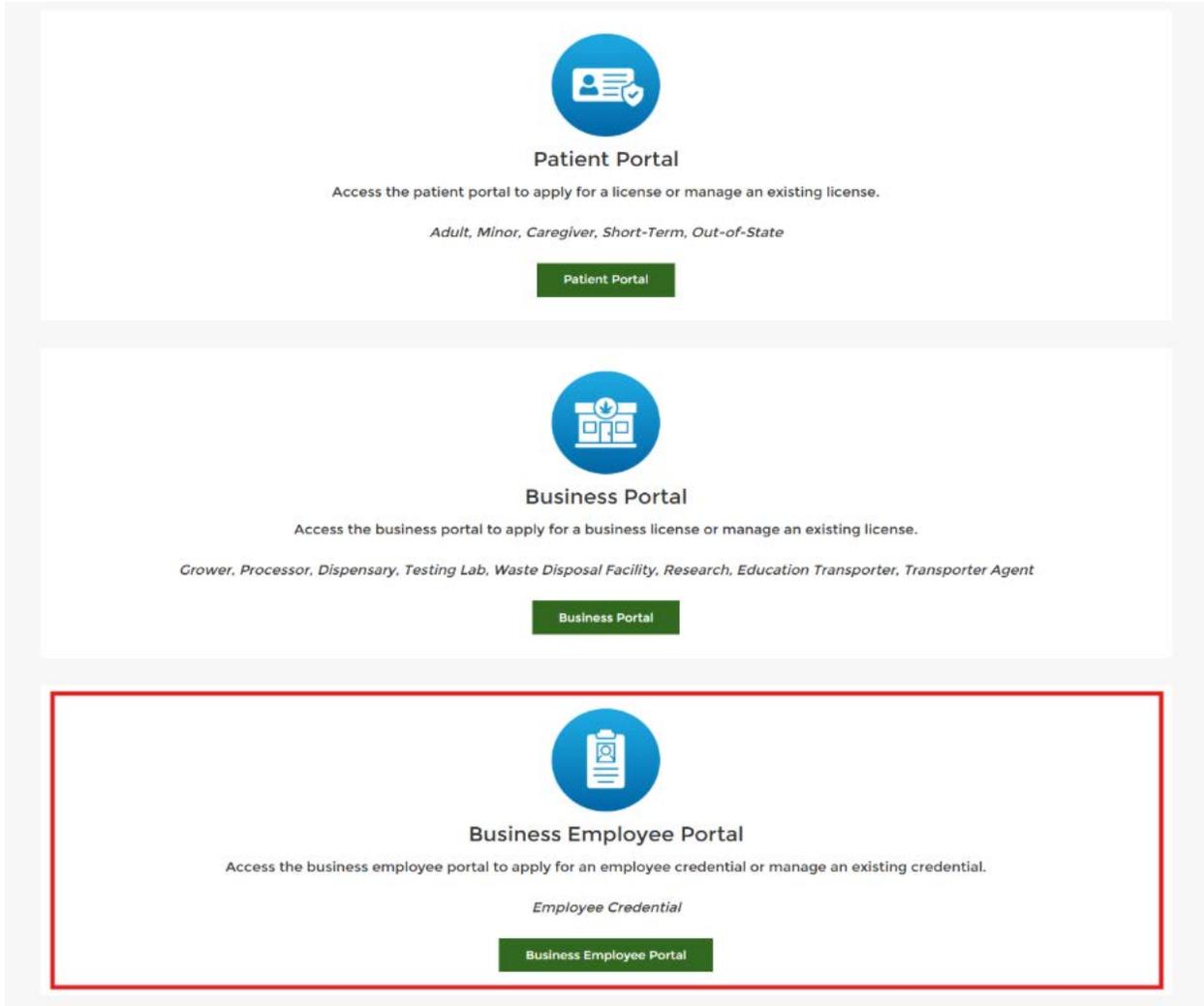
We have successfully received your Email Address change request, SR-2025-CNOVBX. Once your request is approved, we will notify you, and you will be able to use your new email address to log in.

[Go to All Service Requests](#)

3. Employee Credential License

3.1 Employee Credential Application

1. Employee will select 'Business Employee Portal' after logging in.



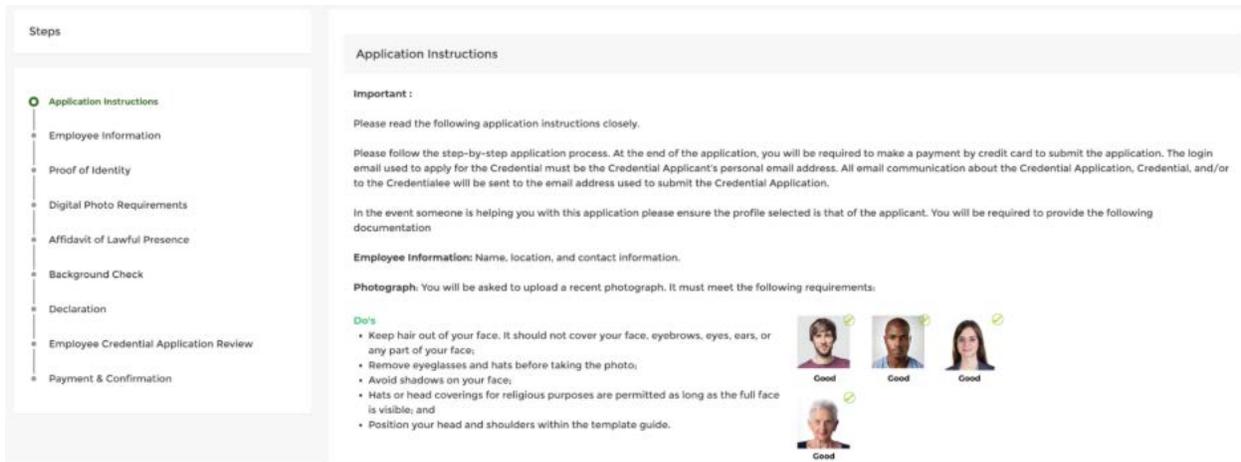
The screenshot displays three portal options on a white background. Each option consists of a blue circular icon, a title, a descriptive sentence, a list of roles, and a green button. The 'Business Employee Portal' option is enclosed in a red rectangular border.

- Patient Portal**
Access the patient portal to apply for a license or manage an existing license.
Adult, Minor, Caregiver, Short-Term, Out-of-State
Patient Portal
- Business Portal**
Access the business portal to apply for a business license or manage an existing license.
Grower, Processor, Dispensary, Testing Lab, Waste Disposal Facility, Research, Education Transporter, Transporter Agent
Business Portal
- Business Employee Portal**
Access the business employee portal to apply for an employee credential or manage an existing credential.
Employee Credential
Business Employee Portal

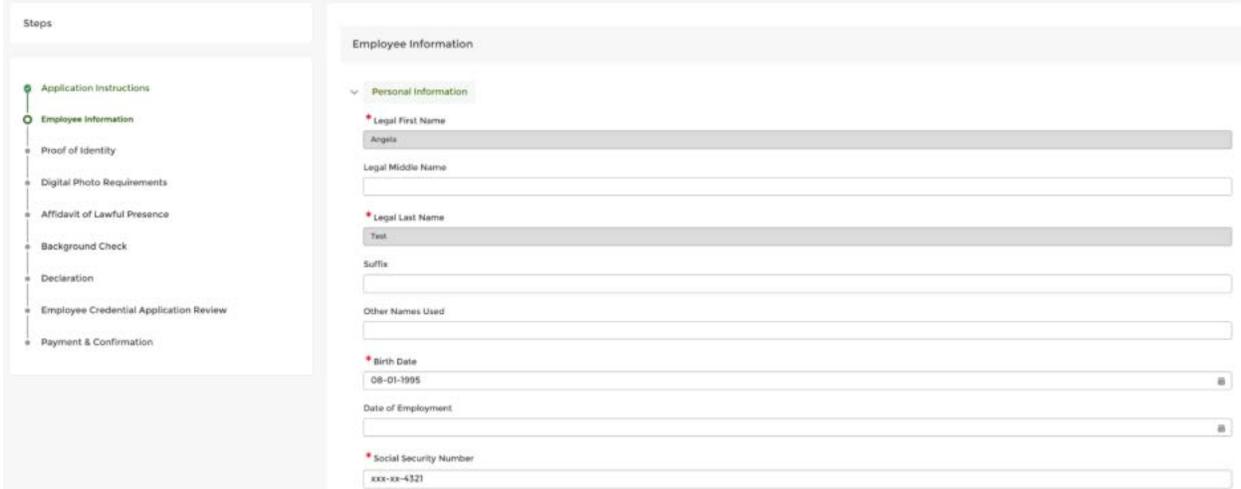
2. At the homepage, click on “Apply for a License”



3. The Applicant will be provided with guided steps on the left side along with detailed instruction page.



4. Next, the applicant will fill out the employee information.



Steps

- Application Instructions
- Employee Information**
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Employee Information

Personal Information

* Legal First Name
Angela

Legal Middle Name

* Legal Last Name
Text

Suffix

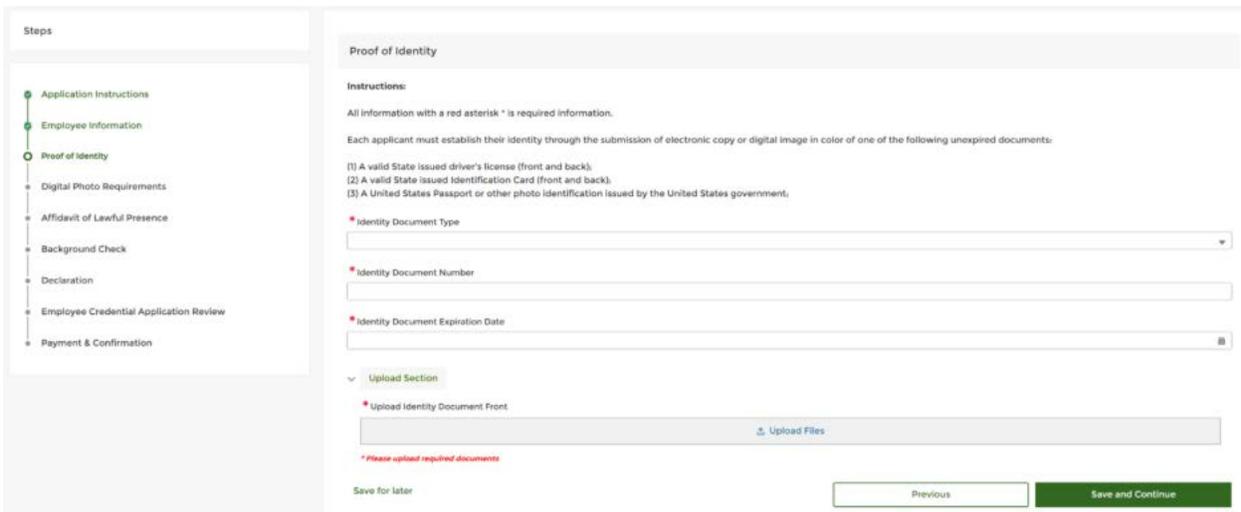
Other Names Used

* Birth Date
08-01-1995

Date of Employment

* Social Security Number
xxx-xx-4321

- Next, the applicant will select the type of identity document, enter the required details, and upload the corresponding identity document files.



Steps

- Application Instructions
- Employee Information
- Proof of Identity**
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Proof of Identity

Instructions:

All information with a red asterisk * is required information.

Each applicant must establish their identity through the submission of electronic copy or digital image in color of one of the following unexpired documents:

(1) A valid State issued driver's license (front and back),
 (2) A valid State issued Identification Card (front and back),
 (3) A United States Passport or other photo identification issued by the United States government.

* Identity Document Type

* Identity Document Number

* Identity Document Expiration Date

Upload Section

* Upload Identity Document Front

Upload Files

* Please upload required documents

Save for later Previous Save and Continue

- Next section is Digital Photo Requirements. You must upload a digital photo of the transporter agent that meets the criteria specified in this step and in the License Application Photo Requirements document. Ensure the image is saved and uploaded in accordance with these requirements.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements**
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note: Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- Do keep hair out of your face. It should not cover your eyebrows, eyes, ears, or any part of your face.
- Do remove eyeglasses and hats before taking the photo.
- Do avoid shadows on your face.
- Do wear hats or head coverings for medical or religious purposes as long as your full face is visible.
- Do position your head and shoulders where they can be seen.

Don'ts

- Do not use digital filters, borders, text or any other method of altering the appearance of the picture.
- Do not tilt your head or turn your shoulder to the side.
- Do not crop off your head and shoulders by zooming in too closely.
- Do not wear sunglasses, show hands or other objects in the photo.
- Do not re-size the photo outside the provided guidelines.
- Do not capture anyone else besides the person applying for a license in the photo.

Choose a photo to upload and attach to your application.

Note: File Format: must be .jpg, .png, or .gif and no larger than 3 MB in size

Note: Resolution Limits: must be Minimum:600 x 600 pixels. Maximum:1200 x 1200 pixels.

* Select Photo

Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:
(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

- I attest the photo only shows the applicant and was taken within the last 6 months.
- I attest the photo was taken with a white or off-white background.
- I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

7. Upload required document for Affidavit of Lawful presence.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence**
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Affidavit of Lawful Presence

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each credential applicant listed on this application. If the person is not a lawful resident of the United States the application will not be accepted.

If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

Upload Section

- * Affidavit of Lawful Presence

Upload Files

*Please upload required documents

Save for later

Previous

Save & Continue

8. Fill out background check information and upload require documents

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check**
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Background Check

Instructions:
All information with a red asterisk (*) is required information.

A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- * Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- * Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- * Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the Oklahoma State Bureau of Investigation web page for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

- * Background Requestor Full Name

- * Background Requestor Email

- * Document Issued Date

Upload Section

- * Background Check

Upload Files

*Please upload required documents

- * Attestation Regarding National Background Check

Upload Files

9. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration**
- Employee Credential Application Review
- Payment & Confirmation

Declaration

* I attest that the person completing this application is the applicant or is authorized by the applicant to submit this application and the information within.
 Yes No

* I understand the information contained on my Employee Credential will be made available through a publicly accessible verification system.
 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 pledge not to divert medical marijuana to any individual or entity that is not lawfully entitled to possess marijuana.
 Yes No

* I attest the information provided in this application is true and correct.
 Yes No

* Signature

* Signature Date

10. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review**
- Payment & Confirmation

Employee Credential Application Review

PERSONAL INFORMATION Edit

First Name:	Angela
Middle Name:	
Last Name:	Test
Suffix:	
Other Names Used:	
Birth Date:	07-31-1995
Date of Employment:	07-31-2025
Social Security Number:	xxx-xx-4321
Country of Residence:	United States
US Residency Status:	US Citizen
Sex:	Female
Race:	Asian

ADDRESS INFORMATION

Physical Address	
Street	
Unit	
City:	Oklahoma City
State:	OK
County:	Oklahoma
Zip:	73104
Longitude:	-97.503104000000000
Latitude:	35.466140000000000
Country:	United States Of America

State	OK
County	Oklahoma
Zip	73104
Longitude	-97.503104000000000
Latitude	35.466140000000000
Country	United States Of America

CONTACT INFORMATION

Telephone:	9189189181
Mobile Number:	
E-mail Address	angelatestdemo@yopmail.com

PROOF OF IDENTITY Edit

Identity Document Type:	State-Issued Driver's License
Identity Document Number:	12313
Identity Document Expiration Date:	09-10-2028

BACKGROUND CHECK Edit

Background Requestor Full Name:	john
Background Requestor Email:	test@tset.com
Document Issued Date:	09-03-2025

Download Application

Save for later Previous Save and Continue

11. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation**

Payment & Confirmation

Upon selecting "Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.

VISA  DISCOVER

Fee Breakdown

SKU	Description	Amount
2704	New Employee Credentialing	\$30

Back Process Payment

Save for later

12. As an applicant, you will be directed to the NIC to make the payment. You will have a choice of electronic check or credit card.



1 Payment Type 2 Customer Info 3 Payment Information 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
2704	New Employee Credentialing	\$30.00	1	\$30.00
Total				\$30.00

Transaction Summary

New Employee Credentialing	\$30.00
TOTAL	\$30.00

Need Help?

Select Payment Method and Continue to proceed with payment.

Payment

Payment Type

Payment Type *

Select One

13. As an applicant, you will enter my information and be able to see the transaction summary including service fees.



First Name * Last Name *

Emily Test

Company Name

Address *

200 N Walker Ave

Address 2

City * State *

Oklahoma City OK - Oklahoma

ZIP/Postal Code *

97103

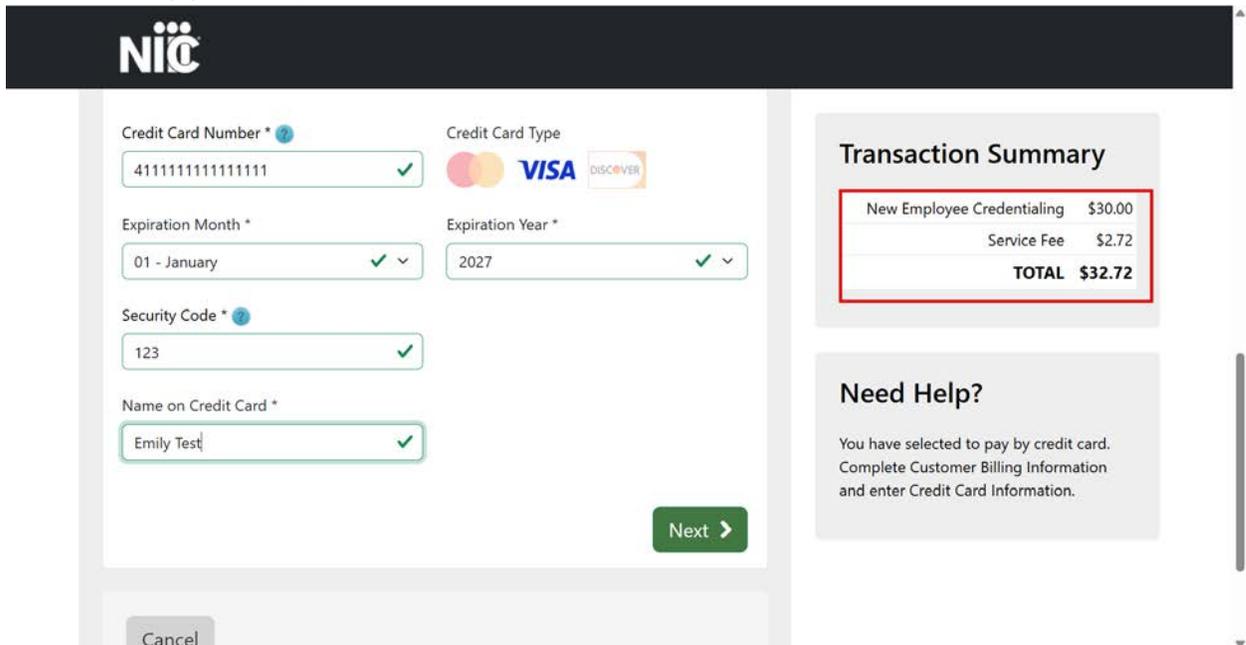
Transaction Summary

New Employee Credentialing	\$30.00
Service Fee	\$2.72
TOTAL	\$32.72

Need Help?

Please complete the Customer Information Section.

14. As an applicant, enter credit card information and click Next.



NiC

Credit Card Number * ✓

Credit Card Type 

Expiration Month * ✓

Expiration Year * ✓

Security Code * ✓

Name on Credit Card * ✓

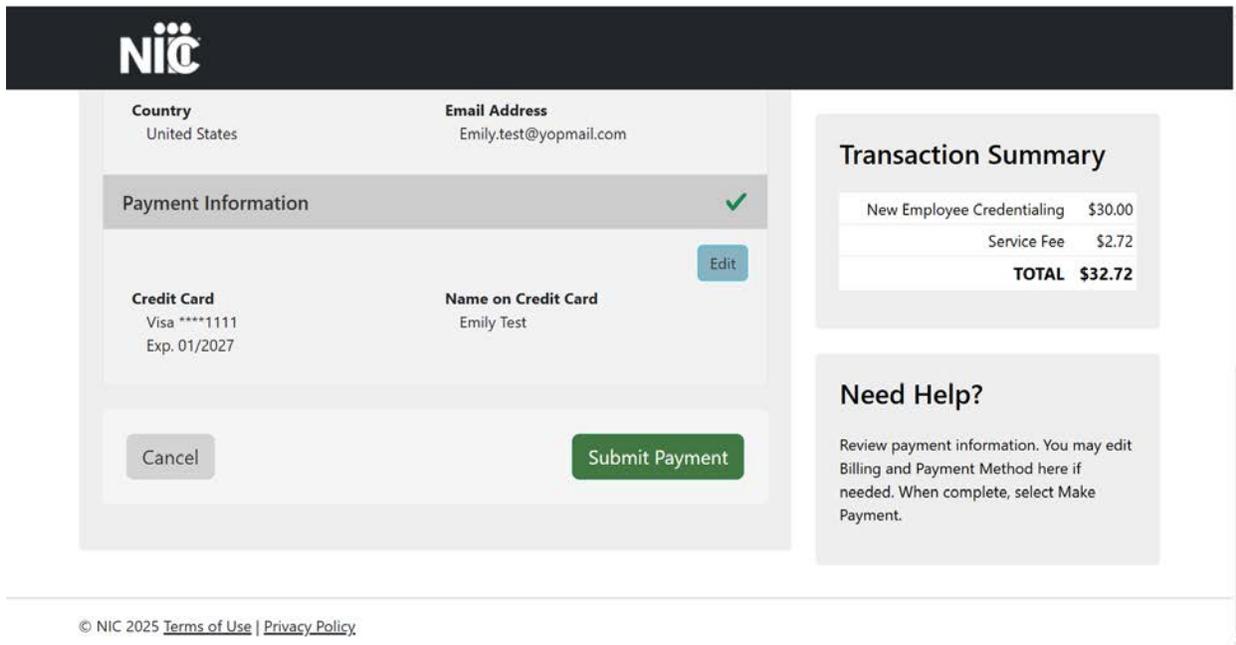
Transaction Summary

New Employee Credentialing	\$30.00
Service Fee	\$2.72
TOTAL	\$32.72

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

15. As an applicant, once credit card has been validated, click Submit Payment



NiC

Country: United States | Email Address: Emily.test@yopmail.com

Payment Information ✓

Credit Card: Visa ****1111, Exp. 01/2027 | **Name on Credit Card**: Emily Test

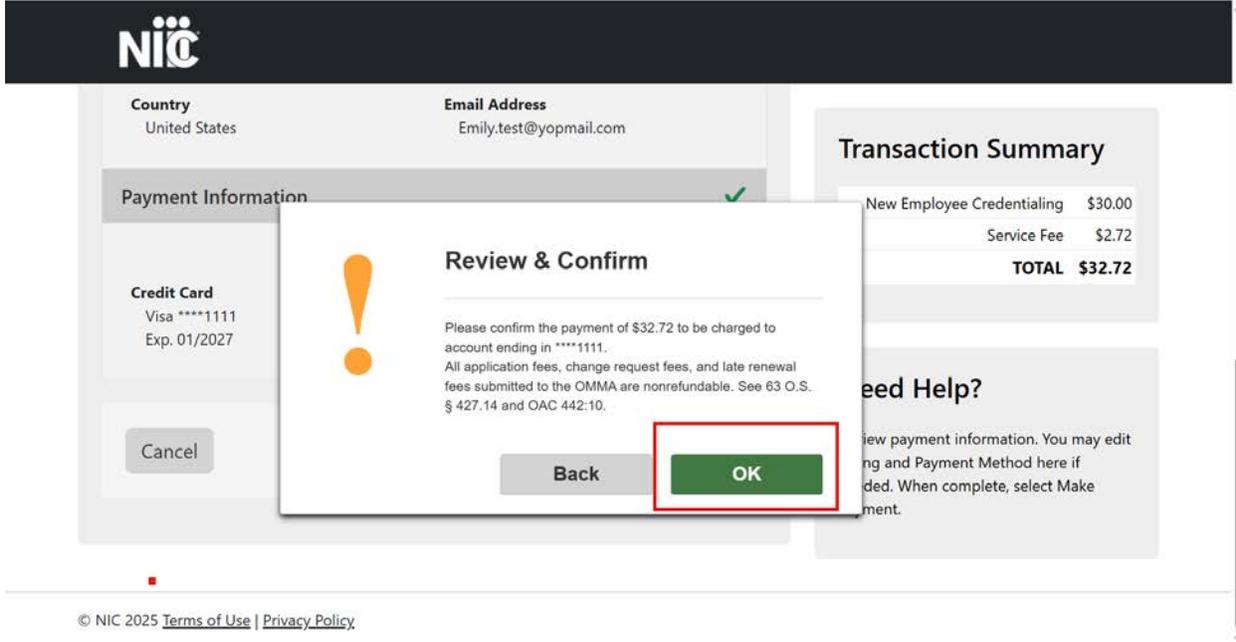
Transaction Summary

New Employee Credentialing	\$30.00
Service Fee	\$2.72
TOTAL	\$32.72

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment.

16. As an applicant, you will have an opportunity to do final review and confirmation of payment and then click OK.



Country United States Email Address Emily.test@yopmail.com

Payment Information ✓

Credit Card Visa ****1111 Exp. 01/2027

Cancel

Review & Confirm

Please confirm the payment of \$32.72 to be charged to account ending in ****1111. All application fees, change request fees, and late renewal fees submitted to the OMMA are nonrefundable. See 63 O.S. § 427.14 and OAC 442:10.

Back OK

Transaction Summary

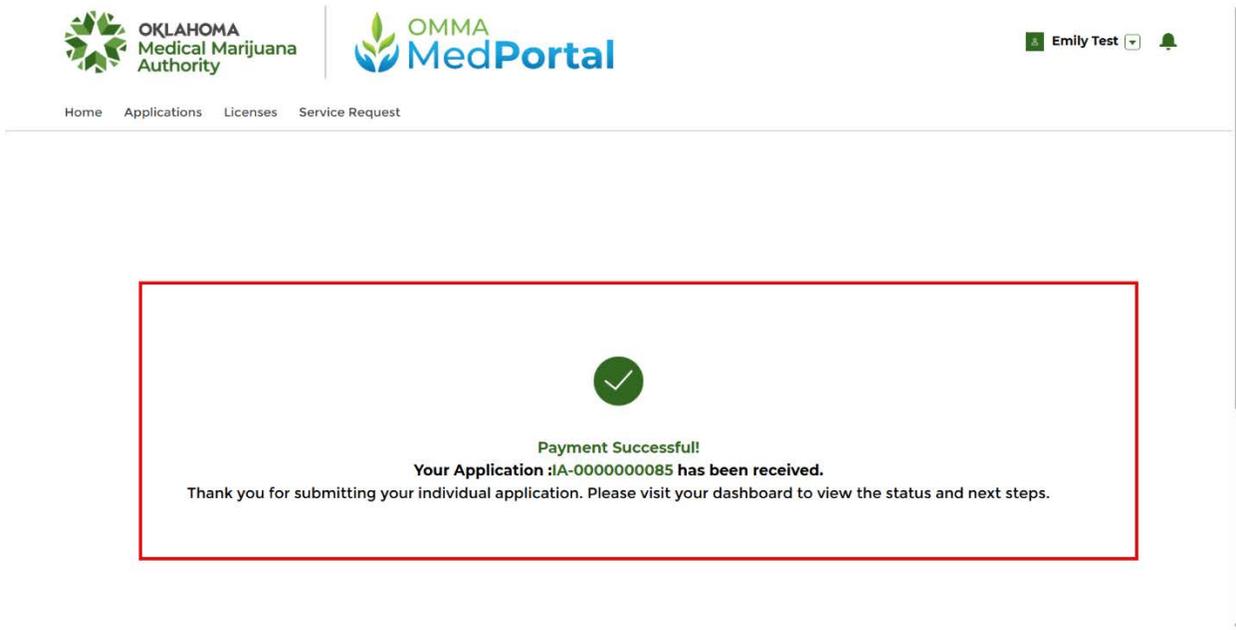
New Employee Credentialing	\$30.00
Service Fee	\$2.72
TOTAL	\$32.72

Need Help?

View payment information. You may edit your payment information and Payment Method here if needed. When complete, select Make Payment.

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17. As an applicant, once NIC process payment, you will see confirmation that payment has been successful. Applicant will also get an email with a receipt. Sometimes there is a delay, so you may need to check back for payment.



 **OKLAHOMA**
Medical Marijuana
Authority

 **OMMA**
MedPortal

Emily Test

Home Applications Licenses Service Request

Payment Successful!

Your Application :!A-000000085 has been received.

Thank you for submitting your individual application. Please visit your dashboard to view the status and next steps.

Sandbox: Payment Receipt

omma.ok.gov doesn't seem to be the real sender of this message

No Reply <noreply@omma.ok.gov>

Wednesday, August 27, 2025 6:34:07 AM

Show pictures

Payment...

omma logo

Invoice #2025-082713

PAID

Issued by

Oklahoma Medical Marijuana Authority (OMMA) PO Box 262266 Oklahoma City, OK 73126-2266 Telephone: (405) 522-6662	Recipient null null
	Issued Date August 27, 2025

Item : Employee (Initial)	\$30.00
Service Fee	\$2.72
Total:	\$30.00
Total amount paid:	\$32.72
<hr/>	
Balance owing	\$0.00

18. Once OMMA Approves my application, I will get an email letting me know my license has been approved.

Sandbox: Employee Application Approved

omma.ok.gov doesn't seem to be the real sender of this message

No Reply <noreply@omma.ok.gov>

Sunday, September 7, 2025 2:04:22 PM

Show pictures

OMMA Header.jpg

Hello Aly test,

Your application for a Employee license has been approved. Your card is on the way and should arrive in 7-10 business days.

Application Number: IA-0000000320

License Type: Employee

License Number: CAAA-KC9S-FEAB-0001

Expiration Date: September 6, 2026

Mailing Address: 200 N Walker Ave, Oklahoma City, OK, 73102

Thank you.

OMMA Footer.png

3.2 Submitting a Service Request-Employee Credential

Prerequisite

You must have an **Active License** to submit a Service Request.

Steps for Employees

1. **Access the Business Employee Portal**
2. Log in to your Employee Portal account.



OKLAHOMA
Medical Marijuana
Authority



OMMA
MedPortal

Select Portal



Patient Portal

Access the patient portal to apply for a license or manage an existing license.

Adult, Minor, Caregiver, Short-Term, Out-of-State

Patient Portal



Business Portal

Access the business portal to apply for a business license or manage an existing license.

Grower, Processor, Dispensary, Testing Lab, Waste Disposal Facility, Research, Education Transporter, Transporter Agent

Business Portal



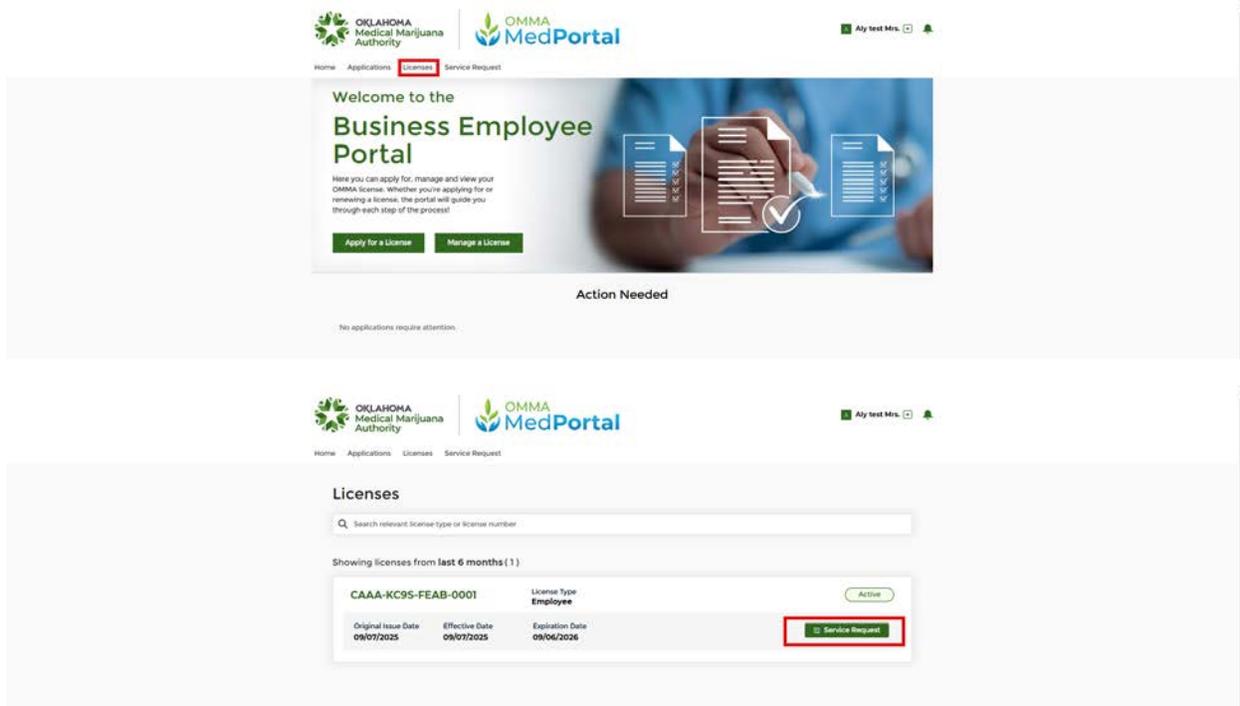
Business Employee Portal

Access the business employee portal to apply for an employee credential or manage an existing credential.

Employee Credential

Business Employee Portal

3. **Navigate to Your License**
4. Click on the **License** tab.
5. Select the license for which you want to submit a Service Request.



Surrender License Service Request:

1. **Initiate a Service Request**
 - Click the **Service Request** button on license.
2. **Select Request Type**
 - On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant. They are License Surrender and Replacement Card. Replacement Card option will be available after 30 days from the issuance date.
 - Select **Surrender License**

Service Request

* Request Type

Select an Option

License Surrender

Next

3. Complete Reason for Surrender from Drop Down.

Instructions:
All information with a red asterisk (*) is required information.

* Reason for Surrender

Do Not Wish To Disclose
No Longer Required
Moving
Other

I will return the license to OMMA by mail or destroy the license card.
 I understand I will not receive a refund of any kind.
 I understand this request cannot be reversed.

I Agree

Submit

4. Complete Attestation and submit.

Home Applications Licenses Service Request

Instructions:
All information with a red asterisk (*) is required information.

* Reason for Surrender
No Longer Required

Attestation

I confirm I wish to surrender my license.
 I will return the license to OMMA by mail or destroy the license card.
 I understand I will not receive a refund of any kind.
 I understand this request cannot be reversed.

Submit

5. You will see your license status has changed to surrendered.

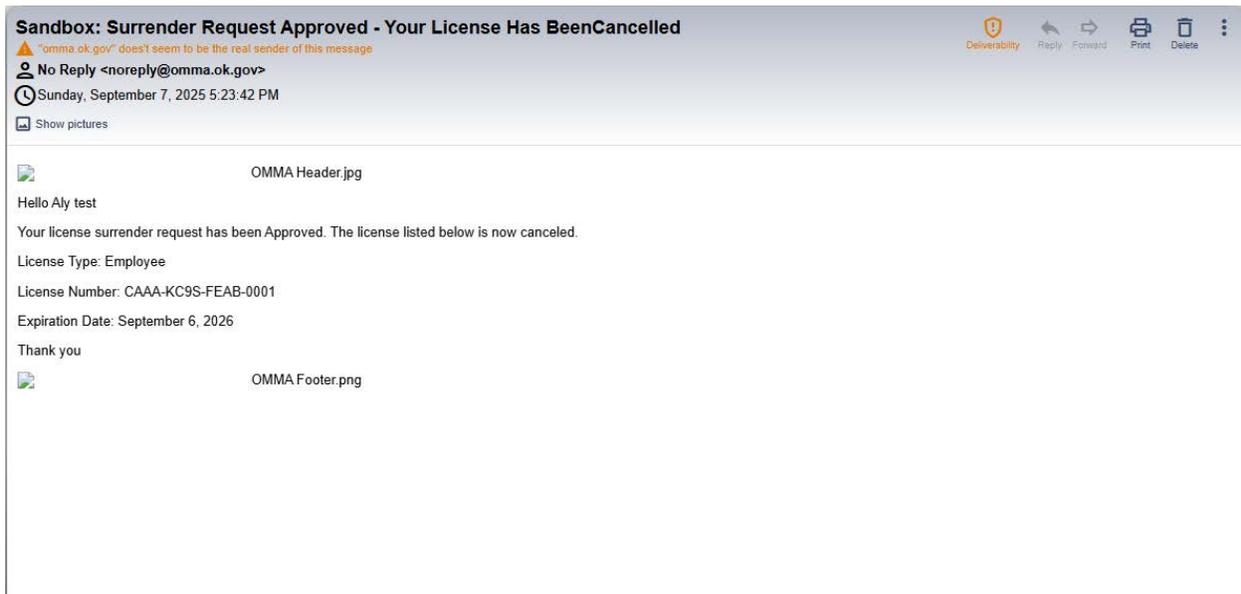
Licenses

🔍 Search relevant license type or license number

Showing licenses from **last 6 months** (1)

CAAA-KGEK-5EAF-0001			License Type Employee	Surrendered
Original Issue Date 10/07/2025	Effective Date 10/07/2025	Expiration Date 10/13/2025	Renew	

- You will get an email informing you that your Surrender request has been approved.



Replacement Card Service Request:

1. Initiate a Service Request

- Click the **Service Request** button.

2. Select Request Type

- On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant. They are License Surrender, and Replacement Card

- Select **Replacement Card**

Note: If you have recently applied for a license, the option of requesting a replacement license ID card will not be available. This option becomes visible and can be submitted only after 30 calendar days from the license issuance date.



Service Request

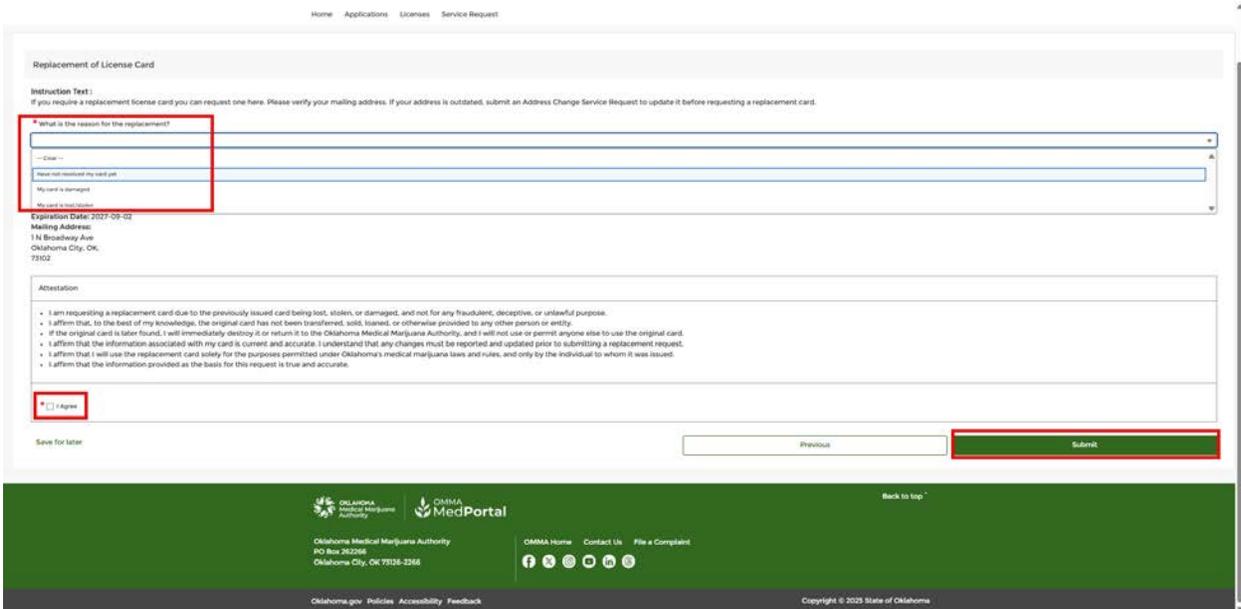
* Request Type

Select an Option

- Replacement of License Card
- License Surrender

Next

3. Complete reason for replacement card and attestation. Once completed select “Submit” button.



Home Applications Licenses Service Request

Replacement of License Card

Instruction Text:
If you require a replacement license card you can request one here. Please verify your mailing address. If your address is outdated, submit an Address Change Service Request to update it before requesting a replacement card.

* What is the reason for the replacement?

- Clear
- Have not received my card yet
- My card is damaged
- My card is lost/stolen

Expiration Date: 2027-09-02

Mailing Address:
1 N Broadway Ave
Oklahoma City, OK
73102

Attestation

- I am requesting a replacement card due to the previously issued card being lost, stolen, or damaged, and not for any fraudulent, deceptive, or unlawful purpose.
- I affirm that, to the best of my knowledge, the original card has not been transferred, sold, loaned, or otherwise provided to any other person or entity.
- If the original card is later found, I will immediately destroy it or return it to the Oklahoma Medical Marijuana Authority, and I will not use or permit anyone else to use the original card.
- I affirm that the information associated with my card is current and accurate. I understand that any changes must be reported and updated prior to submitting a replacement request.
- I affirm that I will use the replacement card solely for the purposes permitted under Oklahoma's medical marijuana laws and rules, and only by the individual to whom it was issued.
- I affirm that the information provided as the basis for this request is true and accurate.

I Agree

Save for later Previous Submit

Back to top

Oklahoma Medical Marijuana Authority
PO Box 262266
Oklahoma City, OK 73126-2266

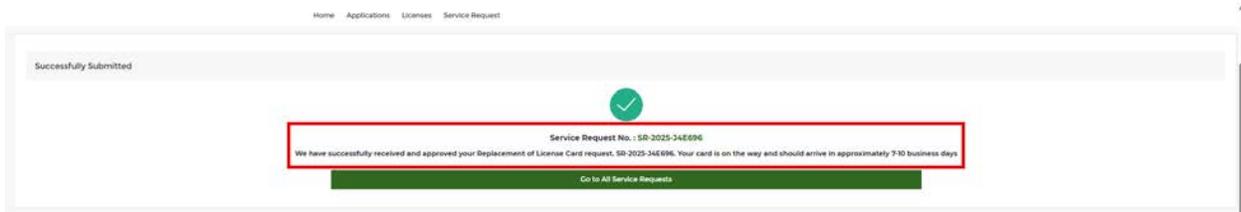
OMMA MedPortal

OMMA Home Contact Us File a Complaint

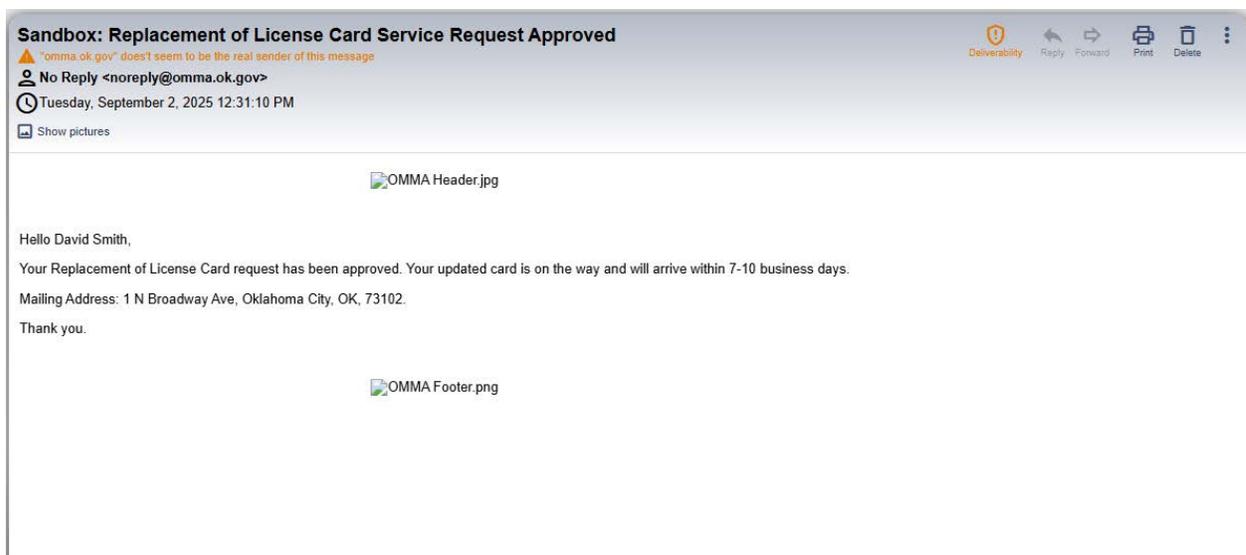
Oklahoma.gov Policies Accessibility Feedback

Copyright © 2025 State of Oklahoma

4. You will receive message that your service request has been successfully submitted and a replacement card will be sent to you in 7 to 10 days.



5. You will get an email that your replacement card has been approved and will be sent you in the next 7 to 10 days.



1. **Initiate a Service Request for Name Change, Address Change, and Email Change**
 - o Click the **Service Request** tab at top of your home page. At the Service Request page, select **'Raise Service Request'**
2. **Select Request Type – Address Change**

Service Request

* Request Type

Select an Option

Name Change

Address Change

License Renewal

3. Enter New Address

- Click **Next**.
- Enter your new address as prompted.
- Click **Submit**.

Address Change Service Request

Physical Address

* Street Address

541 N Council Rd Apt A

Unit No./Apt No.

541

* City

Oklahoma City

* State

Oklahoma

* County

Oklahoma

* Zip Code

73127

Mailing Address

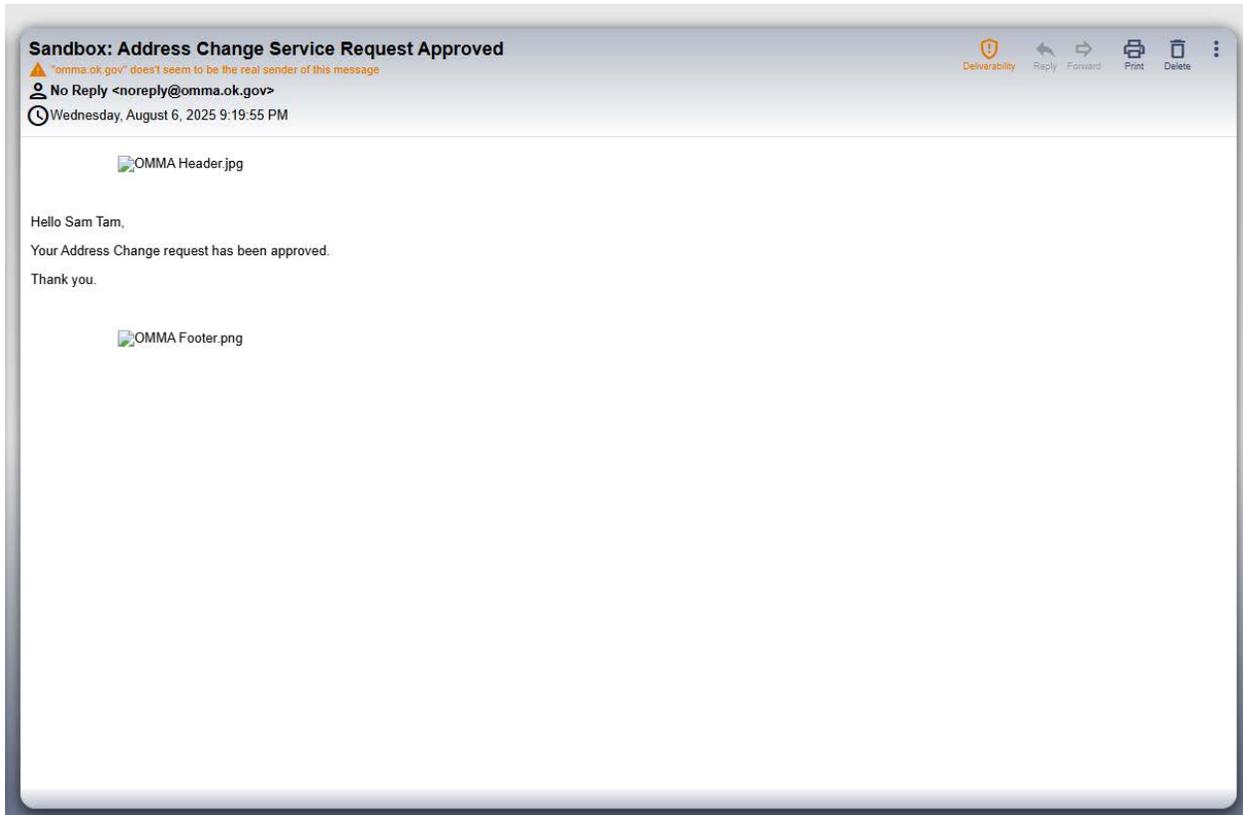
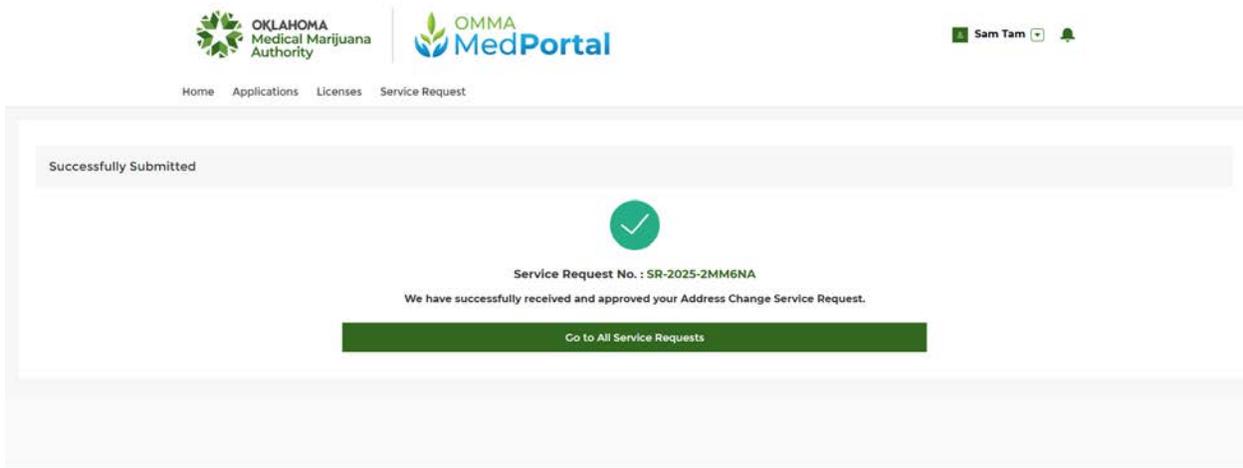
Mailing address is the same as Physical address.

Save for later

Submit

4. Confirmation

- You will see a successful message with your Service Request number, confirming that OMMA has received and approved your Address Change request.
- You will also receive an email with approval.



Name Change Service Request:

6. Initiate a Service Request

- Click the **Service Request** tab at top of your home page. At the Service Request page, select **'Raise Service Request'**

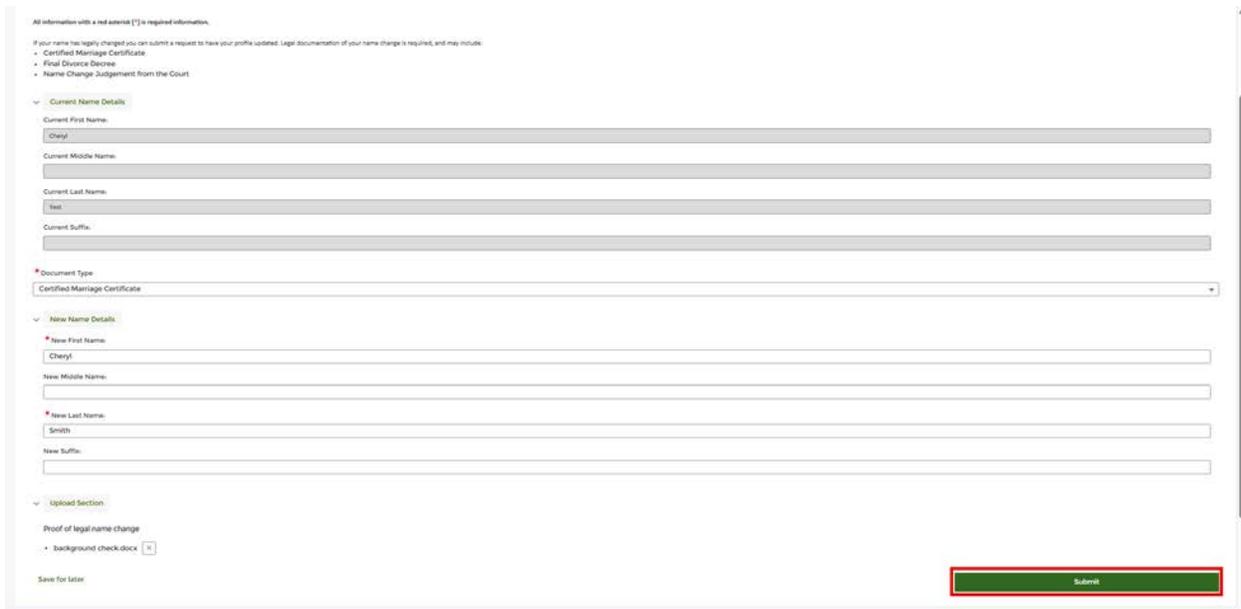
7. Select Request Type

- On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant. They are Name Change, Address Change and License Surrender.
- Select **Name Change**.



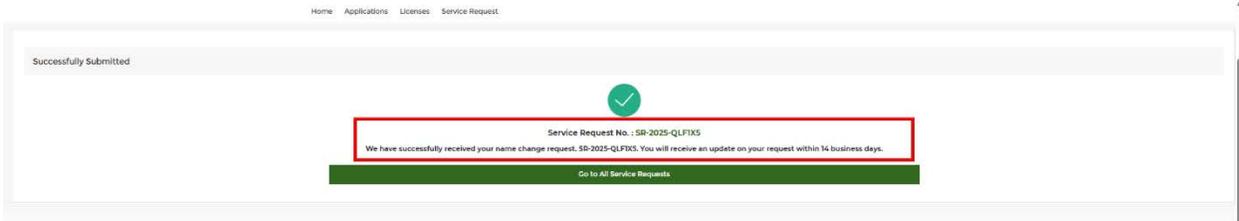
The screenshot shows the top navigation bar with the Oklahoma Medical Marijuana Authority logo, OMMA MedPortal logo, and a user profile for Cheryl Test. Below the navigation bar, the 'Service Request' page is displayed. A dropdown menu for 'Request Type' is open, showing three options: 'Name Change', 'Address Change', and 'License Surrender'. The 'Name Change' option is highlighted with a red border.

- ## 8. Complete Name change information and upload supporting documentation for name change. There is a drop down for acceptable documents.

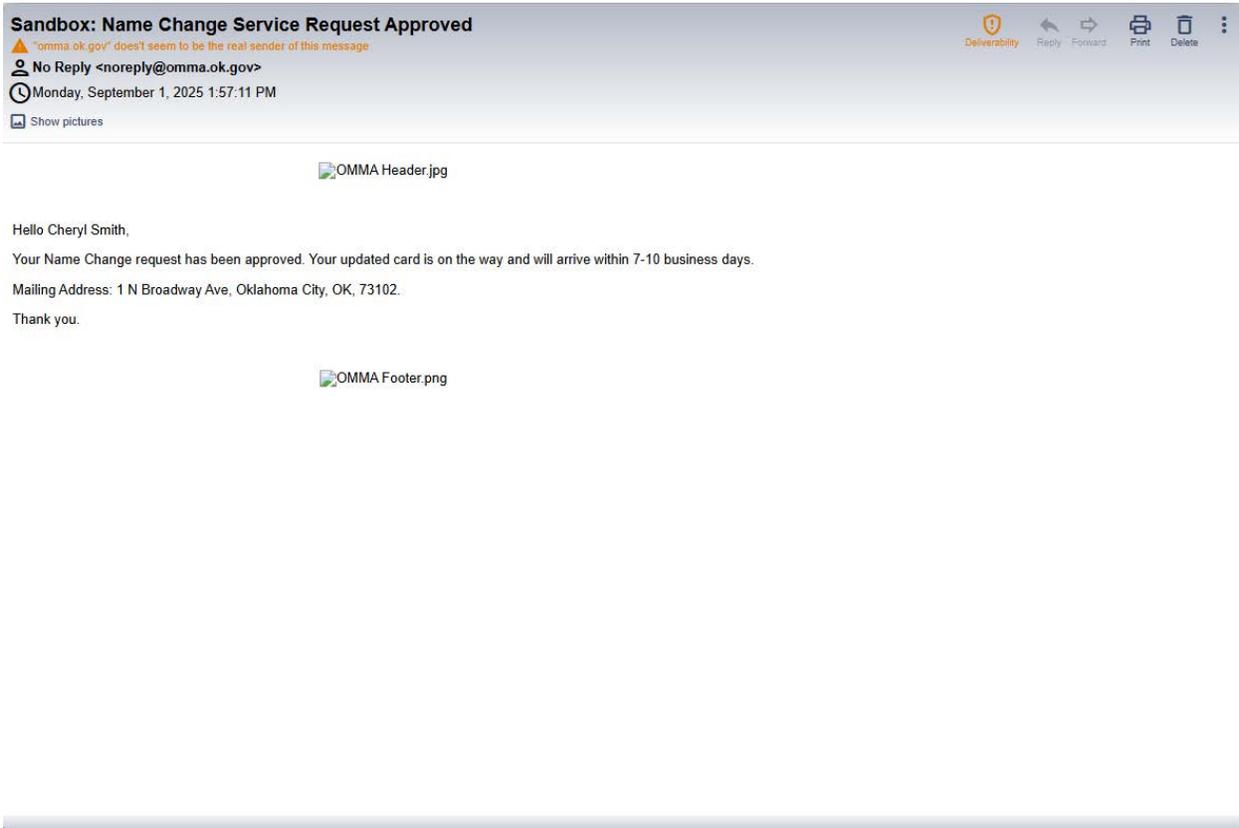


The screenshot shows the 'Name Change' form. It includes a 'Current Name Details' section with fields for First Name (Cheryl), Middle Name, Last Name (Test), and Suffix. Below this is a 'Document Type' dropdown menu set to 'Certified Marriage Certificate'. The 'New Name Details' section has fields for New First Name (Cheryl), Middle Name, Last Name (Smith), and Suffix. At the bottom, there is an 'Upload Section' with a 'background check.docx' file selected. A 'Submit' button is highlighted with a red border at the bottom right.

9. You will get confirmation that your Service Request has been received.



10. You will get email confirmation when Name change has been approved by OMMA.



Change Email address Service Request:

5. Initiate a Service Request from home page navigation bar

- Click the **Raise Service Request** button.

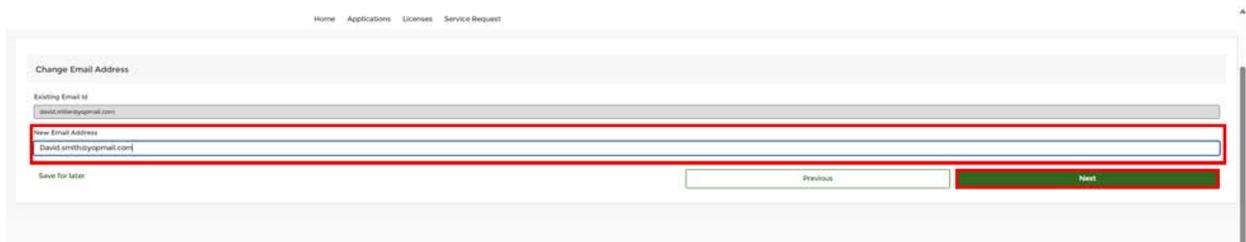


6. Select Request Type

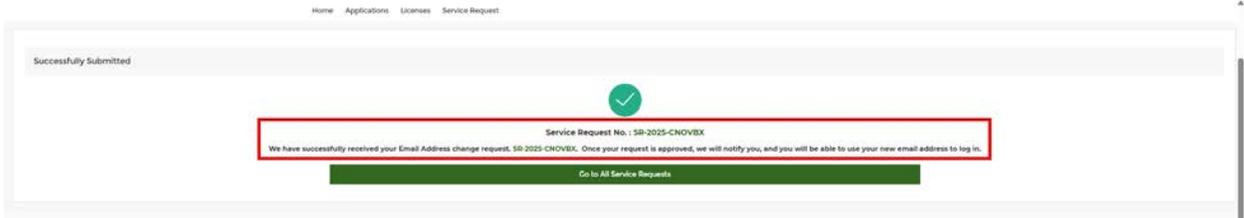
- On the next page, you will see a list of Request Types. The Service Request types in the drop down are the only ones available to this applicant.
- Select **Email Address Change**



7. Enter new Email Address.



8. You will receive a successful message with your Service Request number.

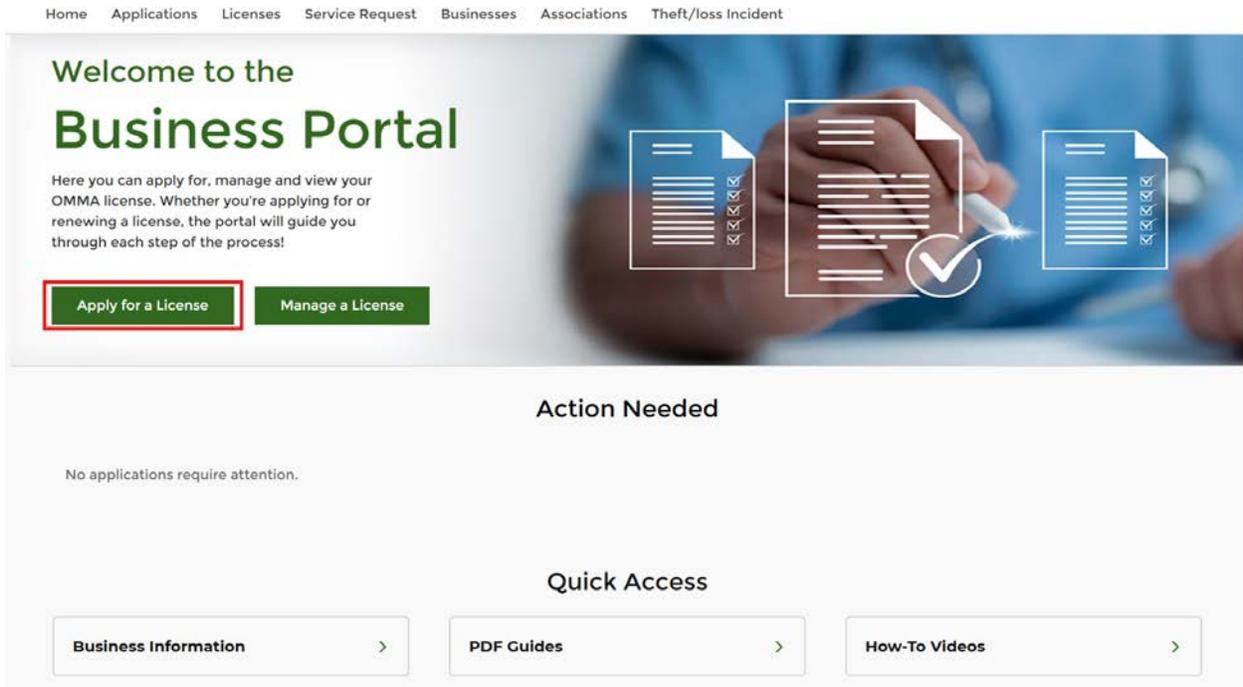


4. Commercial Licenses

4.1 Managing Owner – Business Registration

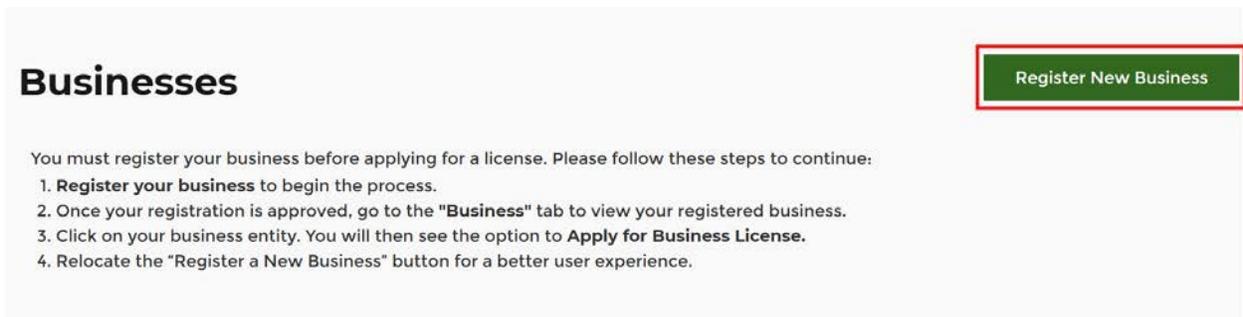
1. After logging in to the portal, navigate to the main page and click on “Apply for a License”.

If you do not already have an existing license, you will be automatically redirected to the business registration page to complete your registration before proceeding with the license application.



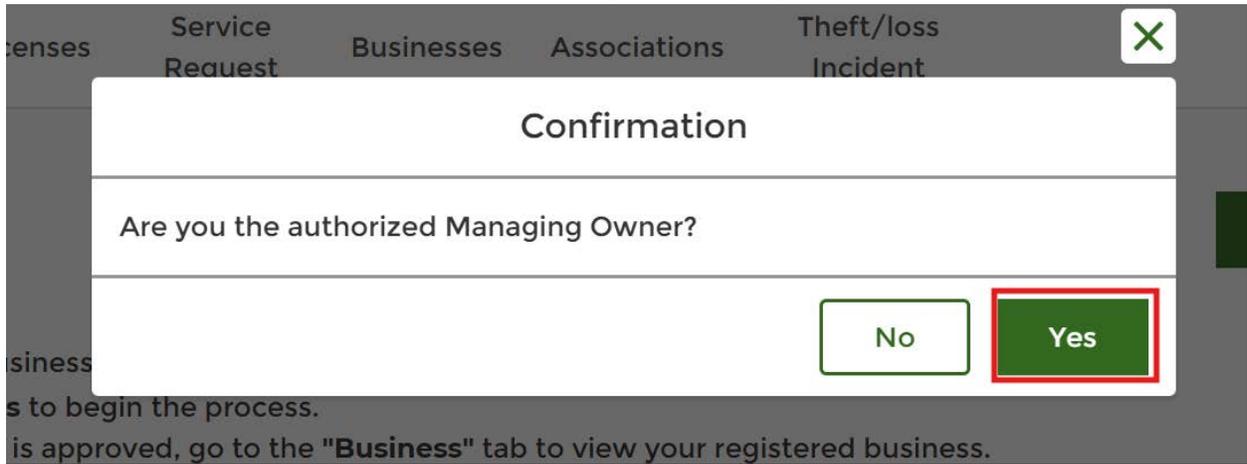
The screenshot shows the 'Business Portal' home page. At the top, there is a navigation menu with links: Home, Applications, Licenses, Service Request, Businesses, Associations, and Theft/loss Incident. Below the menu is a large banner with the text 'Welcome to the Business Portal'. Underneath the banner, there is a sub-header 'Action Needed' and a message: 'No applications require attention.' Below that is a 'Quick Access' section with three buttons: 'Business Information', 'PDF Guides', and 'How-To Videos'. At the bottom of the banner area, there are two buttons: 'Apply for a License' (highlighted with a red border) and 'Manage a License'.

2. Select “Register New Business”.



The screenshot shows the 'Businesses' registration page. At the top left, there is a heading 'Businesses'. At the top right, there is a button 'Register New Business' (highlighted with a red border). Below the heading, there is a paragraph: 'You must register your business before applying for a license. Please follow these steps to continue:'. Below the paragraph, there are four numbered steps: 1. Register your business to begin the process. 2. Once your registration is approved, go to the "Business" tab to view your registered business. 3. Click on your business entity. You will then see the option to Apply for Business License. 4. Relocate the "Register a New Business" button for a better user experience.

3. Select "Yes" if you are the authoring Managing Owner to move on.



The screenshot shows a web application interface with a dark grey background. At the top, there are several tabs: "Licenses", "Service Request", "Businesses", "Associations", and "Theft/loss Incident". A white dialog box titled "Confirmation" is centered on the screen. It contains the question "Are you the authorized Managing Owner?". Below the question are two buttons: "No" and "Yes". The "Yes" button is highlighted with a red border. A close button (X) is visible in the top right corner of the dialog box.

4. This page lists the responsibilities of the Managing Owner. You will then proceed to enter the Managing Owner's contact information.

Managing Owner Information

Instructions:

All information with a red asterisk (*) is required information.

Applicants must designate a “Managing Owner” for the business. This individual must hold an ownership interest in the entity and be authorized to act on its behalf in all matters related to licensure, inspection, and compliance. The Managing Owner must have full authority to oversee and manage the license application process from start to finish.

The Managing Owner will be responsible for:

- Submitting new license applications
- Resubmitting rejected applications
- Ensuring timely and accurate correction of any identified deficiencies
- Submitting renewal applications
- Surrendering licenses
- Paying invoices
- Submitting service requests
- Maintaining accurate information in the OMMA MedPortal
- Authorizing or managing ownership changes or transfers
- Accepting service of notices issued by OMMA in accordance with law
- Providing supporting documentation
- Communicating directly with OMMA regarding the status and content of any application
- Attesting to the accuracy and completeness of all submitted information

The Managing Owner must be capable of providing accurate and reliable information regarding the entity's operations, ownership structure, and compliance with all applicable laws and rules. This role should be assigned to an actively involved owner whom you trust to manage the licensing process and fulfill the business's compliance obligations

∨ **Managing Owner Contact**

* First Name

Middle Name

* Last Name

* Social Security Number

xxx-xx-6789

* Date of Birth

* Phone Number

Fax Number

* E-mail Address ⓘ

[Save for later](#)

Save & Continue

5. Once completed, select "Save & Continue"
6. Next you will submit the information for all the Business Owners. Select "Add Owner"

Business Owners

All information with a red asterisk (*) is required information.
Please only list people with an ownership stake in the company.
Remember: 75% of ownership must be from individuals with Oklahoma residency.
Oklahoma Resident Ownership: 0%
Non-Oklahoma Resident Ownership: 0%

The total ownership across all Owners of Interest is 100%, and 75% of ownership is from individuals with Oklahoma Residency

Business Owner(s)

Add Owners

Save for later

Previous

Save & Continue

Note: Information that was entered in the “Managing Owner Contact” section MUST be provided in the “Business Owners” section as an owner. If the information does not match, an error will occur. (First Name, Last Name, DOB, Email, SSN)

7. Enter the percentage of the business that this Owner owns. Then enter the owner’s personal information. Repeat this step for all your business owners.

New Business Owner

* Ownership Percentage in Business

* Title

Select an Option



Individual Information

* Legal First Name

Legal Middle Name

* Legal Last Name

* Birth Date

* Oklahoma Resident

Yes

No

* US Residency Status

* Social Security Number

- Next enter their address and contact information. If mailing address is the same as the physical address, select the “Mailing Address is the same as physical address” box.

Physical Address

* Street Address

Unit No./Apt No.

* City

* State

* Country of Residence

* Zip Code

Mailing address is the same as physical address

Mailing Address

* Street Address

Unit No./Apt No.

* City

* State

* Country of Residence

* Zip Code

Contact Information

* Telephone

Mobile Number

* E-mail Address

9. Answer these questions based on whether this owner has ever held another OMMA license in the past or has an associated entity. If answering “No” to both, select “Save” once completed. Move on to step 15.

Associated Business Licenses

* Has this individual ever held, or currently hold, another OMMA business license?

- Yes
- No

Associated Entities

Instruction Text:

Associated entities are those that have ownership in the business and the above listed Owner has a stake in that entity. For more information, see our Ownership Disclosure Instructions.

* Does this individual have ownership in an associated entity?

- Yes
- No

10. If you answer “Yes” to having ever held an OMMA License, click “Add Business License”

Associated Business Licenses

* Has this individual ever held, or currently hold, another OMMA business license?

- Yes
- No

Add Business Licenses

Business Name

Business Number

11. Enter the name of the business that has the OMMA license and the License number. Complete this step for all previous licenses held.

Business License

* Business Name

* Business License Number

Cancel

Save

12. Once completed, select "Save".

13. If answering "Yes" to having an associated entity, enter the entity name and the ownership percent.

Associated entities are those that have ownership in the business and the above listed Owner has a stake in that entity. For more information, see our Ownership Disclosure Instructions.

* Does this individual have ownership in an associated entity?

Yes

No

* Entity Name

* Ownership %

Cancel

Save

14. Once completed, select "Save".

15. Next, enter your business entity name and structure.

Entity Information

Instructions : All information with a red asterisk (*) is required information.

∨ Entity Information

* Business Structure

* Legal Name of Entity

16. Select “Yes” or “No” based on if your business operates under a different trade name.

a. If “Yes”, please enter your business trade name.

* Does your Legal Entity operate under a different Business name (Trade Name)?

Yes

No

* Assumed Business Name (Trade Name)

b. If “No”, move on.

17. Enter your business contact information.

▼ **Contact Information**

Operating Hours

* Business Phone

Business Fax

* Business Email

Business Website

18. Upload your “Certificate of Good Standing”.

▼ **Entity Documents**

* Upload a Certificate of Good Standing from the Oklahoma Secretary of State.

Error: Upload a Certificate of Good Standing from the Oklahoma Secretary of State. is required.

19. Once completed, select “Save & Continue”.

20. Enter your facility information. Enter facility address as well as facility mailing address. If your facility mailing address is the same as your facility address, please select the “Facility address is the same as facility mailing address” button.

Location Information

Instructions:

- All information with a red asterisk (*) is required information.

∨ Facility Address

* Street Address

100 N Walker Ave

* City

Oklahoma City

* State

Oklahoma ▼

* County

Oklahoma ▼

* Zip Code

73102

Coordinates - Longitude (X) ⓘ

-97.521022

Coordinates - Latitude (Y) ⓘ

35.468143

 Addresses are required. Only addresses located within the state of Oklahoma are accepted.

∨ Facility Mailing Address

Facility address is the same as Facility Mailing Address

* Street Address

* City

* State

Select an Option ▼

* Zip Code

Save for later

Previous

Save & Next

21. Once completed, select "Save & Next"

22. You will be directed to a confirmation page saying that your business registration is being reviewed by OMMA processing staff.

Confirmation

Thank you for Registering your Business. Registration Request will be reviewed by OMMA processing staff

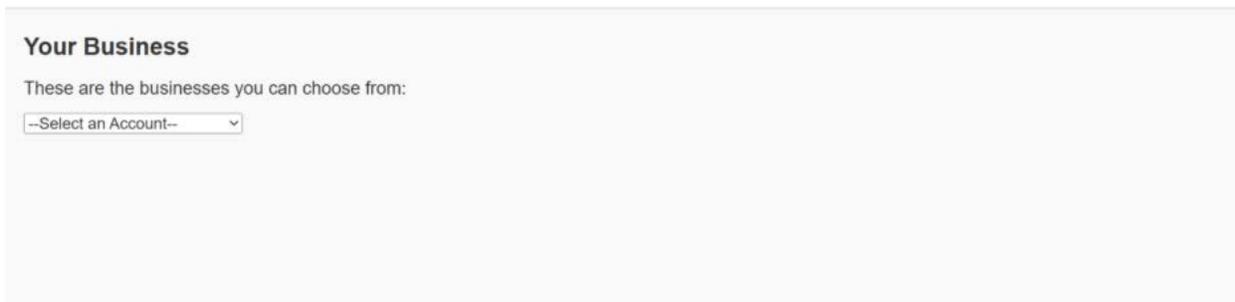
[Save for later](#)

4. 2 Delegates/Admins and Granting Access

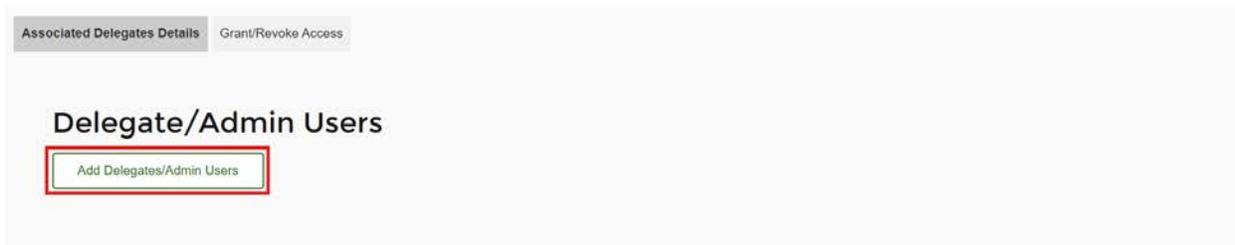
1. To grant Managing Ownership access, select “Manage Owners and Delegates” tab from the navigation bar.



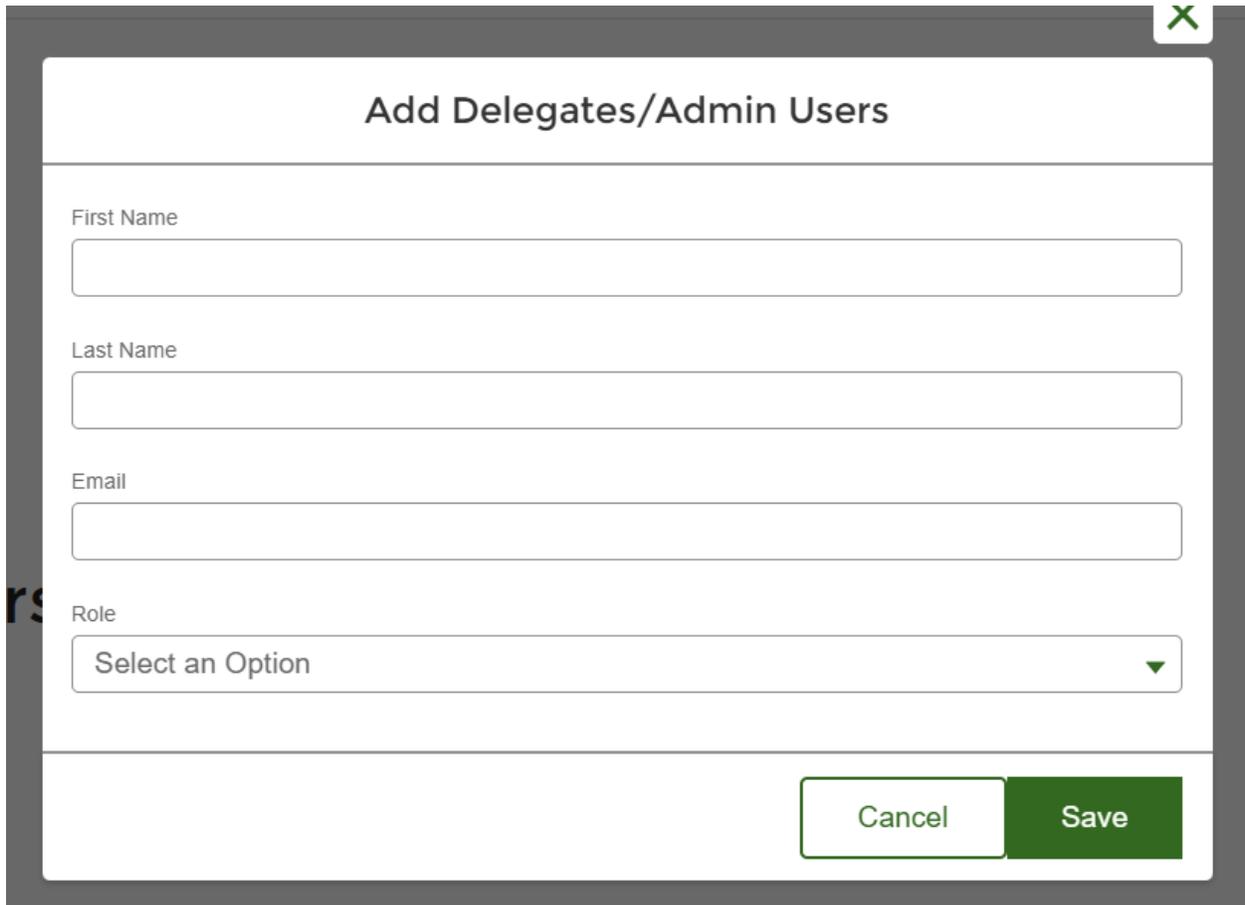
2. Select the business for which the Managing Owner would like to edit ownership access.



3. Under “Associated Delegates Details”, licensee can add Delegates/Admin Users.



4. Add Delegates/Admin Users pop-up screen will appear to enter in the details.



Add Delegates/Admin Users

First Name

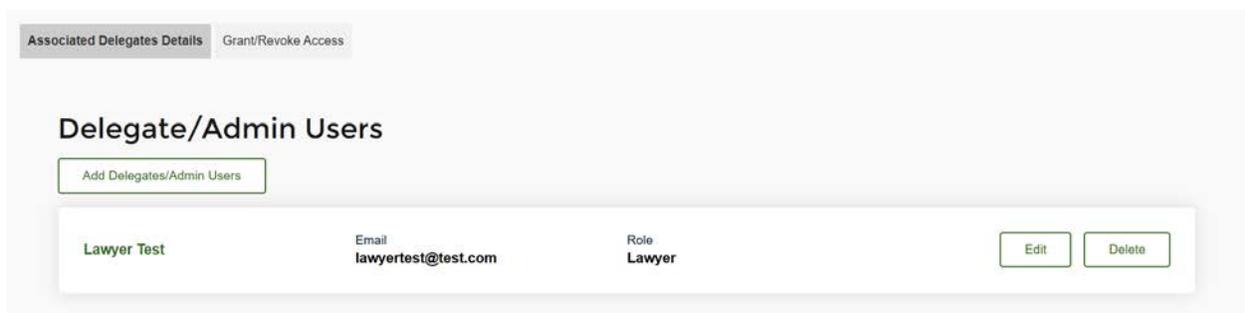
Last Name

Email

Role
Select an Option ▼

Cancel Save

5. The Delegate/Admin User is created, and the Managing Owner can edit or delete the user's record as needed.



Associated Delegates Details Grant/Revoke Access

Delegate/Admin Users

Add Delegates/Admin Users

Lawyer Test	Email lawyertest@test.com	Role Lawyer	Edit	Delete
-------------	------------------------------	----------------	------	--------

6. To grant access, select “Grant/Revoke Access”.

Your Business

These are the businesses you can choose from:

OSU LLC

Associated Delegates Details Grant/Revoke Access

Delegate/Admin Users

Add Delegates/Admin Users

7. Under the Owners/Other Users list, the Managing Owner can grant access to users who have already signed up. If a user has not signed up yet, the Managing Owner will be able to grant access once the user completes registration in the system.

Associated Delegates Details **Grant/Revoke Access**

Owners/Other Users

Managing Owners may only grant portal access to delegates who have already signed into the system.

Angela Test	Email angelatestdemo@yopmail.com	Role Owner/Manager Managing Owner
Lawyer Test	Email lawyertest@test.com	Role Lawyer

Delegate not signed up in System

- Once registration is complete, the Managing Owner can grant access. Selecting “Give Access” allows delegates or owners to access the specific business. Choosing “Provide Managing Owner Access” transfers Managing Owner authority to the selected user, and the current Managing Owner will lose their authority.

These are the businesses you can choose from:

OSU LLC

Associated Delegates Details **Grant/Revoke Access**

Owners/Other Users

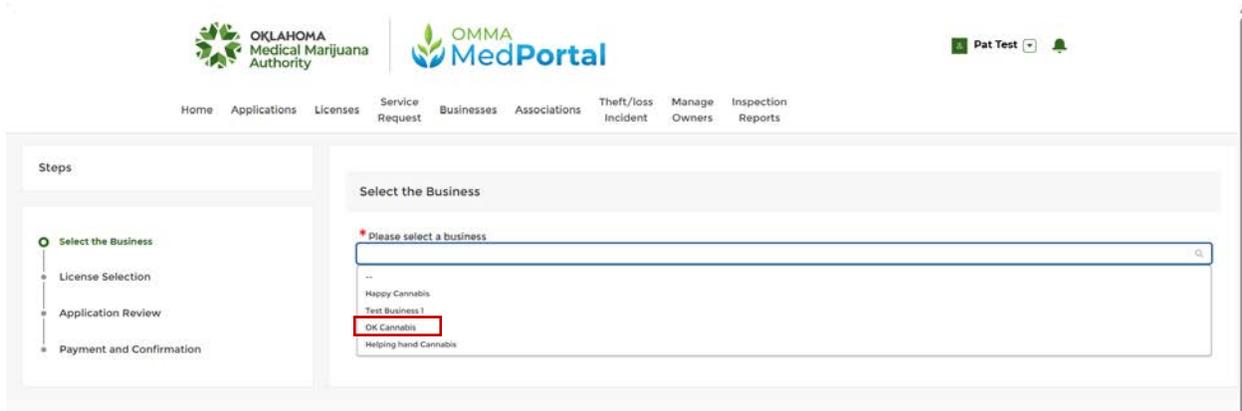
Name	Email	Role	Actions
Ankit Test	asdasd@qasdasd.com		<input type="button" value="Give Access"/> <input type="button" value="Provide Managing Owner Access"/>
Darrel Sheets	a@aa.com	Managing Owner	

4.3 Apply for License

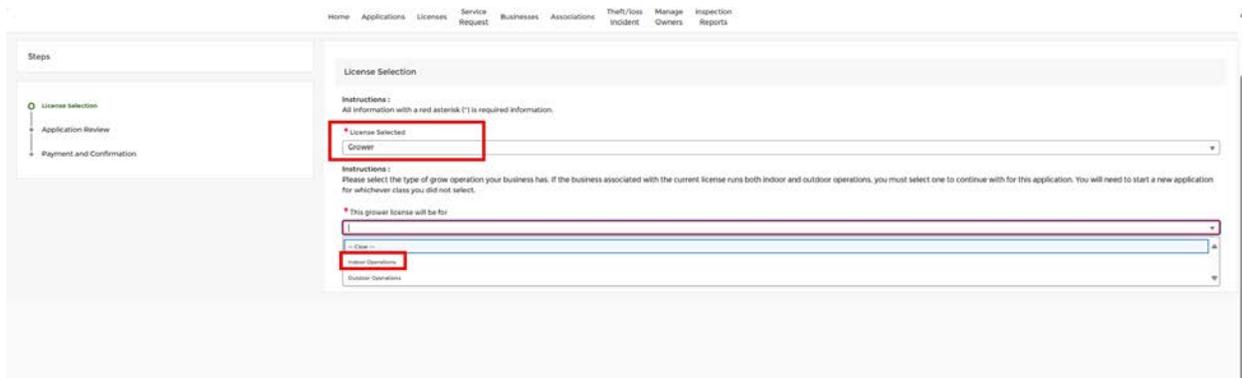
1. Applicant logs into home page, clicks on “Apply for a License”



2. The Applicant will select from an existing business. If they wanted to create a new business they would need to register the business first, by clicking on “Businesses” tab at top of home page.

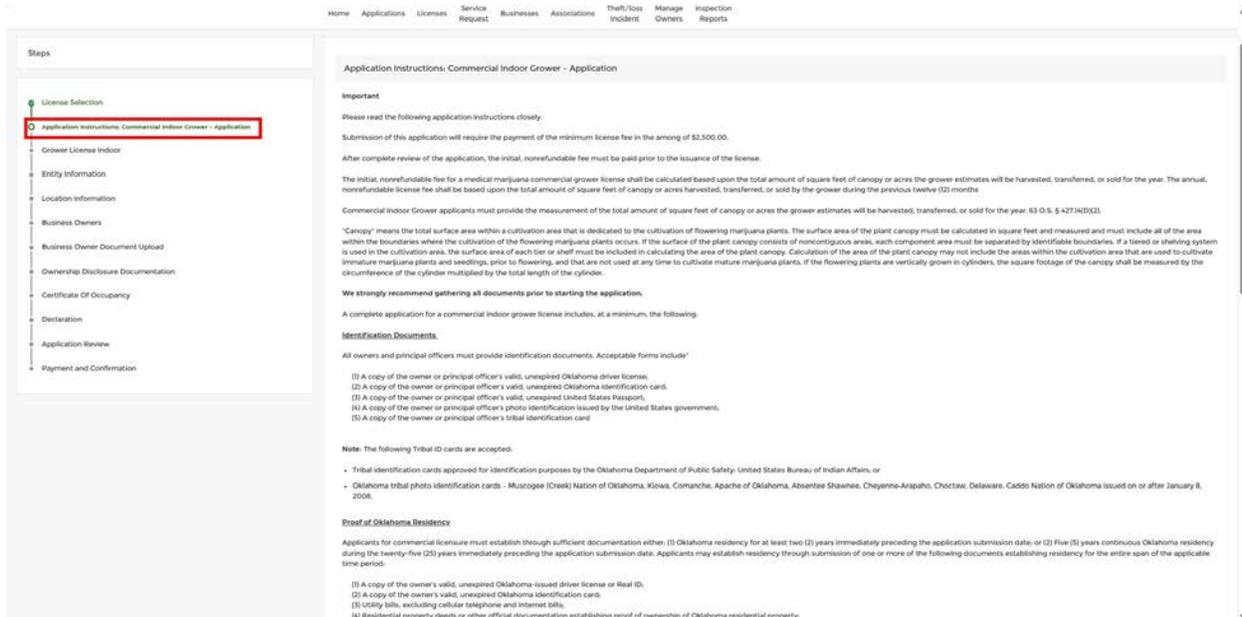


3. The Applicant will select License Type from drop down.



Grower License:

1. The Applicant will be provided with guided steps on the left side along with detailed instruction page.



Home Applications Licenses Service Request Businesses Associations Theft/loss Manage Inspection Reports

Steps

- License Selection
- Application Instructions: Commercial Indoor Grower - Application**
- Grower License Indoor
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Commercial Indoor Grower - Application

Important

Please read the following application instructions closely.

Submission of this application will require the payment of the minimum license fee in the amount of \$3,500.00.

After complete review of the application, the initial, nonrefundable fee must be paid prior to the issuance of the license.

The initial, nonrefundable fee for a medical marijuana commercial grower license shall be calculated based upon the total amount of square feet of canopy or acres the grower estimates will be harvested, transferred, or sold for the year. The annual, nonrefundable license fee shall be based upon the total amount of square feet of canopy or acres harvested, transferred, or sold by the grower during the previous twelve (12) months.

Commercial Indoor Grower applicants must provide the measurement of the total amount of square feet of canopy or acres the grower estimates will be harvested, transferred, or sold for the year: 63 O.S. § 427.H(2)(3).

*Canopy means the total surface area within a cultivation area that is dedicated to the cultivation of flowering marijuana plants. The surface area of the plant canopy must be calculated in square feet and measured and must include all of the area within the boundaries where the cultivation of the flowering marijuana plants occurs. If the surface of the plant canopy consists of noncontiguous areas, each component area must be separated by identifiable boundaries. If a tiered or shelving system is used in the cultivation area, the surface area of each tier or shelf must be included in calculating the area of the plant canopy. Calculation of the area of the plant canopy may not include the areas within the cultivation area that are used to cultivate immature marijuana plants and seedlings, prior to flowering, and that are not used at any time to cultivate mature marijuana plants. If the flowering plants are vertically grown in cylinders, the square footage of the canopy shall be measured by the circumference of the cylinder multiplied by the total length of the cylinder.

We strongly recommend gathering all documents prior to starting the application.

A complete application for a commercial indoor grower license includes, at a minimum, the following:

Identification Documents.

All owners and principal officers must provide identification documents. Acceptable forms include:

- (1) A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
- (2) A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
- (3) A copy of the owner or principal officer's valid, unexpired United States Passport;
- (4) A copy of the owner or principal officer's photo identification issued by the United States government;
- (5) A copy of the owner or principal officer's tribal identification card.

Note: The following Tribal ID cards are accepted:

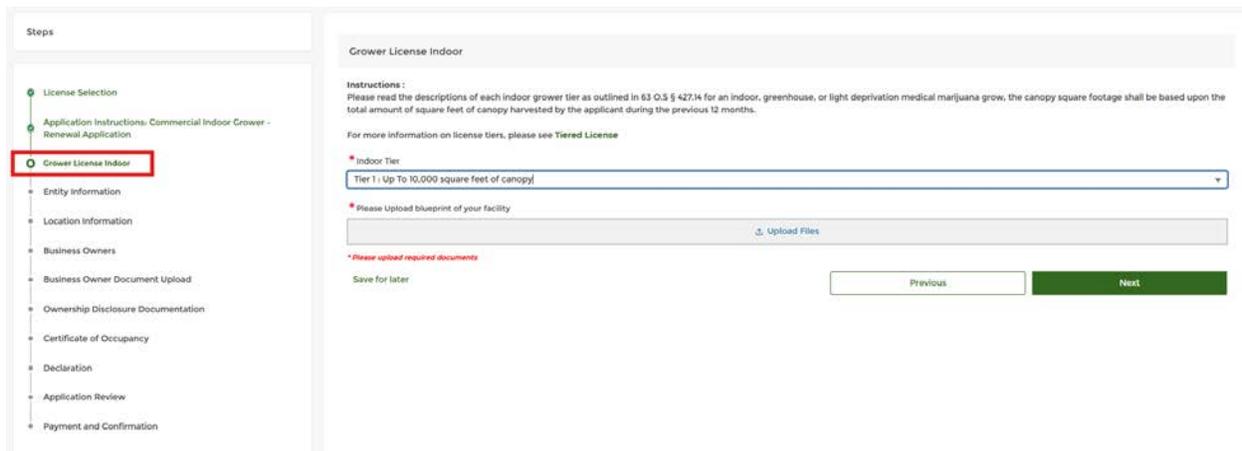
- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety, United States Bureau of Indian Affairs, or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

Applicants for commercial licensure must establish through sufficient documentation either: (1) Oklahoma residency for at least two (2) years immediately preceding the application submission date, or (2) Five (5) years continuous Oklahoma residency during the twenty-five (25) years immediately preceding the application submission date. Applicants may establish residency through submission of one or more of the following documents establishing residency for the entire span of the applicable time period:

- (1) A copy of the owner's valid, unexpired Oklahoma-issued driver license or Real ID;
- (2) A copy of the owner's valid, unexpired Oklahoma identification card;
- (3) Utility bills, excluding cellular telephone and internet bills;
- (4) Residential property deeds or other official documentation establishing proof of ownership of Oklahoma residential property.

2. The applicant will select Indoor or Outdoor Tier and upload their blueprint of facility.



Steps

- License Selection
- Application Instructions: Commercial Indoor Grower - Renewal Application
- Grower License Indoor**
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Grower License Indoor

Instructions :
Please read the descriptions of each indoor grower tier as outlined in 63 O.S. § 427.H for an indoor, greenhouse, or light deprivation medical marijuana grow, the canopy square footage shall be based upon the total amount of square feet of canopy harvested by the applicant during the previous 12 months.

For more information on license tiers, please see **Tiered License**

- Indoor Tier**
- Tier 1: Up To 10,000 square feet of canopy

Please Upload blueprint of your facility

Upload Files

*Please upload required documents

Save for later

Previous Next

Steps

- License Selection
- Application Instructions: Commercial Outdoor Grower – Renewal Application
- Grower License Outdoor**
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Grower License Outdoor

Instructions :
Please read the descriptions of each outdoor grower tier as outlined in 63 O.S. § 427.14 for an outdoor medical marijuana grow facility.
For more information on license tiers, please see [Tiered License](#)

* Outdoor Tier
Tier 1, Up To 2.5 acres

* Please upload a survey, plat, tract, or any document that will show the acreage of your outdoor medical marijuana grow facility
[Upload Files](#)

* Please upload required documents

Save for later

Previous **Next**

- Since the applicant selected an existing business information from business registration will be auto populated but can be edited with exception of legal name and business structure which is grayed out because it is non-editable. * Is required field that must be completed.

Home Applications Licenses Service Request Businesses Associations Traff./Loss Incident Manage Owners Inspection Reports

Steps

- License Selection
- Application Instructions: Commercial Indoor Grower – Application
- Grower License Indoor
- Entity Information**
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Entity Information

Instructions : All information with a red asterisk (*) is required information.

Entity Information

Business Structure
General Partnership

Legal Name of Entity
OK Cannabis

* Does your Legal Entity operate under a different Business name (Trade Name)?
 Yes
 No

* SSN / ITIN
xxx-xx-5555

Contact Information

Operating Hours

* Business Phone
(988) 329-4234

Business Fax

* Business Email
text@yopmail.com

Business Website

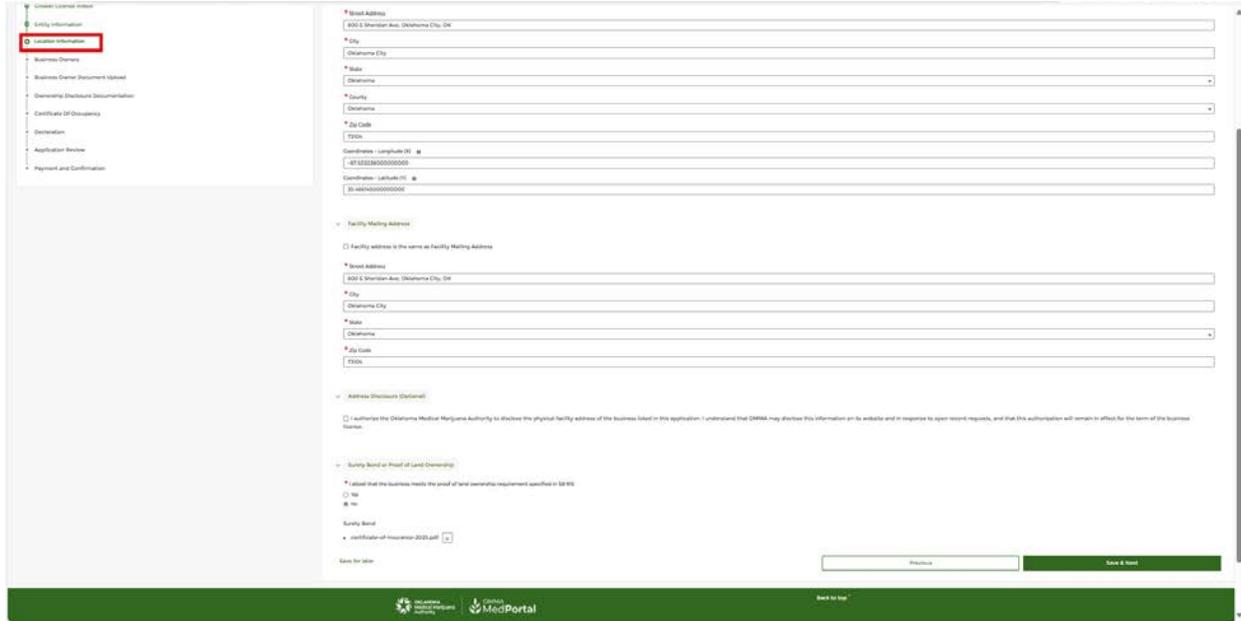
Entity Documents

Save for later

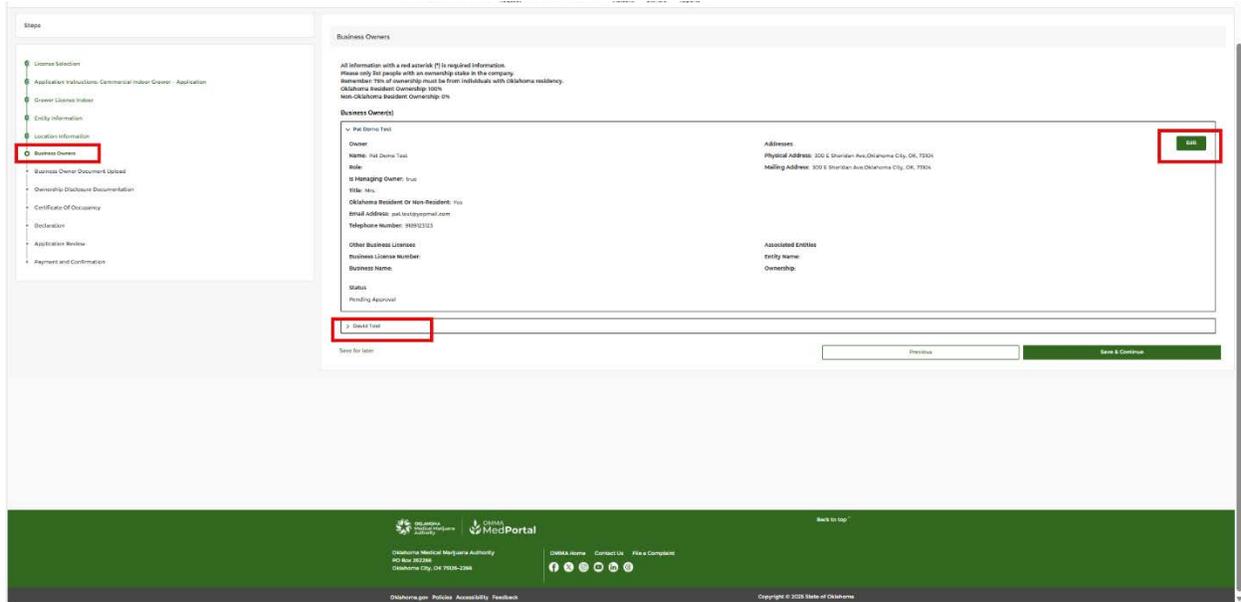
Previous **Save & Continue**

[Back to Top](#)

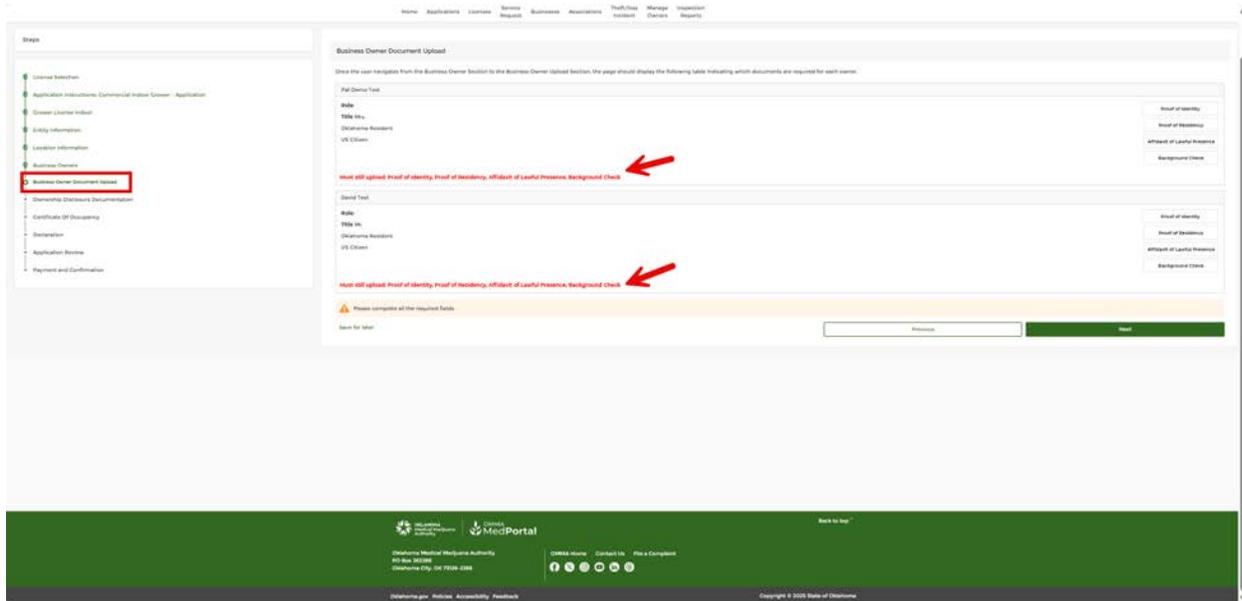
- The location information will also be populated, but editable if location has changed.



- Business Owner information is populated from business registration. When registering the business, the applicant is required to designate the Managing Owner. In this example, it is a sole proprietorship so there is only one owner. The Business Owner information can be edited by clicking on the edit button.



- For each owner, the applicant must upload required business owner documents. If the Driver License was issued more than 2 years ago, Proof of Residency is not required. The button will disappear if this business rule is met, otherwise the applicant will need to submit proof of residency documents as well.



The screenshot displays the 'Business Owner Document Upload' page. On the left, a 'Steps' sidebar lists various stages of the application process, with 'Business Owner Document Upload' highlighted in red. The main content area is titled 'Business Owner Document Upload' and includes a sub-header: 'Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.' Below this, there are two identical document upload sections. Each section has a 'Full Driver Test' header and a table of required documents. The first section's table lists 'Proof of Identity', 'Proof of Residency', 'Affidavit of Lawful Presence', and 'Background Check'. The second section's table lists 'Proof of Identity', 'Proof of Residency', 'Affidavit of Lawful Presence', and 'Background Check'. Red arrows point to the 'Proof of Residency' and 'Affidavit of Lawful Presence' rows in both tables. At the bottom of the page, there is a green footer containing the OMMA logo, contact information, and social media icons.

8. Upload provides user with text on what remains to be uploaded – Affidavit of Lawful Presence with a link in blue is provided and Background check information and Background Attestation.

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
Must still upload: Affidavit of Lawful Presence, Background Check	

 Please complete all the required fields.

Save for later Previous Next

Upload Lawful Presence Proof

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each individual applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.
If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

* Affidavit of Lawful Presence

* Please upload required documents

Business Owner Document

All information with a red asterisk (*) is required information. A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

* Background Check

* Please upload required documents

* Attestation Regarding National Background Check

* Please upload required documents

9. Once the uploads are completed the applicant there will be green text “All uploads completed.”

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	

Save for later Previous Next

10. The next section is the Ownership Disclosure documentation. Click on drop down for type of document. This is a document upload and allows multiple uploads, if necessary, by clicking on add.

Home Applications Licenses Service Request Businesses Associations Theft/Loss Incident Manage Owners Inspection Reports

Steps

- License Selection
- Application Instructions: Commercial Indoor Owner - Application
- Owner License Indoor
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation**
- Certificate of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Ownership Disclosure Documentation

Instructions: All information with a red asterisk (*) is required information.
Please provide documentation of all ownership interests in the business.

Upload Section

Document Type: Unified Partnership Agreements Add

Ownership Disclosure Documentation

Upload Files

DOC permit.jpg

Save for later Previous Next

11. Completed Certificate of Occupancy is required to be uploaded.

Home Applications Licenses Service Request Businesses Associations Theft/Loss Incident Manage Owners Inspection Reports

Steps

- License Selection
- Application Instructions: Testing Laboratory License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate of Occupancy**
- Lab Documentation
- Declaration
- Application Review
- Payment and Confirmation

Certificate of Occupancy

Instructions: All information with a red asterisk (*) is required information.
A Certificate of Occupancy is required with each application. If the Certificate of Occupancy is not completed your application will not be processed.

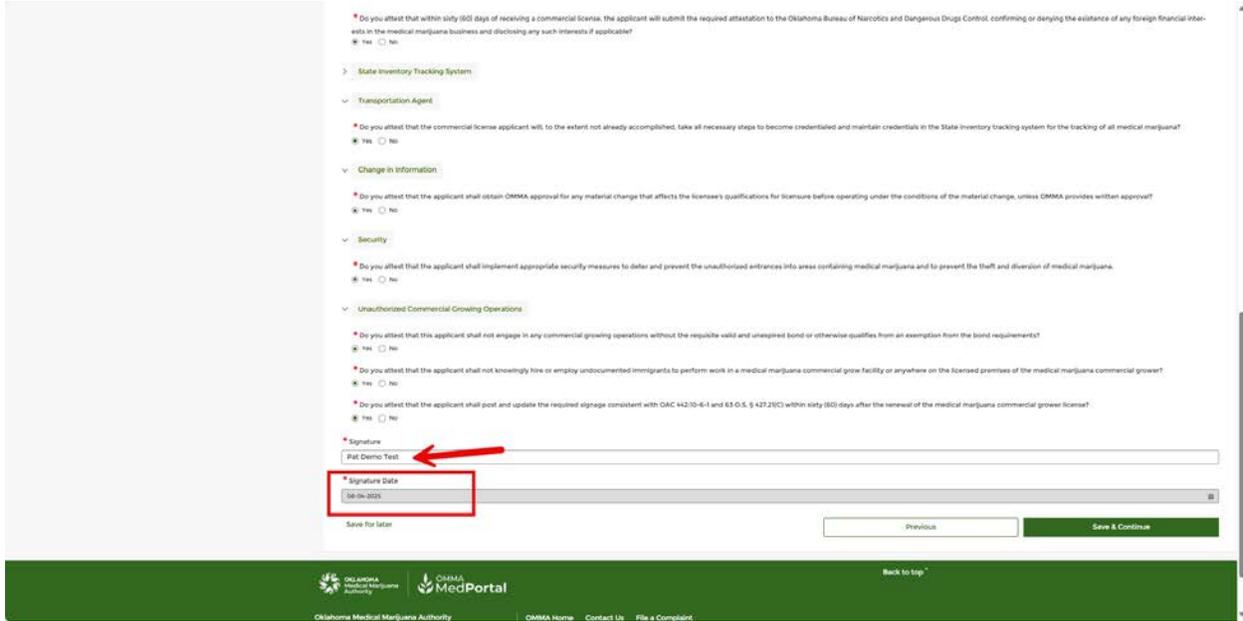
Upload Section

Certificate of Occupancy

Cert of Occupancy.jpg X

Save for later Previous Next

12. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.



Do you attest that within sixty (60) days of receiving a commercial license, the applicant will submit the required attestation to the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, confirming or denying the existence of any foreign financial interests in the medical marijuana business and disclosing any such interests if applicable?
 Yes No

State Inventory Tracking System

Transportation Agent

Do you attest that the commercial license applicant will, to the extent not already accomplished, take all necessary steps to become credentialed and maintain credentials in the State inventory tracking system for the tracking of all medical marijuana?
 Yes No

Change in Information

Do you attest that the applicant shall obtain OMMA approval for any material change that affects the licensee's qualifications for licensure before operating under the conditions of the material change, unless OMMA provides written approval?
 Yes No

Security

Do you attest that the applicant shall implement appropriate security measures to deter and prevent the unauthorized entrances into areas containing medical marijuana and to prevent the theft and diversion of medical marijuana.
 Yes No

Unauthorized Commercial Growing Operations

Do you attest that this applicant shall not engage in any commercial growing operations without the requisite valid and unexpired bond or otherwise qualifies from an exemption from the bond requirements?
 Yes No

Do you attest that the applicant shall not knowingly hire or employ undocumented immigrants to perform work in a medical marijuana commercial grow facility or anywhere on the licensed premises of the medical marijuana commercial grower?
 Yes No

Do you attest that the applicant shall post and update the required signage consistent with OAC 442:10-6-1 and 65 O.S. § 427.2(C) within sixty (60) days after the renewal of the medical marijuana commercial grower license?
 Yes No

Signature
Pat Demo Test

Signature Date
04-04-2020

Save for later Previous Save & Continue

Back to top

Oklahoma Medical Marijuana Authority OMMA MedPortal
Oklahoma Medical Marijuana Authority OMMA Home Contact Us File a Complaint

13. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- License Selection
- Application Instructions: Commercial Indoor Grower - Application
- Grower License Indoor
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Review

GROWERS LICENSE INDOOR

Indoor Tier: Tier 1: Up To 10,000 square feet of canopy Edit

ENTITY INFORMATION Edit

Business Structure: General Partnership
 Legal Name of Entity: OK Cannabis
 Does your Legal Entity operate under a different Business name (Trade Name)? No
 SSN/ITIN: 55555555
 Contact Information
 Operating Hours:
 Business Phone: 9181294214
 Business Fax:
 Business Email: test@yopmail.com
 Business Website:

LOCATION INFORMATION Edit

Facility Address
 Street: 600 E Sheridan Ave
 Unit: 600
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73104
 Longitude: -97.503238000000000
 Latitude: 35.466145000000000
 Country:

Facility address is the same as Facility Mailing Address: false

Mailing Address
 Street: 600 E Sheridan Ave
 Unit: 600
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73104
 Longitude: -97.503238000000000
 Latitude: 35.466145000000000
 Country:

LOCATION INFORMATION Edit

Unit: 600
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73104
 Longitude: -97.503238000000000
 Latitude: 35.466145000000000
 Country:

Facility address is the same as Facility Mailing Address: false

Mailing Address
 Street: 600 E Sheridan Ave
 Unit: 600
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73104
 Longitude: -97.503238000000000
 Latitude: 35.466145000000000
 Country:

I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the business license. true

I attest that the business meets the proof of land ownership requirement specified in SB 913. No

BUSINESS OWNER(S) Edit

BUSINESS OWNER DOCUMENT UPLOAD Edit

OWNERSHIP DISCLOSURE DOCUMENTATION Edit

CERTIFICATE OF OCCUPANCY Edit

Save for later

Previous

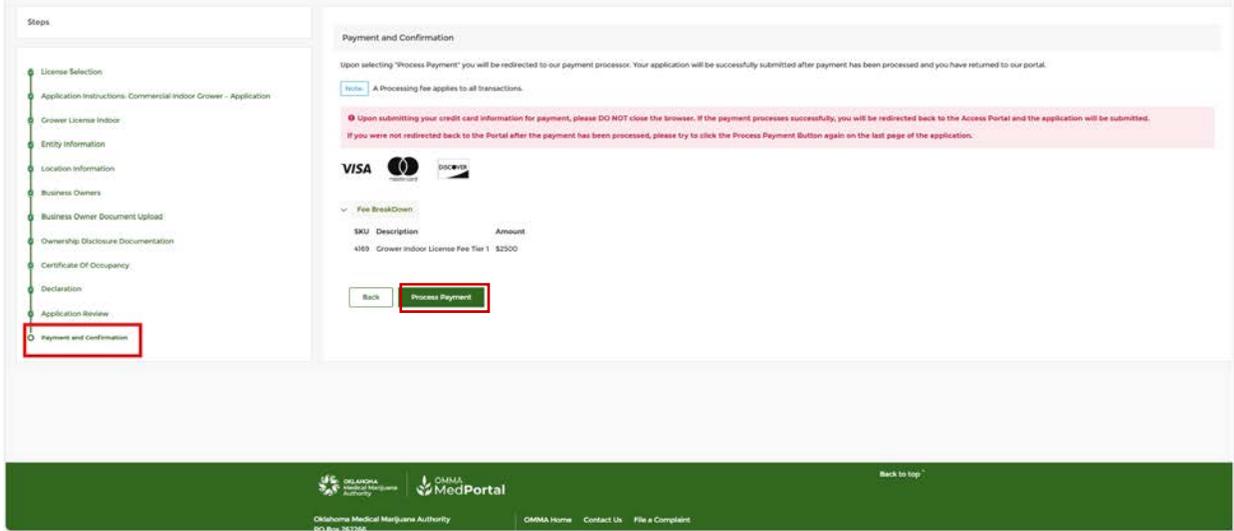
Download Application

Next



Back to Top

14. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.



Steps

- License Selection
- Application Instructions: Commercial Indoor Grower - Application
- Grower License Indoor
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation**

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note - A Processing fee applies to all transactions.

Upon submitting your credit card information for payment, please **DO NOT** close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted. If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.

VISA MASTERCARD DISCOVER

Fee Breakdown

SKU	Description	Amount
4169	Grower indoor License Fee Tier 1	\$2500

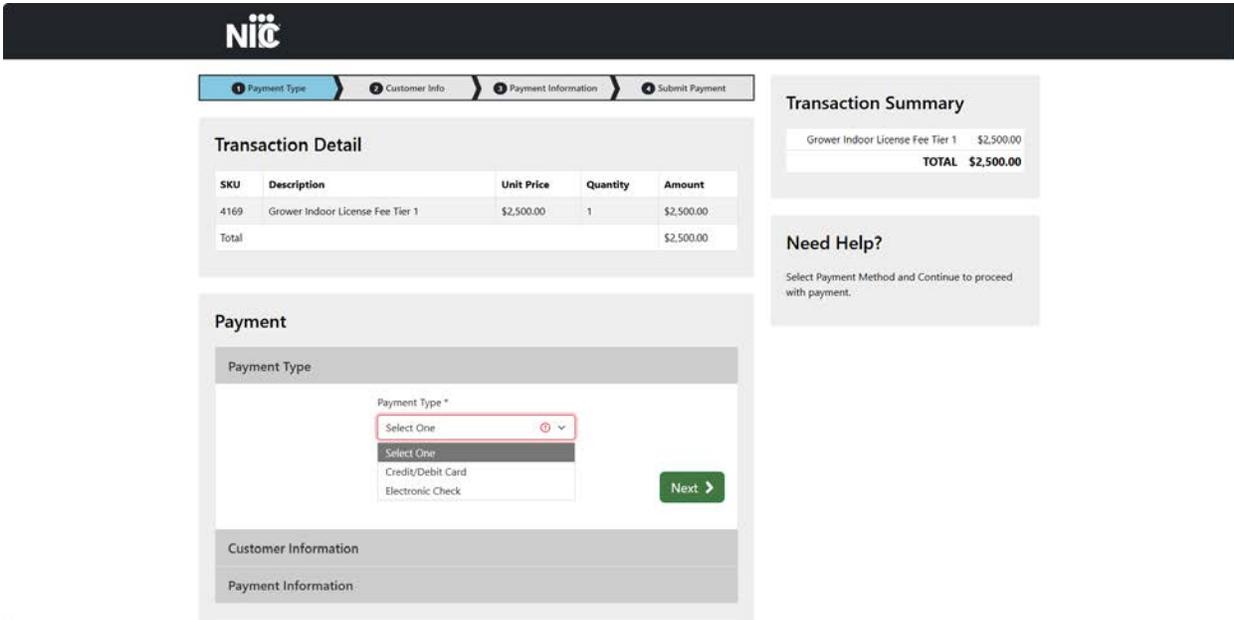
Back Process Payment

Back to Top

Oklahoma Medical Marijuana Authority OMMA MedPortal

Oklahoma Medical Marijuana Authority PO Box 262266 OMMA Home Contact Us File a Complaint

15. The applicant will be routed to NIC for payment. The following are screens they will see



NIC

1 Payment Type 2 Customer Info 3 Payment Information 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
4169	Grower Indoor License Fee Tier 1	\$2,500.00	1	\$2,500.00
Total				\$2,500.00

Payment

Payment Type

Payment Type *

Select One

Select One

Credit/Debit Card

Electronic Check

Next >

Customer Information

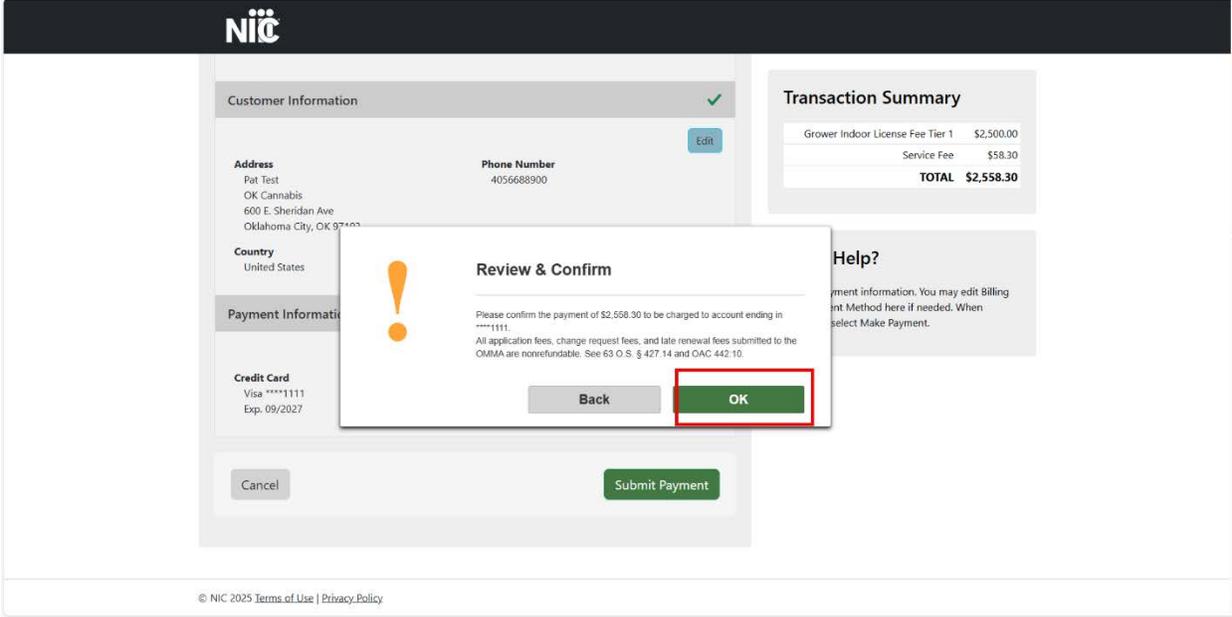
Payment Information

Transaction Summary

Grower Indoor License Fee Tier 1	\$2,500.00
TOTAL	\$2,500.00

Need Help?

Select Payment Method and Continue to proceed with payment.



NiC

Customer Information ✓ Edit

Address
Pat Test
OK Cannabis
600 E. Sheridan Ave
Oklahoma City, OK 97103

Phone Number
4056688900

Country
United States

Payment Information

Credit Card
Visa ****1111
Exp. 09/2027

Transaction Summary

Grower Indoor License Fee Tier 1	\$2,500.00
Service Fee	\$58.30
TOTAL	\$2,558.30

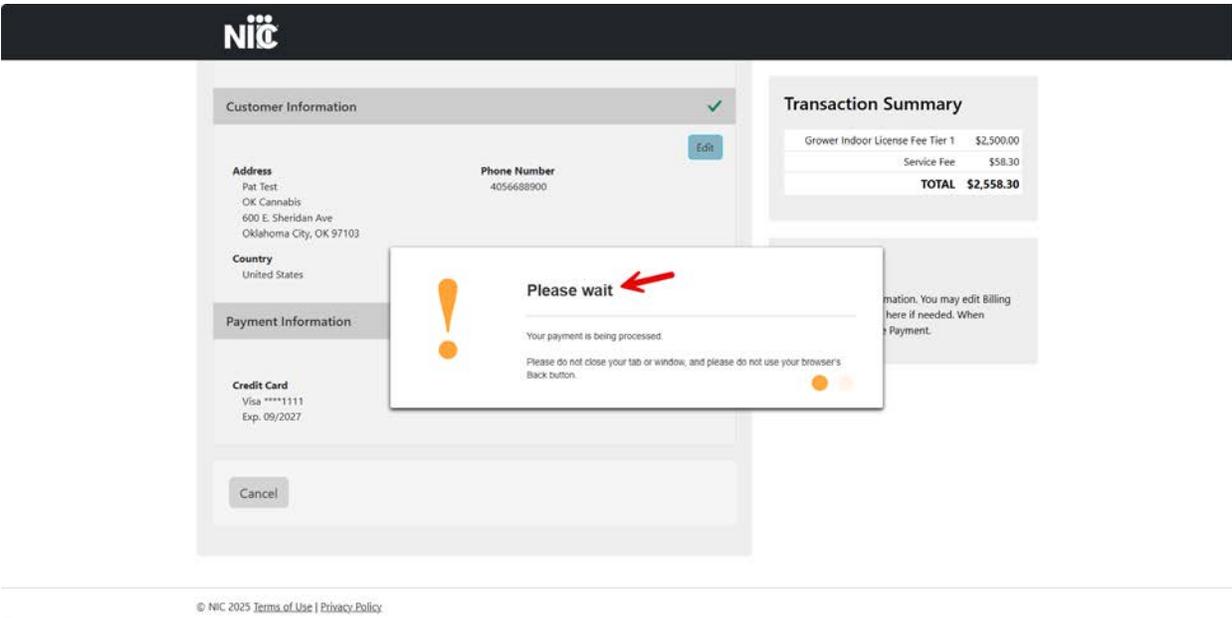
Review & Confirm

Please confirm the payment of \$2,558.30 to be charged to account ending in ****1111.
All application fees, change request fees, and late renewal fees submitted to the OMMA are nonrefundable. See 63 O.S. § 427-14 and OAC 442-10.

Back **OK**

Cancel Submit Payment

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NiC

Customer Information ✓ Edit

Address
Pat Test
OK Cannabis
600 E. Sheridan Ave
Oklahoma City, OK 97103

Phone Number
4056688900

Country
United States

Payment Information

Credit Card
Visa ****1111
Exp. 09/2027

Transaction Summary

Grower Indoor License Fee Tier 1	\$2,500.00
Service Fee	\$58.30
TOTAL	\$2,558.30

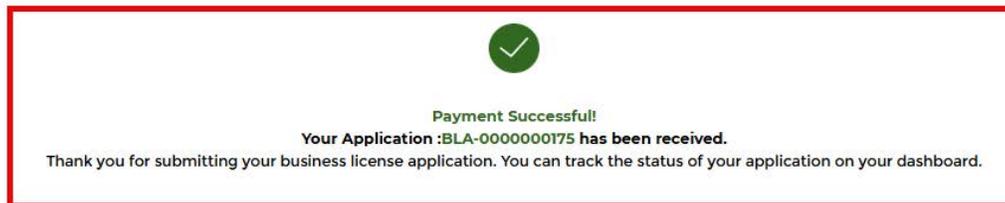
Please wait ←

Your payment is being processed.
Please do not close your tab or window, and please do not use your browser's Back button.

Cancel

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16. The applicant will get payment successful message, and they will get a receipt to their email address.



Processor License:

1. The Applicant will be provided with guided steps on the left side along with detailed instruction page.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application**
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Commercial Processor License - Application

IMPORTANT:

Please read the following application instructions closely.

Submission of this application will require the payment of the minimum license fee of two thousand five hundred dollars (\$2,500.00) plus processing fees.

After complete review of the application, the initial, nonrefundable fee must be paid prior to the issuance of the license. The initial, nonrefundable fee for a medical marijuana processor is two thousand five hundred dollars (\$2,500.00)

We strongly recommend gathering all documents prior to starting the application.

A complete application for a commercial processor license includes, at a minimum, the following:

Identification Documents

All owners and principal officers must provide identification documents. Acceptable forms include :

1. A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
2. A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
3. A copy of the owner or principal officer's valid, unexpired United States Passport;
4. A copy of the owner or principal officer's photo identification issued by the United States government;
5. A copy of the owner or principal officer's tribal identification card

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety; United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

Applicants for commercial licensure must establish through sufficient documentation either (1) Oklahoma residency for at least two (2) years immediately preceding the application submission date; or (2) Five (5) years continuous Oklahoma residency during the twenty-five (25) years immediately preceding the application submission date. Applicants may establish residency through submission of one or more of the following documents establishing residency for the entire span of the applicable time period:

2. At the Processor License Category, select the category type and submit required documents or complete the attestation for non-hazardous.

Processor License Category

Instruction : All information with a red asterisk (*) is required information.

Hazardous Processor License : A hazardous processing license applies to any processor license that performs an extraction method that utilizes a chemical considered hazardous by the OSHA Hazard Communication standard (29 CFR 1910 1200)

Non-Hazardous Processor License : A non-hazardous processing license applies to any processor license that performs an extraction method that does not utilize a chemical considered hazardous by the OSHA Hazard Communication Standard (29 CFR 1910 1200)

Field

* Select the Category of Processor License

Hazardous Processor
▼

* Safety Data Sheet

Upload Files

** Please upload required documents*

Save for later

Previous

Next

Processor License Category

Instruction : All information with a red asterisk (*) is required information.

Hazardous Processor License : A hazardous processing license applies to any processor license that performs an extraction method that utilizes a chemical considered hazardous by the OSHA Hazard Communication standard (29 CFR 1910 1200)

Non-Hazardous Processor License : A non-hazardous processing license applies to any processor license that performs an extraction method that does not utilize a chemical considered hazardous by the OSHA Hazard Communication Standard (29 CFR 1910 1200)

Field

* Select the Category of Processor License

Non-Hazardous Processor

I attest that this processor license will not perform an extraction method that utilizes a chemical considered hazardous by the OSHA Hazard Communication Standard (29 CFR 1910.1200)

Save for later

Previous

Next

- Since the applicant selected an existing business information from business registration will be auto populated but can be edited with exception of legal name and business structure which is grayed out because it is non-editable. * Is required field that must be completed.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information**
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Entity Information

Instructions : All information with a red asterisk (*) is required information.

Entity Information

Business Structure
Limited Liability Company (LLC)

Legal Name of Entity
Great Business

* Does your Legal Entity operate under a different Business name (Trade Name)?

Yes
 No

Employer ID
1143981

Contact Information

Entity Documents

* Upload a Certificate of Good Standing from the Oklahoma Secretary of State.

Upload Files

Please upload required documents

Please upload required documents

Save for later

Previous

Save & Continue

- The location information will also be populated, but editable if location has changed.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Location Information

Instructions:

- All information with a red asterisk (*) is required information.

Facility Address

* Street Address

* City

* State

* Zip Code

* Coordinates - Longitude (X)

* Coordinates - Latitude (Y)

⚠ Addresses are required. Only addresses located within the state of Oklahoma are accepted.

Facility Mailing Address

Facility address is the same as Facility Mailing Address

- Business Owner information is populated from business registration. When registering the business, the applicant is required to designate the Managing Owner.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owners

All information with a red asterisk (*) is required information. Please only list people with an ownership stake in the company. Remember: 75% of ownership must be from individuals with Oklahoma residency. Oklahoma Resident Ownership: 50% Non-Oklahoma Resident Ownership: 0%

The total ownership across all Owners is 100%, and 75% of ownership is from individuals with Oklahoma Residency

Business Owner(s)

Angela Test [Edit](#)

Owner	Addresses
Name: Angela Test	Physical Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104
Role: Owner/Manager	Mailing Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104
Is Managing Owner: true	
Title: Mrs.	
Oklahoma Resident Or Non-Resident: Yes	
Email Address: angelatstdemo@yopmail.com	
Telephone Number: 9189189189	

Other Business Licenses	Associated Entities
Business License Number:	Entity Name:
Business Name:	Ownership:

Status
Approved

Save for later
Previous
Save & Continue

- For each owner, the applicant must upload required business owner documents. If the Driver License was issued more than 2 years ago, Proof of Residency is not required. The button will disappear if this business rule is met, otherwise the applicant will need to submit proof of residency documents as well.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload**
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

Angela Test	
Role: Owner/Manager	<input type="checkbox"/> Proof of Identity
Title Mrs.	<input type="checkbox"/> Proof of Residency
Oklahoma Resident	<input type="checkbox"/> Affidavit of Lawful Presence
US Citizen	<input type="checkbox"/> Background Check

Must still upload: Proof of Identity, Proof of Residency, Affidavit of Lawful Presence, Background Check

⚠ Please complete all the required fields.

Save for later

8. Upload provides user with text on what remains to be uploaded – Affidavit of Lawful Presence with a link in blue is provided and Background check information and Background Attestation.

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
Must still upload: Affidavit of Lawful Presence, Background Check	

 Please complete all the required fields.

Save for later Previous Next

Upload Lawful Presence Proof

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each individual applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.
If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

* Affidavit of Lawful Presence

* Please upload required documents

Business Owner Document

All information with a red asterisk (*) is required information. A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

* Background Check

* Please upload required documents

* Attestation Regarding National Background Check

* Please upload required documents

9. Once the uploads are completed the applicant there will be green text “All uploads completed.”

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	

Save for later Previous Next

10. The next section is the Ownership Disclosure documentation. Click on drop down for type of document. This is a document upload and allows multiple uploads, if necessary, by clicking on add.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation**
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Ownership Disclosure Documentation

Instructions :
All information with a red asterisk (*) is required information.
Please provide documentation of all ownership interests in the business.

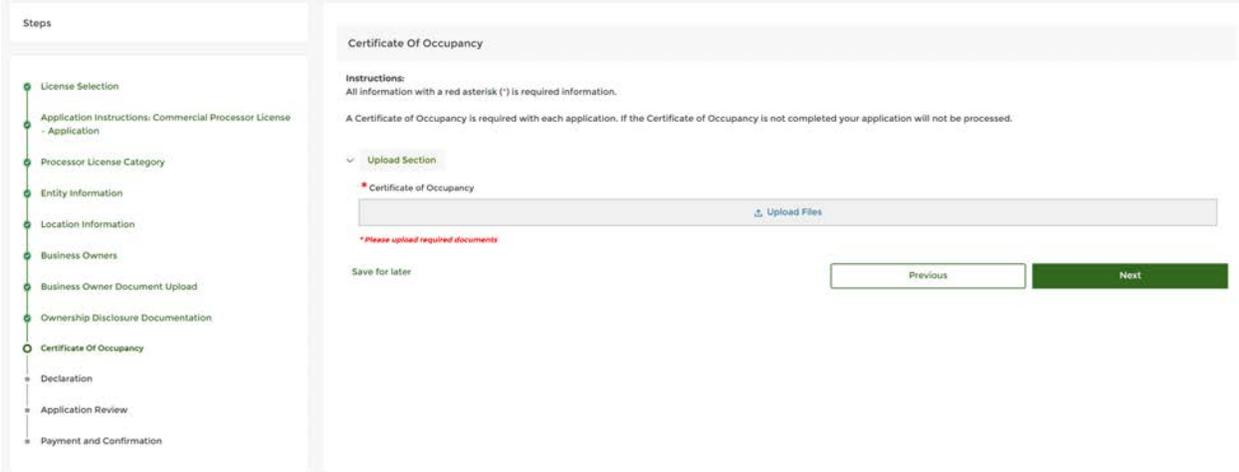
Upload Section Add

* Document Type
Select an Option

⚠ Please Upload all document

Save for later Previous Next

11. Completed Certificate of Occupancy is required to be uploaded.



Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy**
- Declaration
- Application Review
- Payment and Confirmation

Certificate Of Occupancy

Instructions:
All information with a red asterisk (*) is required information.

A Certificate of Occupancy is required with each application. If the Certificate of Occupancy is not completed your application will not be processed.

Upload Section

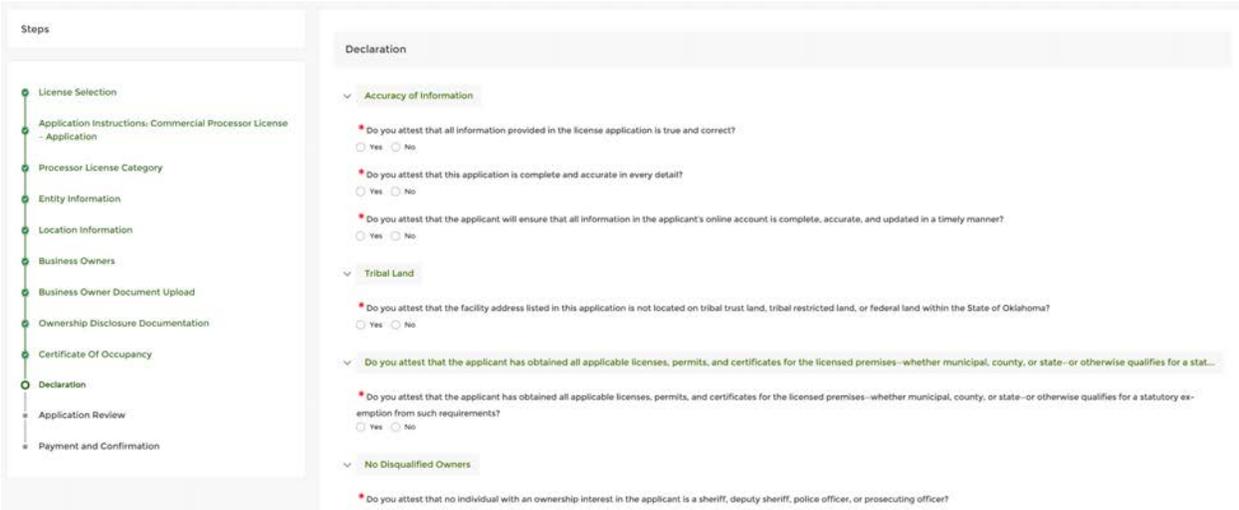
- * Certificate of Occupancy

[Upload Files](#)

*Please upload required documents!

Save for later Previous **Next**

12. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.



Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration**
- Application Review
- Payment and Confirmation

Declaration

Accuracy of Information

- * Do you attest that all information provided in the license application is true and correct?
 Yes No
- * Do you attest that this application is complete and accurate in every detail?
 Yes No
- * Do you attest that the applicant will ensure that all information in the applicant's online account is complete, accurate, and updated in a timely manner?
 Yes No

Tribal Land

- * Do you attest that the facility address listed in this application is not located on tribal trust land, tribal restricted land, or federal land within the State of Oklahoma?
 Yes No

Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises—whether municipal, county, or state—or otherwise qualifies for a statutory exemption from such requirements?

- * Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises—whether municipal, county, or state—or otherwise qualifies for a statutory exemption from such requirements?
 Yes No

No Disqualified Owners

- * Do you attest that no individual with an ownership interest in the applicant is a sheriff, deputy sheriff, police officer, or prosecuting officer?
 Yes No

13. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review**
- Payment and Confirmation

Application Review

PROCESSOR LICENSE CATEGORY Edit

Category of Processor License: Hazardous Processor

ENTITY INFORMATION Edit

Business Structure: Limited Liability Company (LLC)
Legal Name of Entity: Great Business
Does your Legal Entity operate under a different Business No name (Trade Name)? No
Employer ID: 1183981
Contact Information
Operating Hours:
Business Phone: 2132523233
Business Fax:
Business Email: great@biz.com
Business Website:

LOCATION INFORMATION Edit

Facility Address
Street: 100 E Sheridan Ave
Unit:
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.5032180000000000
Latitude: 35.4664500000000000
Country: US

LOCATION INFORMATION Edit

Mailing Address
Street: 600 E Sheridan Ave
Unit: 600
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.5032180000000000
Latitude: 35.4664500000000000
Country: US

Facility address is the same as Facility Mailing Address: True

I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the business license. True

I attest that the business meets the proof of land ownership requirement specified in SB 913. No

BUSINESS OWNER(S) Edit

BUSINESS OWNER DOCUMENT UPLOAD Edit

OWNERSHIP DISCLOSURE DOCUMENTATION Edit

CERTIFICATE OF OCCUPANCY Edit

Save for later Previous Download Application Next

14. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- License Selection
- Application Instructions: Commercial Processor License - Application
- Processor License Category
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation**

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please **DO NOT** close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





Fee BreakDown

SKU	Description	Amount
7762	Processor License Fee	\$2500

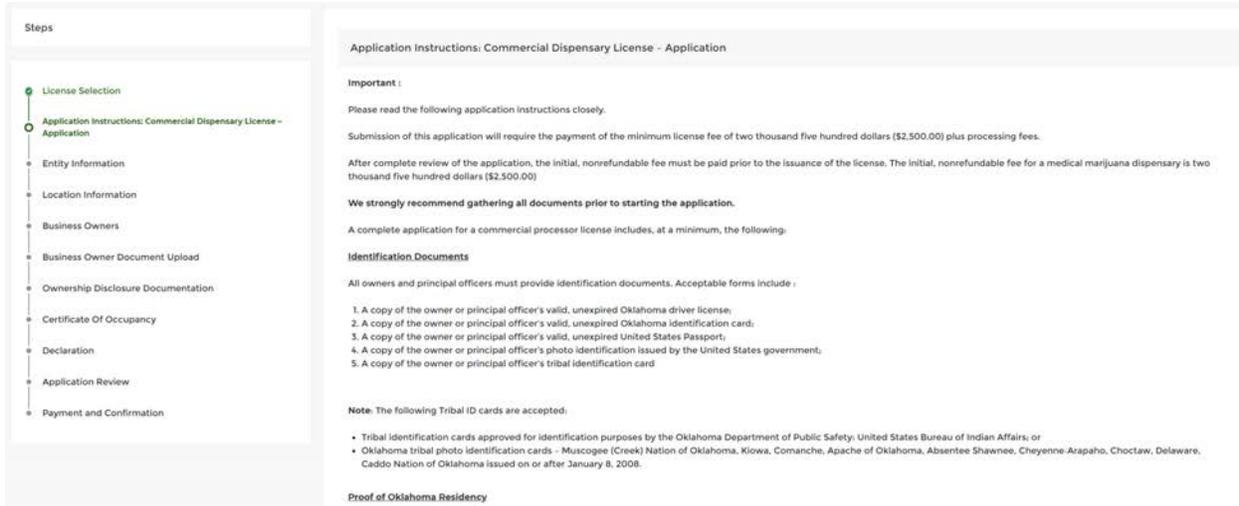
Back
Process Payment

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Dispensary License:

1. The Applicant will be provided with guided steps on the left side along with detailed instruction page.



Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application**
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Commercial Dispensary License - Application

Important :

Please read the following application instructions closely.

Submission of this application will require the payment of the minimum license fee of two thousand five hundred dollars (\$2,500.00) plus processing fees.

After complete review of the application, the initial, nonrefundable fee must be paid prior to the issuance of the license. The initial, nonrefundable fee for a medical marijuana dispensary is two thousand five hundred dollars (\$2,500.00)

We strongly recommend gathering all documents prior to starting the application.

A complete application for a commercial processor license includes, at a minimum, the following:

Identification Documents

All owners and principal officers must provide identification documents. Acceptable forms include :

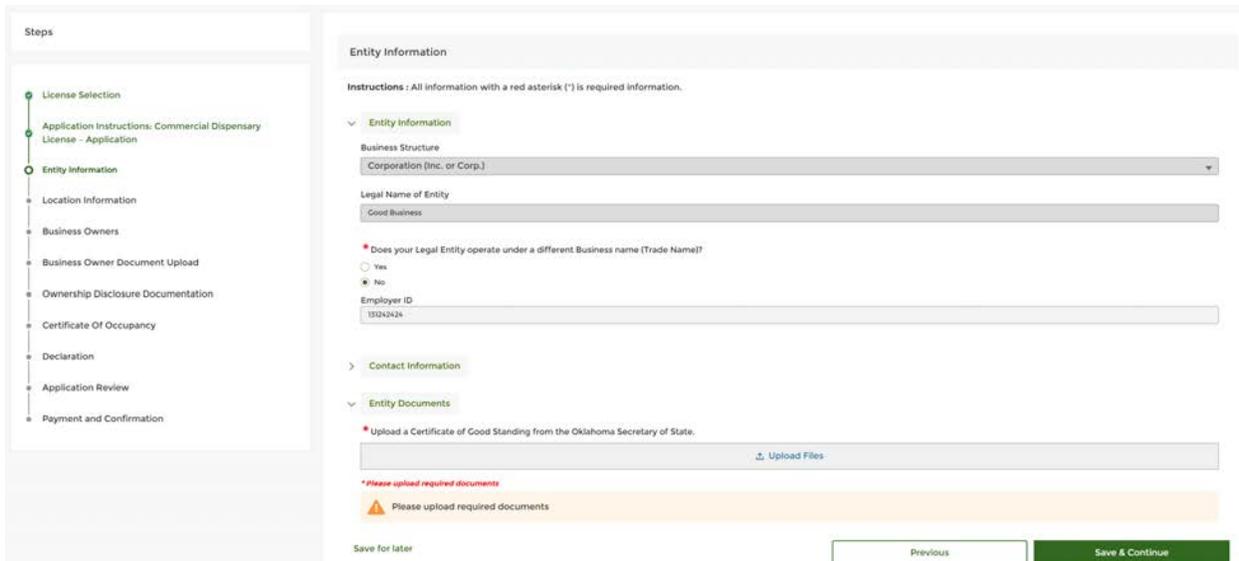
1. A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
2. A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
3. A copy of the owner or principal officer's valid, unexpired United States Passport;
4. A copy of the owner or principal officer's photo identification issued by the United States government;
5. A copy of the owner or principal officer's tribal identification card

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety, United States Bureau of Indian Affairs; or
- Oklahoma Tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

2. Since the applicant selected an existing business information from business registration will be auto populated but can be edited with exception of legal name and business structure which is grayed out because it is non-editable. * Is required field that must be completed.



Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information**
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Entity Information

Instructions : All information with a red asterisk (*) is required information.

Entity Information

Business Structure
Corporation (Inc. or Corp.)

Legal Name of Entity
Good Business

* Does your Legal Entity operate under a different Business name (Trade Name)?

Yes

No

Employer ID
1312424

Contact Information

Entity Documents

* Upload a Certificate of Good Standing from the Oklahoma Secretary of State.

Upload Files

* Please upload required documents

Please upload required documents

Save for later

Previous

Save & Continue

- The location information will also be populated, but editable if location has changed.

Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information**
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Location Information

Instructions:

- All information with a red asterisk (*) is required information.

Facility Address

* Street Address

* City

* State

* Zip Code

* Coordinates - Longitude (X)

* Coordinates - Latitude (Y)

⚠ Addresses are required. Only addresses located within the state of Oklahoma are accepted.

Facility Mailing Address

Facility address is the same as Facility Mailing Address

- Business Owner information is populated from business registration. When registering the business, the applicant is required to designate the Managing Owner.

Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information
- Business Owners**
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owners

All information with a red asterisk (*) is required information. Please only list people with an ownership stake in the company. Remember: 75% of ownership must be from individuals with Oklahoma residency.

Oklahoma Resident Ownership: 75%
Non-Oklahoma Resident Ownership: 25%

Business Owner(s)

Angela Test

Owner	Addresses	Edit
Name: Angela Test	Physical Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104	
Role: Owner	Mailing Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104	
Is Managing Owner: true		
Title: Miss		
Oklahoma Resident Or Non-Resident: Yes		
Email Address: angelatestdemo@yopmail.com		
Telephone Number: 9189189189		
Other Business Licenses	Associated Entities	
Business License Number:	Entity Name:	
Business Name:	Ownership:	
Status		
Approved		

> Owner Test

- For each owner, the applicant must upload required business owner documents. If the Driver License was issued more than 2 years ago, Proof of Residency is not required. The button will disappear if this business rule is met, otherwise the applicant will need to submit proof of residency documents as well.

Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload**
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

Angela Test	
Role: Owner	Proof of Identity
Title Miss	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	
Owner Test	
Role: Owner	Proof of Identity
Title Mr.	Affidavit of Lawful Presence
Non-Resident	Background Check
US Citizen	
All Uploads Completed	

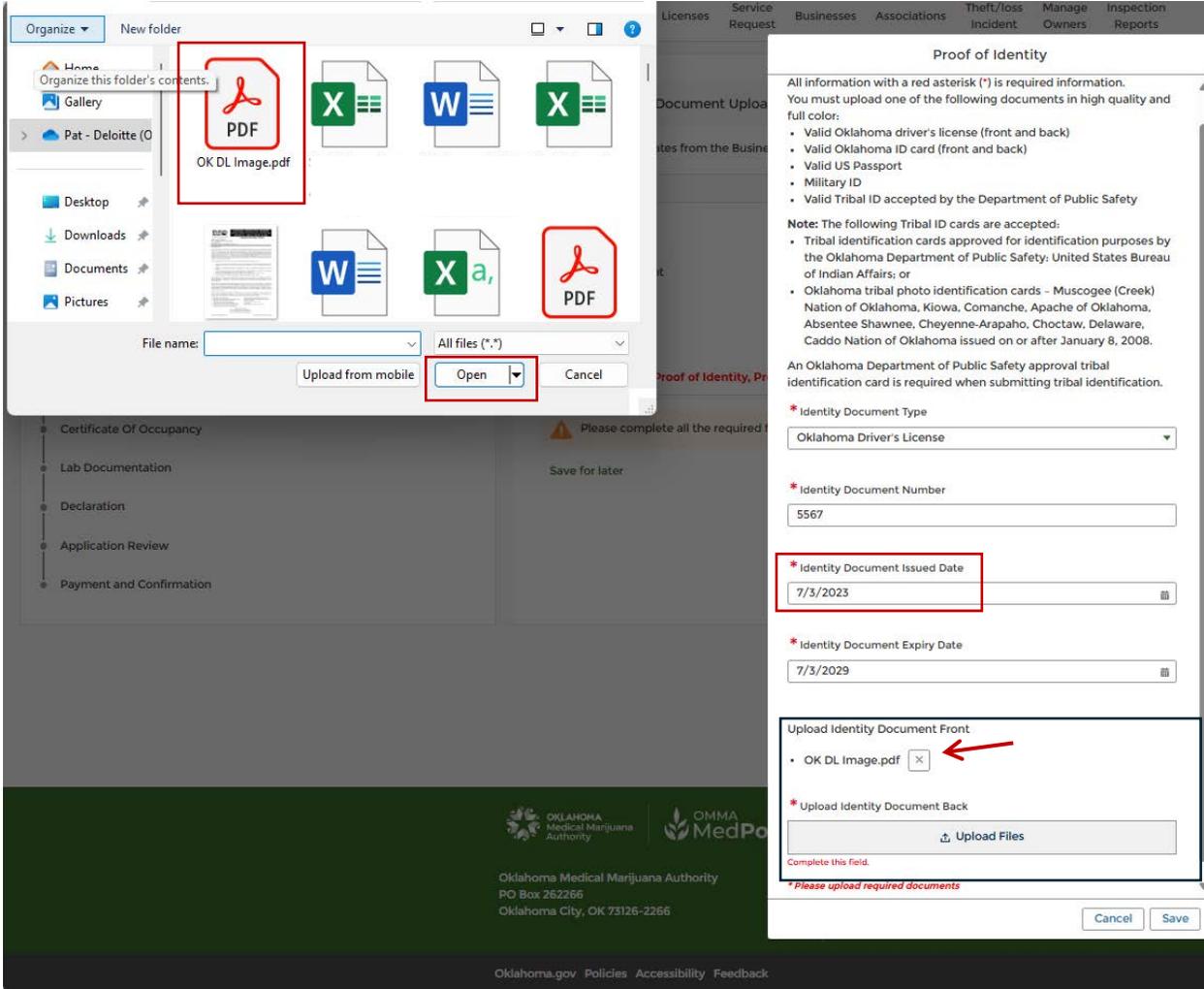
Save for later

Previous
Next

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6. The documents will need to be uploaded by clicking on upload files. You will see the file saved. If you click on 'X', you can delete and upload a different file.



The screenshot displays a web application interface for the Oklahoma Medical Marijuana Authority. A file explorer window is open, showing a file named "OK DL Image.pdf" selected. The web application form is titled "Proof of Identity" and contains the following fields:

- * Identity Document Type: Oklahoma Driver's License
- * Identity Document Number: 5567
- * Identity Document Issued Date: 7/3/2023
- * Identity Document Expiry Date: 7/3/2029

The "Upload Identity Document Front" section shows the file "OK DL Image.pdf" with a red "X" icon and a red arrow pointing to it. The "Upload Identity Document Back" section has an "Upload Files" button. The footer includes the Oklahoma Medical Marijuana Authority logo and contact information: PO Box 262266, Oklahoma City, OK 73126-2266. The footer also includes the text "Oklahoma.gov Policies Accessibility Feedback".

7. Upload provides user with text on what remains to be uploaded – Affidavit of Lawful Presence with a link in blue is provided and Background check information and Background Attestation.

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

<p>John Walker</p> <p>Role: Owner</p> <p>Title: Mr.</p> <p>Oklahoma Resident</p> <p>US Citizen</p> <p>Must still upload: Affidavit of Lawful Presence, Background Check</p>	<p>Proof of Identity</p> <p>Affidavit of Lawful Presence</p> <p>Background Check</p>
--	--

 Please complete all the required fields.

Save for later Previous Next

Upload Lawful Presence Proof

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each individual applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.
If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

* Affidavit of Lawful Presence

* Please upload required documents

Business Owner Document

All information with a red asterisk (*) is required information. A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

* Background Check

* Please upload required documents

* Attestation Regarding National Background Check

* Please upload required documents

8. Once the uploads are completed the applicant there will be green text “All uploads completed.”

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	

Save for later Previous Next

9. The next section is the Ownership Disclosure documentation. Click on drop down for type of document. This is a document upload and allows multiple uploads, if necessary, by clicking on add.

Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation**
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Ownership Disclosure Documentation

Instructions :
All information with a red asterisk (*) is required information.

Please provide documentation of all ownership interests in the business.

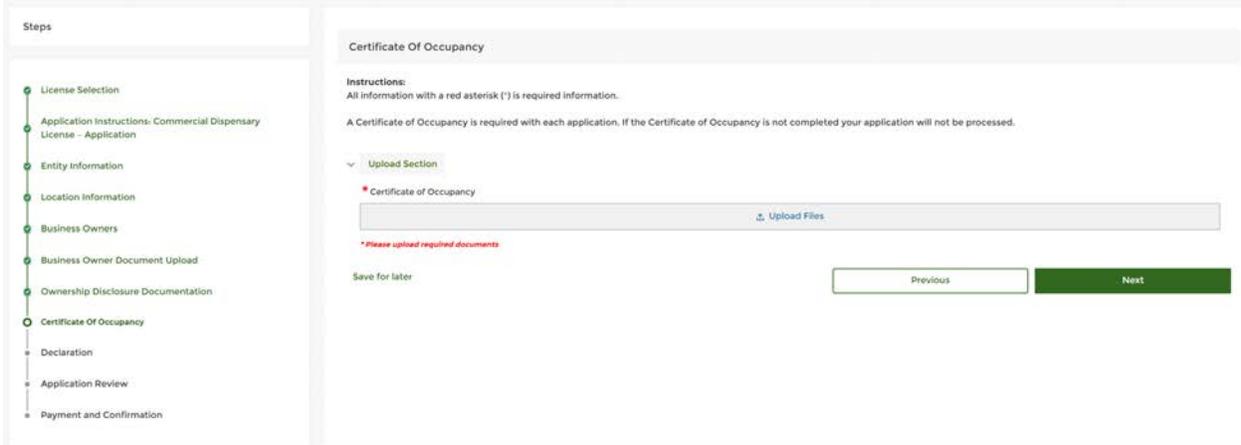
Upload Section Add

* Document Type
Select an Option

⚠ Please Upload all document

Save for later Previous Next

10. Completed Certificate of Occupancy is required to be uploaded.



Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy**
- Declaration
- Application Review
- Payment and Confirmation

Certificate Of Occupancy

Instructions:
All information with a red asterisk (*) is required information.
A Certificate of Occupancy is required with each application. If the Certificate of Occupancy is not completed your application will not be processed.

Upload Section

* Certificate of Occupancy

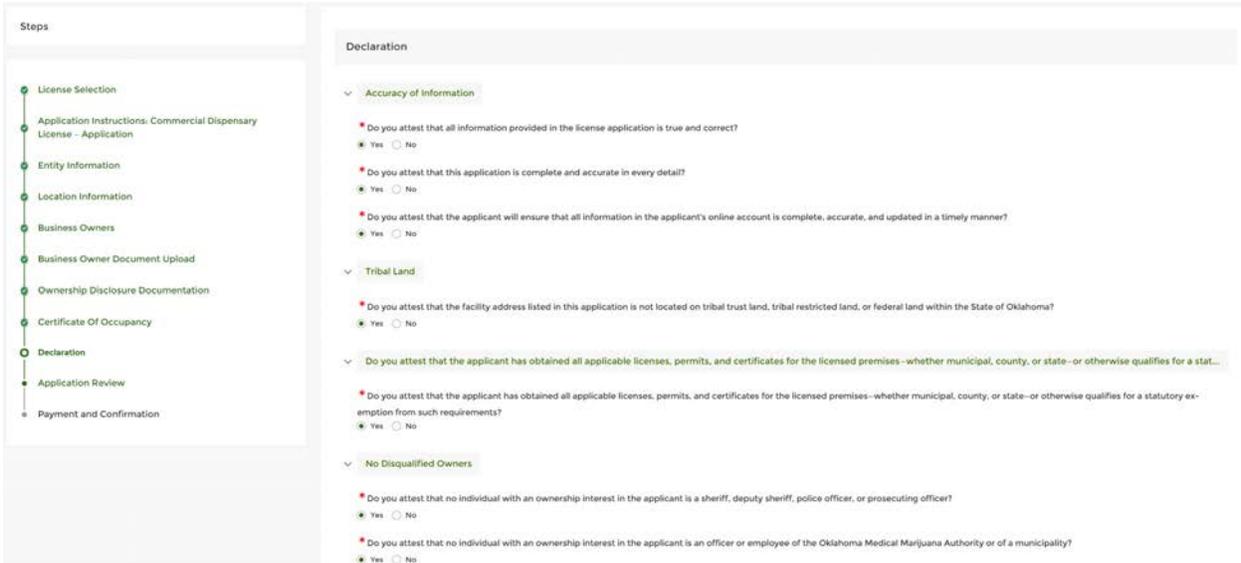
Upload Files

* Please upload required documents

Save for later

Previous Next

11. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.



Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration**
- Application Review
- Payment and Confirmation

Declaration

Accuracy of Information

- * Do you attest that all information provided in the license application is true and correct?
 Yes No
- * Do you attest that this application is complete and accurate in every detail?
 Yes No
- * Do you attest that the applicant will ensure that all information in the applicant's online account is complete, accurate, and updated in a timely manner?
 Yes No

Tribal Land

- * Do you attest that the facility address listed in this application is not located on tribal trust land, tribal restricted land, or federal land within the State of Oklahoma?
 Yes No

Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises - whether municipal, county, or state - or otherwise qualifies for a stat...

- * Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises - whether municipal, county, or state - or otherwise qualifies for a statutory exemption from such requirements?
 Yes No

No Disqualified Owners

- * Do you attest that no individual with an ownership interest in the applicant is a sheriff, deputy sheriff, police officer, or prosecuting officer?
 Yes No
- * Do you attest that no individual with an ownership interest in the applicant is an officer or employee of the Oklahoma Medical Marijuana Authority or of a municipality?
 Yes No

12. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review**
- Payment and Confirmation

Application Review

[Edit](#)

ENTITY INFORMATION

Business Structure: Corporation (Inc. or Corp.)

Legal Name of Entity: Good Business

Does your Legal Entity operate under a different Business name (Trade Name)? No

Employer ID: 131242424

Contact Information

Operating Hours:

Business Phone: 9189181981

Business Fax:

Business Email: goodbiz@yopmail.com

Business Website:

[Edit](#)

LOCATION INFORMATION

Facility Address

Street: 100 E Sheridan Ave

Unit:

City: Oklahoma City

State: OK

County: Oklahoma

Zip: 73104

Longitude: -97.511803

Latitude: 35.466816

Country: United States Of America

Facility address is the same as Facility Mailing Address: true

Mailing Address

Unit: 600

City: Oklahoma City

State: OK

County: Oklahoma

Zip: 73104

Longitude: -97.5012180000000000

Latitude: 35.4661430000000000

Country:

Facility address is the same as Facility Mailing Address: false

Mailing Address

Street: 600 E Sheridan Ave

Unit: 600

City: Oklahoma City

State: OK

County: Oklahoma

Zip: 73104

Longitude: -97.5012180000000000

Latitude: 35.4661430000000000

Country:

I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the business license. true

I attest that the business meets the proof of land ownership requirement specified in SB 913. No

BUSINESS OWNER(S) [Edit](#)

BUSINESS OWNER DOCUMENT UPLOAD [Edit](#)

OWNERSHIP DISCLOSURE DOCUMENTATION [Edit](#)

CERTIFICATE OF OCCUPANCY [Edit](#)

Download Application

Save for later
[Previous](#)
[Next](#)

13. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- License Selection
- Application Instructions: Commercial Dispensary License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation**

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please **DO NOT** close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.
If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.



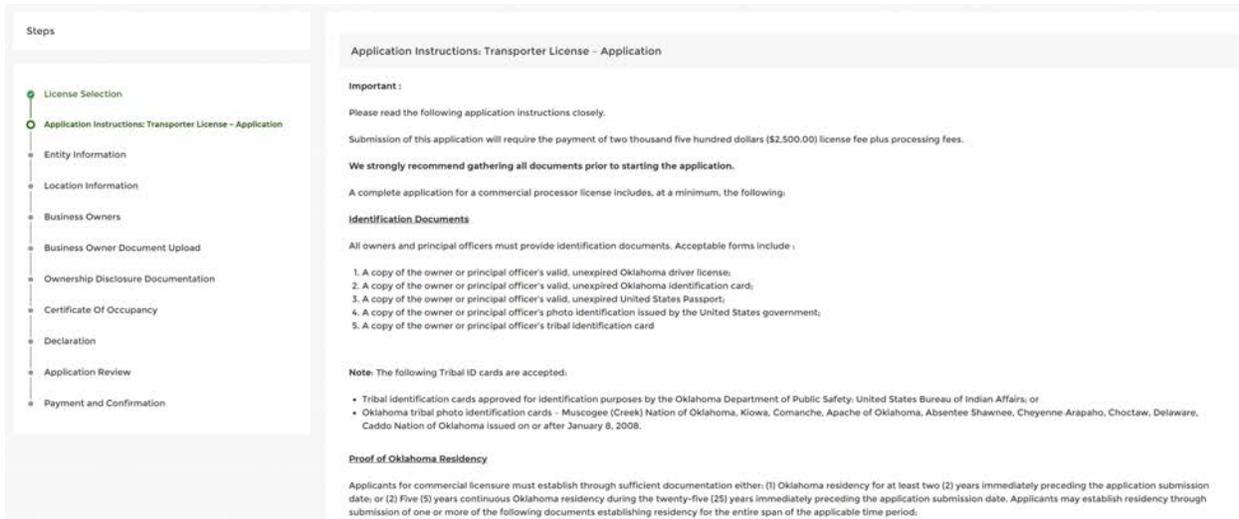


Fee BreakDown

SKU	Description	Amount
3747	Dispensary License Fee	\$2500

Transporter License:

1. The Applicant will be provided with guided steps on the left side along with detailed instruction page.



Steps

- License Selection
- Application Instructions: Transporter License - Application**
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Transporter License - Application

Important :

Please read the following application instructions closely.

Submission of this application will require the payment of two thousand five hundred dollars (\$2,500.00) license fee plus processing fees.

We strongly recommend gathering all documents prior to starting the application.

A complete application for a commercial processor license includes, at a minimum, the following:

Identification Documents

All owners and principal officers must provide identification documents. Acceptable forms include :

1. A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
2. A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
3. A copy of the owner or principal officer's valid, unexpired United States Passport;
4. A copy of the owner or principal officer's photo identification issued by the United States government;
5. A copy of the owner or principal officer's tribal identification card

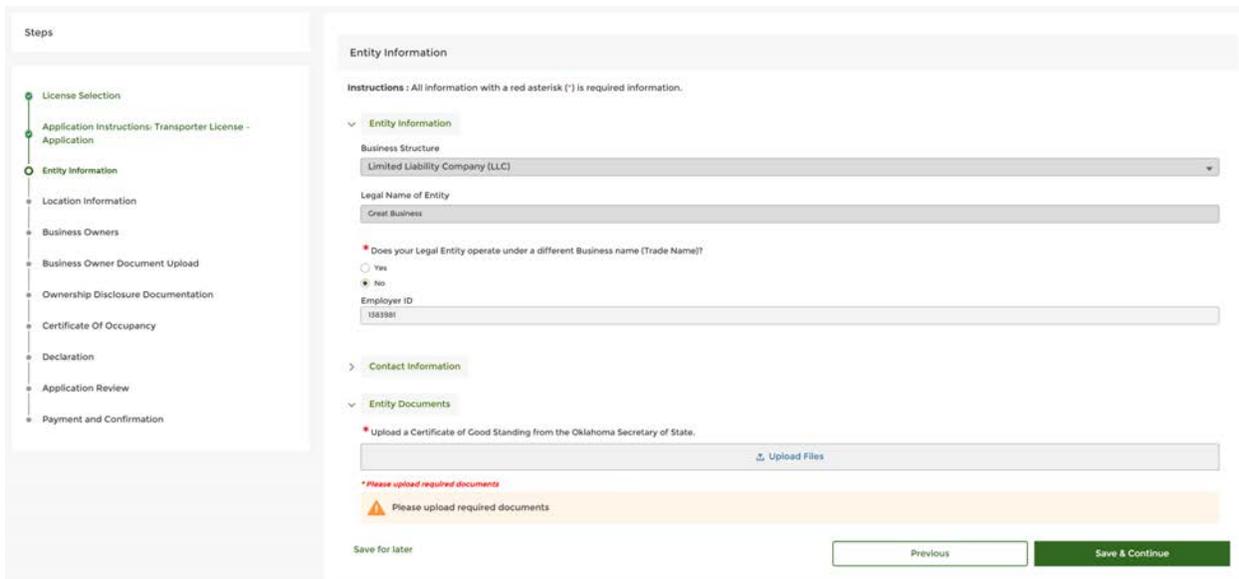
Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety, United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

Applicants for commercial licensure must establish through sufficient documentation either: (1) Oklahoma residency for at least two (2) years immediately preceding the application submission date; or (2) Five (5) years continuous Oklahoma residency during the twenty-five (25) years immediately preceding the application submission date. Applicants may establish residency through submission of one or more of the following documents establishing residency for the entire span of the applicable time period:

2. Since the applicant selected an existing business information from business registration will be auto populated but can be edited with exception of legal name and business structure which is grayed out because it is non-editable. * Is required field that must be completed.



Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information**
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Entity Information

Instructions : All information with a red asterisk (*) is required information.

Entity Information

Business Structure
Limited Liability Company (LLC)

Legal Name of Entity
Great Business

* Does your Legal Entity operate under a different Business name (Trade Name)?

Yes

No

Employer ID
1989981

Contact Information

Entity Documents

* Upload a Certificate of Good Standing from the Oklahoma Secretary of State.

Upload Files

*Please upload required documents

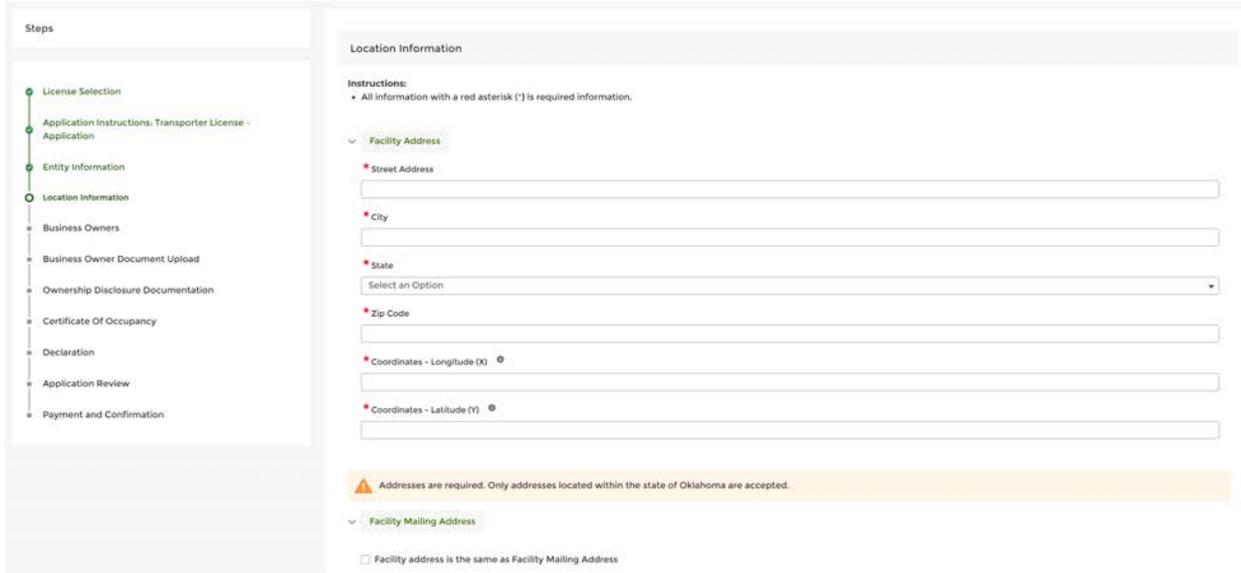
Please upload required documents

Save for later

Previous

Save & Continue

3. The location information will also be populated, but editable if location has changed.



Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information**
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Location Information

Instructions:

- All information with a red asterisk (*) is required information.

Facility Address

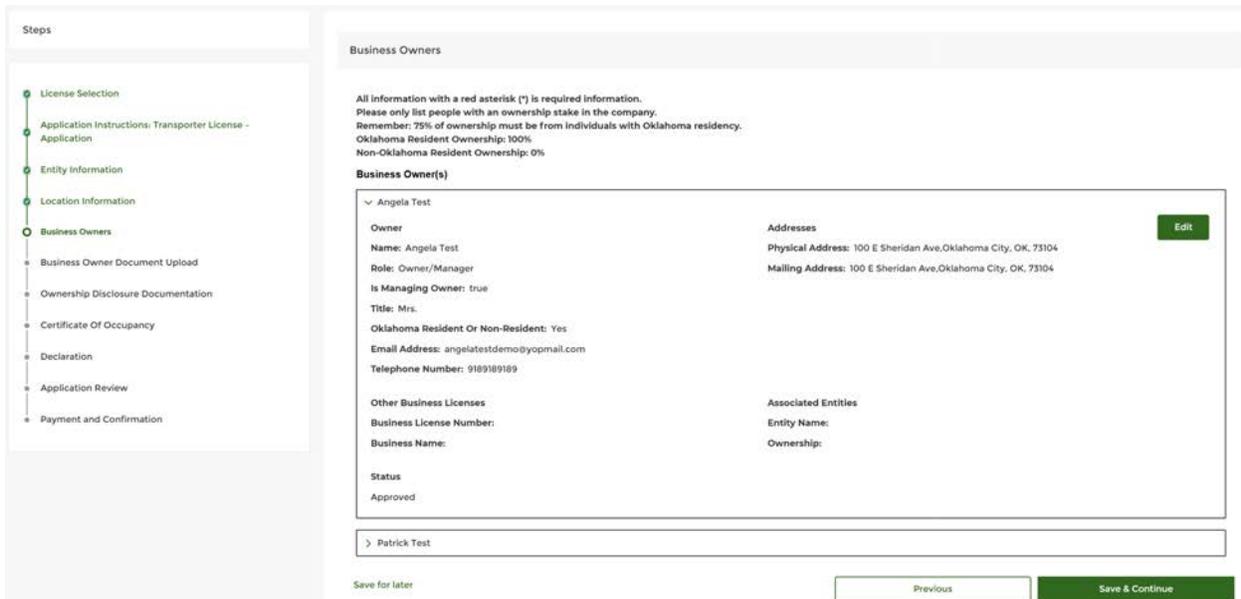
- * Street Address
- * City
- * State
- Select an Option
- * Zip Code
- * Coordinates - Longitude (X)
- * Coordinates - Latitude (Y)

Addresses are required. Only addresses located within the state of Oklahoma are accepted.

Facility Mailing Address

Facility address is the same as Facility Mailing Address

4. Business Owner information is populated from business registration. When registering the business, the applicant is required to designate the Managing Owner.



Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information
- Business Owners**
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owners

All information with a red asterisk (*) is required information.
Please only list people with an ownership stake in the company.
Remember: 75% of ownership must be from individuals with Oklahoma residency.
Oklahoma Resident Ownership: 100%
Non-Oklahoma Resident Ownership: 0%

Business Owner(s)

Angela Test

Owner	Addresses	Edit
Name: Angela Test	Physical Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104	
Role: Owner/Manager	Mailing Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104	
Is Managing Owner: true		
Title: Mrs.		
Oklahoma Resident Or Non-Resident: Yes		
Email Address: angelatestdemo@yopmail.com		
Telephone Number: 9189189189		
Other Business Licenses	Associated Entities	
Business License Number:	Entity Name:	
Business Name:	Ownership:	
Status		
Approved		

> Patrick Test

Save for later Previous **Save & Continue**

- For each owner, the applicant must upload required business owner documents. If the Driver License was issued more than 2 years ago, Proof of Residency is not required. The button will disappear if this business rule is met, otherwise the applicant will need to submit proof of residency documents as well.

Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload**
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

Angela Test	
Role: Owner/Manager	Proof of Identity
Title Mrs.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	
Patrick Test	
Role: Owner	Proof of Identity
Title Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	

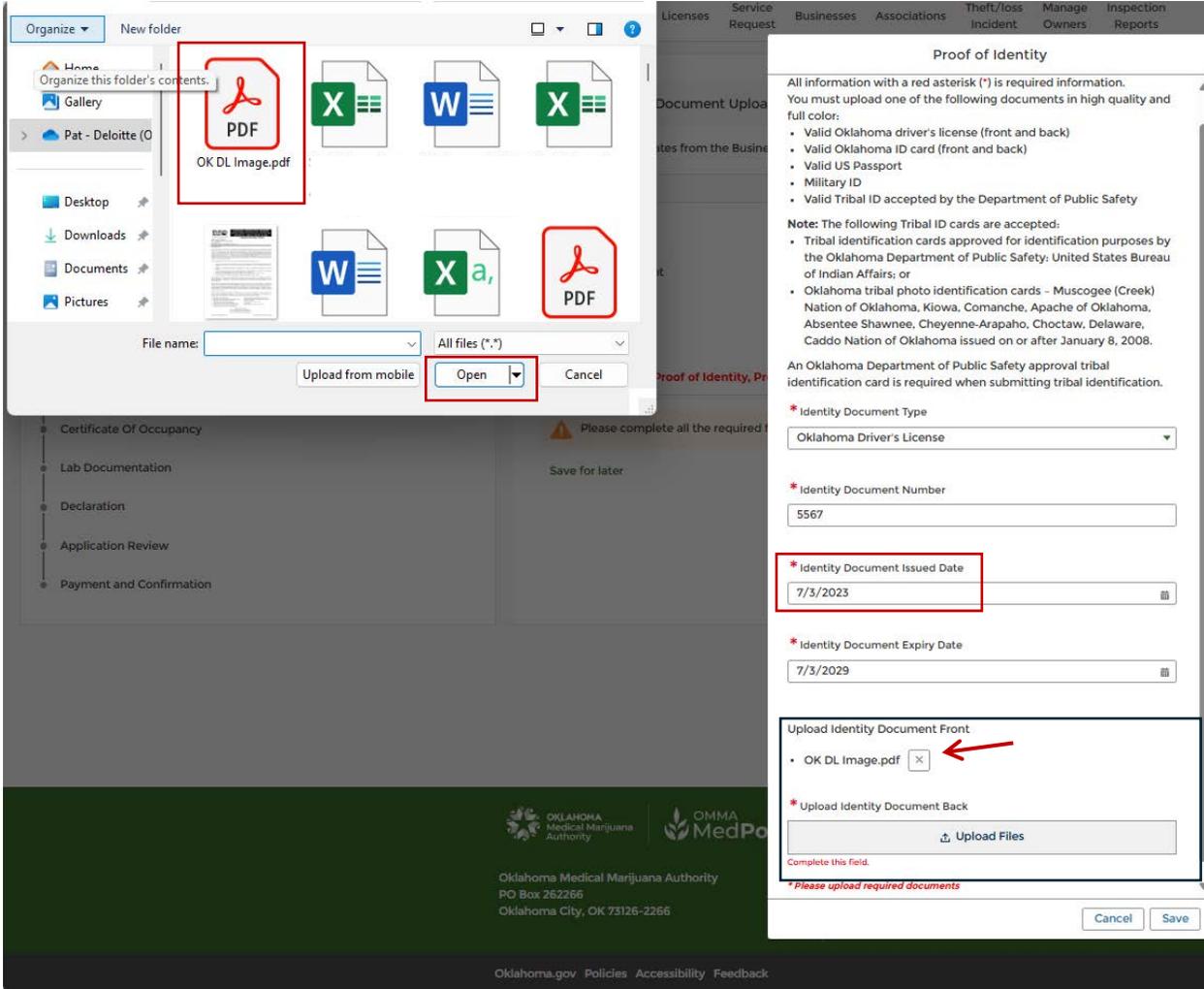
Save for later

Previous
Next

208

Oklahoma.gov/OMMA | PO BOX 262266, Oklahoma City, OK 73126-1166 | Call Center: (405)-522-6662

6. The documents will need to be uploaded by clicking on upload files. You will see the file saved. If you click on 'X', you can delete and upload a different file.



The image shows a file explorer window in the foreground with a file named "OK DL Image.pdf" selected. The background is a "Proof of Identity" form. The form includes the following fields:

- Identity Document Type:** Oklahoma Driver's License
- Identity Document Number:** 5567
- Identity Document Issued Date:** 7/3/2023
- Identity Document Expiry Date:** 7/3/2029

Under the "Upload Identity Document Front" section, the file "OK DL Image.pdf" is listed with a red 'X' icon next to it, which is highlighted by a red arrow. Below this, there is an "Upload Files" button. At the bottom of the form, there are "Cancel" and "Save" buttons.

7. Upload provides user with text on what remains to be uploaded – Affidavit of Lawful Presence with a link in blue is provided and Background check information and Background Attestation.

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

<p>John Walker</p> <p>Role: Owner</p> <p>Title: Mr.</p> <p>Oklahoma Resident</p> <p>US Citizen</p> <p>Must still upload: Affidavit of Lawful Presence, Background Check</p>	<p>Proof of Identity</p> <p>Affidavit of Lawful Presence</p> <p>Background Check</p>
--	--

 Please complete all the required fields.

Save for later Previous Next

Upload Lawful Presence Proof

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each individual applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.

If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

* Affidavit of Lawful Presence

 Upload Files

* Please upload required documents

Cancel
Save

Business Owner Document

All information with a red asterisk (*) is required information. A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

* Background Check

* Please upload required documents

* Attestation Regarding National Background Check

* Please upload required documents

Cancel
Save

8. Once the uploads are completed the applicant there will be green text “All uploads completed.”

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr. Oklahoma Resident	Affidavit of Lawful Presence
US Citizen	Background Check
All Uploads Completed	

Save for later Previous Next

9. The next section is the Ownership Disclosure documentation. Click on drop down for type of document. This is a document upload and allows multiple uploads, if necessary, by clicking on add.

Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation**
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Ownership Disclosure Documentation

Instructions:
All information with a red asterisk (*) is required information.
Please provide documentation of all ownership interests in the business.

Upload Section Add

* Document Type

⚠ Please Upload all document

Save for later Previous Next

10. Completed Certificate of Occupancy is required to be uploaded.

Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy**
- Declaration
- Application Review
- Payment and Confirmation

Certificate Of Occupancy

Instructions:
All information with a red asterisk (*) is required information.

A Certificate of Occupancy is required with each application. If the Certificate of Occupancy is not completed your application will not be processed.

Upload Section

* Certificate of Occupancy

Upload Files

* Complete this field.

* Please upload required documents.

Save for later

Previous

Next

11. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.

Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration**
- Application Review
- Payment and Confirmation

Declaration

Accuracy of Information

* Do you attest that all information provided in the license application is true and correct?
 Yes No

* Do you attest that this application is complete and accurate in every detail?
 Yes No

* Do you attest that the applicant will ensure that all information in the applicant's online account is complete, accurate, and updated in a timely manner?
 Yes No

Tribal Land

* Do you attest that the facility address listed in this application is not located on tribal trust land, tribal restricted land, or federal land within the State of Oklahoma?
 Yes No

Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises—whether municipal, county, or state—or otherwise qualifies for a stat...
 Yes No

No Disqualified Owners

* Do you attest that no individual with an ownership interest in the applicant is a sheriff, deputy sheriff, police officer, or prosecuting officer?
 Yes No

* Do you attest that no individual with an ownership interest in the applicant is an officer or employee of the Oklahoma Medical Marijuana Authority or of a municipality?
 Yes No

12. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review**
- Payment and Confirmation

Application Review

ENTITY INFORMATION Edit

Business Structure: Limited Liability Company (LLC)

Legal Name of Entity: Great Business

Does your Legal Entity operate under a different Business name (Trade Name)? No

Employer ID: 1585981

Contact Information

Operating Hours:

Business Phone: 2132323233

Business Fax:

Business Email: great@blz.com

Business Website:

LOCATION INFORMATION Edit

Facility Address

Street: 100 E Sheridan Ave

Unit:

City: Oklahoma City

State: OK

County: Oklahoma

Zip: 73104

Longitude: -97.511803

Latitude: 35.466816

Country: United States Of America

Facility address is the same as Facility Mailing Address: true

LOCATION INFORMATION Edit

Unit: 600

City: Oklahoma City

State: OK

County: Oklahoma

Zip: 73104

Longitude: -97.5012180000000000

Latitude: 35.4661450000000000

Country:

Facility address is the same as Facility Mailing Address: false

Mailing Address

Street: 600 E Sheridan Ave

Unit: 600

City: Oklahoma City

State: OK

County: Oklahoma

Zip: 73104

Longitude: -97.5012180000000000

Latitude: 35.4661450000000000

Country:

I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the business license. true

I attest that the business meets the proof of land ownership requirement specified in SB 913. No

BUSINESS OWNER(S) Edit

BUSINESS OWNER DOCUMENT UPLOAD Edit

OWNERSHIP DISCLOSURE DOCUMENTATION Edit

CERTIFICATE OF OCCUPANCY Edit

Save for later

Previous

Next

Download Application




Back to top

13. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- License Selection
- Application Instructions: Transporter License - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- **Payment and Confirmation**

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please **DO NOT** close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.
If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





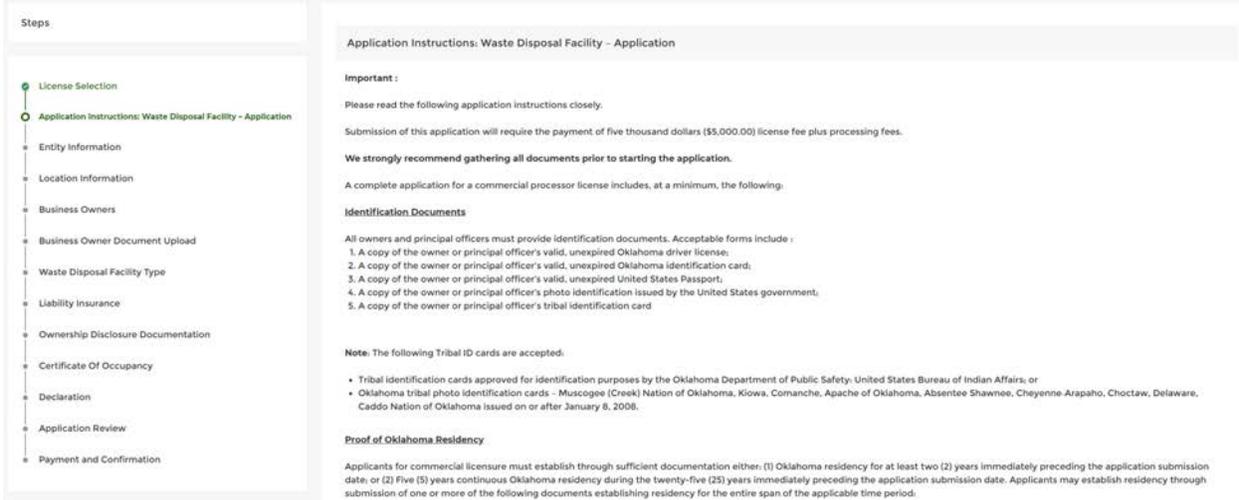
Fee BreakDown

SKU	Description	Amount
7325	Transporter License Fee	\$2500

Back
Process Payment

Waste Disposal Facility:

1. The Applicant will be provided with guided steps on the left side along with detailed instruction page.



Steps:

- License Selection
- Application Instructions: Waste Disposal Facility - Application**
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Waste Disposal Facility - Application

Important :

Please read the following application instructions closely.

Submission of this application will require the payment of five thousand dollars (\$5,000.00) license fee plus processing fees.

We strongly recommend gathering all documents prior to starting the application.

A complete application for a commercial processor license includes, at a minimum, the following:

Identification Documents

All owners and principal officers must provide identification documents. Acceptable forms include :

1. A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
2. A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
3. A copy of the owner or principal officer's valid, unexpired United States Passport;
4. A copy of the owner or principal officer's photo identification issued by the United States government;
5. A copy of the owner or principal officer's tribal identification card

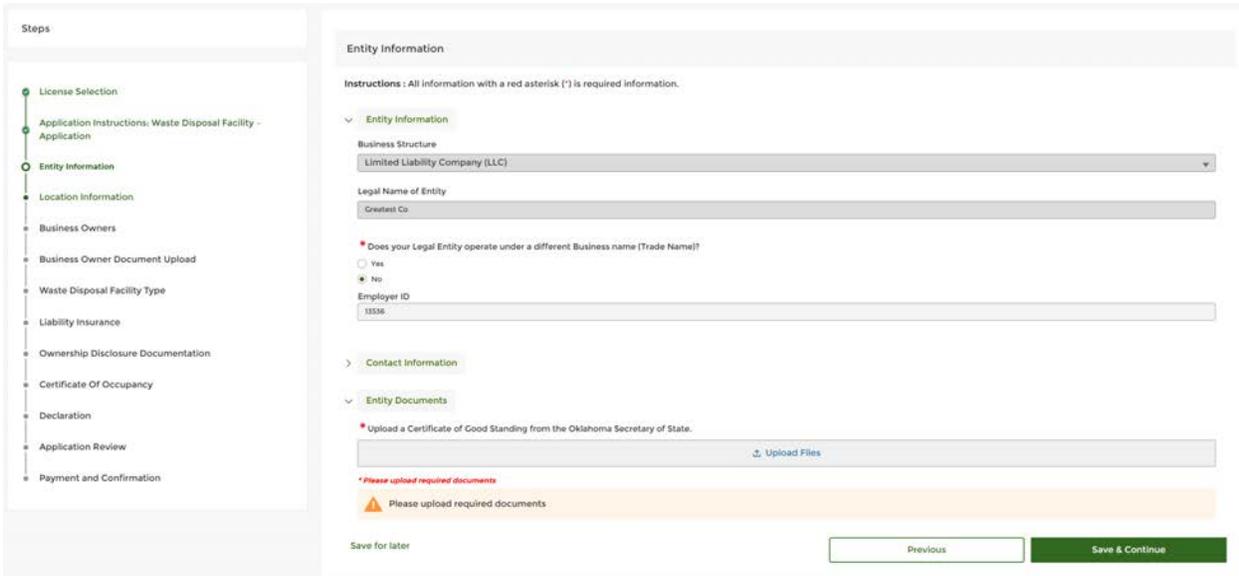
Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety, United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

Applicants for commercial licensure must establish through sufficient documentation either: (1) Oklahoma residency for at least two (2) years immediately preceding the application submission date; or (2) Five (5) years continuous Oklahoma residency during the twenty-five (25) years immediately preceding the application submission date. Applicants may establish residency through submission of one or more of the following documents establishing residency for the entire span of the applicable time period.

2. Since the applicant selected an existing business information from business registration will be auto populated but can be edited with exception of legal name and business structure which is grayed out because it is non-editable. * Is required field that must be completed.



Steps:

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information**
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Entity Information

Instructions : All information with a red asterisk (*) is required information.

Entity Information

Business Structure

Legal Name of Entity

* Does your Legal Entity operate under a different Business name (Trade Name)?

Yes

No

Employer ID

Contact Information

Entity Documents

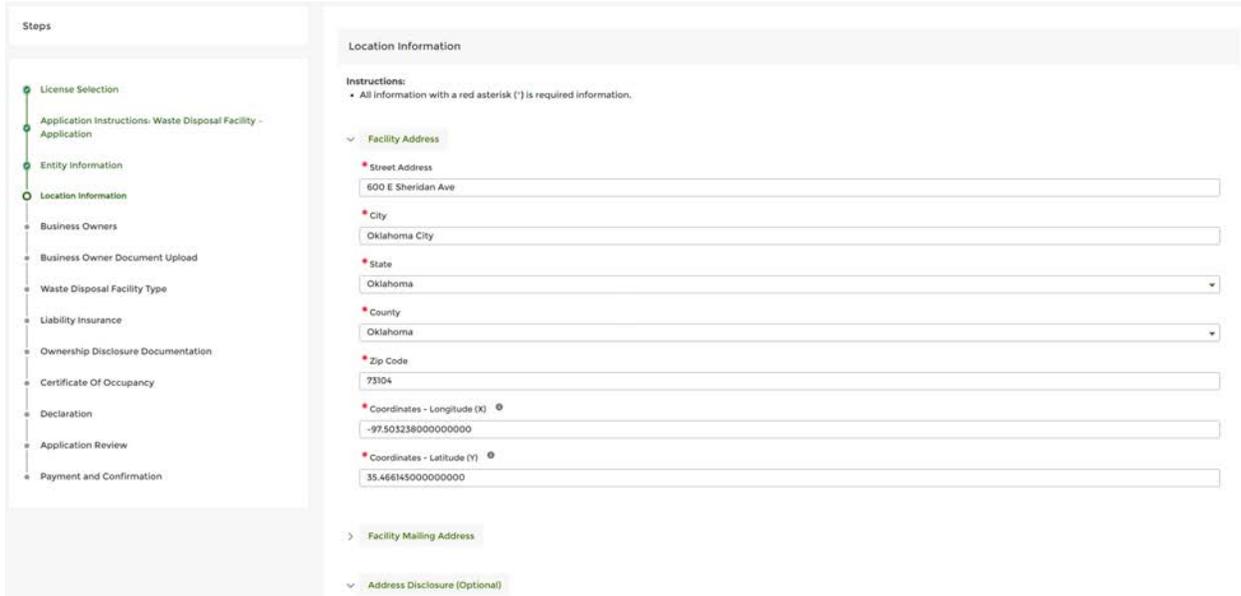
* Upload a Certificate of Good Standing from the Oklahoma Secretary of State.

* Please upload required documents

 Please upload required documents

Save for later

- The location information will also be populated, but editable if location has changed.



Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information**
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Location Information

Instructions:

- All information with a red asterisk (*) is required information.

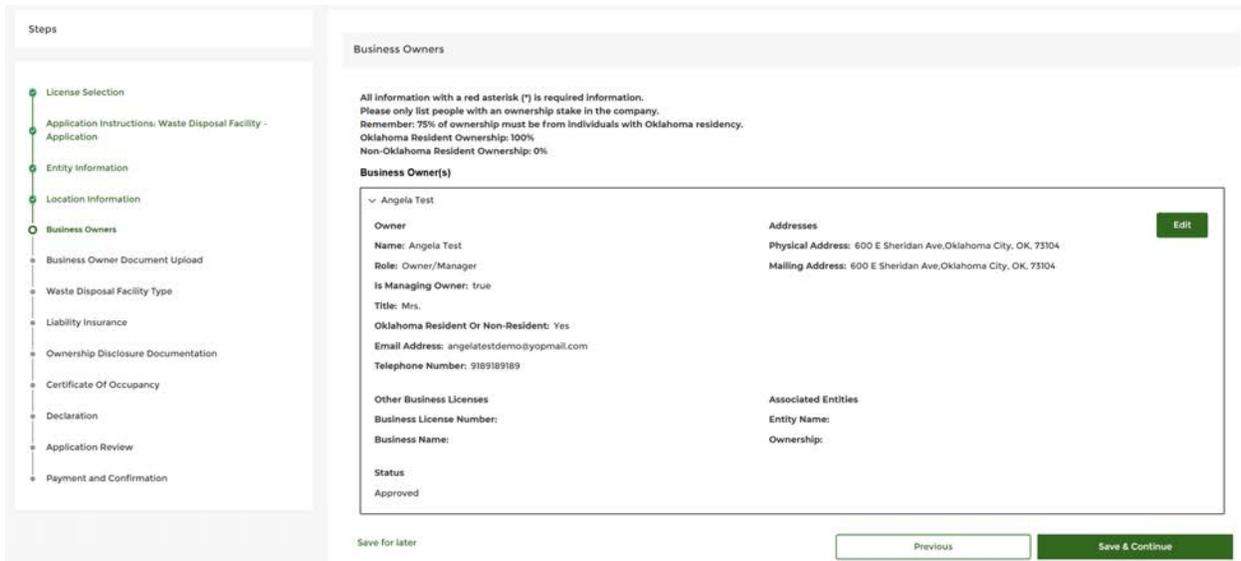
Facility Address

- * Street Address: 600 E Sheridan Ave
- * City: Oklahoma City
- * State: Oklahoma
- * County: Oklahoma
- * Zip Code: 73104
- * Coordinates - Longitude (X): -97.503238000000000
- * Coordinates - Latitude (Y): 35.466145000000000

Facility Mailing Address

Address Disclosure (Optional)

- Business Owner information is populated from business registration. When registering the business, the applicant is required to designate the Managing Owner.



Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information
- Business Owners**
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owners

All information with a red asterisk (*) is required information. Please only list people with an ownership stake in the company. Remember: 75% of ownership must be from individuals with Oklahoma residency. Oklahoma Resident Ownership: 100% Non-Oklahoma Resident Ownership: 0%

Business Owner(s)

Angela Test

Owner	Addresses	Edit
Name: Angela Test	Physical Address: 600 E Sheridan Ave, Oklahoma City, OK, 73104	
Role: Owner/Manager	Mailing Address: 600 E Sheridan Ave, Oklahoma City, OK, 73104	
Is Managing Owner: true		
Title: Mrs.		
Oklahoma Resident Or Non-Resident: Yes		
Email Address: angelatestdemo@yopmail.com		
Telephone Number: 9189189189		
Other Business Licenses	Associated Entities	
Business License Number:	Entity Name:	
Business Name:	Ownership:	
Status		
Approved		

Save for later Previous [Save & Continue](#)

- For each owner, the applicant must upload required business owner documents. If the Driver License was issued more than 2 years ago, Proof of Residency is not required. The button will disappear if this business rule is met, otherwise the applicant will need to submit proof of residency documents as well.

Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload**
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

Angela Test	
Role: Owner/Manager	Proof of Identity
Title Mrs.	Proof of Residency
Oklahoma Resident	Affidavit of Lawful Presence
US Citizen	Background Check

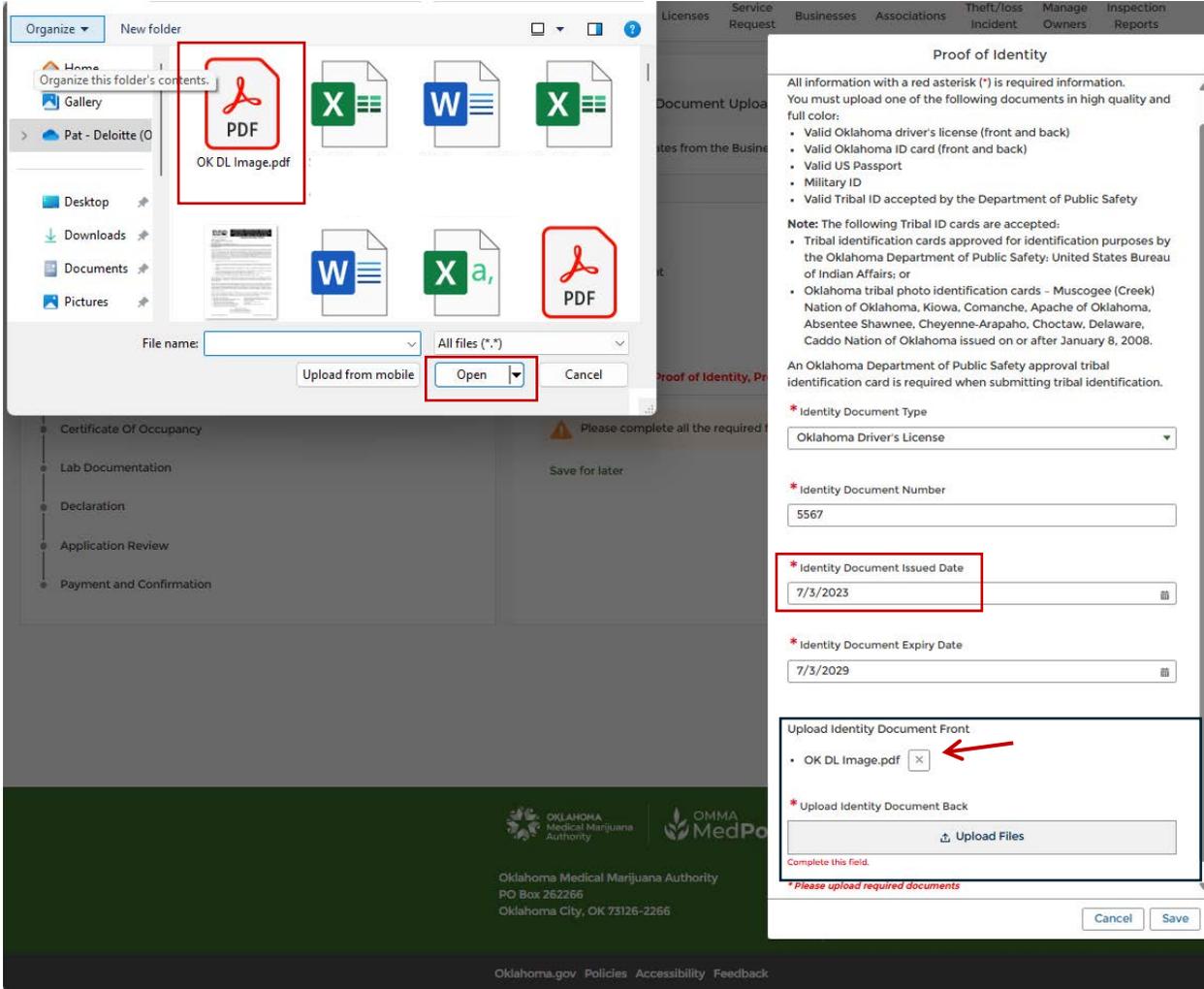
Must still upload: Proof of Identity, Proof of Residency, Affidavit of Lawful Presence, Background Check

⚠ Please complete all the required fields.

Save for later

Previous
Next

6. The documents will need to be uploaded by clicking on upload files. You will see the file saved. If you click on 'X', you can delete and upload a different file.



The image shows a web application interface for uploading documents. A file explorer window is open, displaying a folder named 'Pat - Deloitte (O)'. The file 'OK DL Image.pdf' is selected and highlighted with a red box. The file explorer's 'File name' field is empty, and the file type is set to 'All files (*.*)'. The 'Open' button is also highlighted with a red box.

The background is a 'Proof of Identity' form. The form includes the following fields and sections:

- Identity Document Type:** A dropdown menu with 'Oklahoma Driver's License' selected.
- Identity Document Number:** A text input field containing '5567'.
- Identity Document Issued Date:** A date input field containing '7/3/2023', highlighted with a red box.
- Identity Document Expiry Date:** A date input field containing '7/3/2029'.
- Upload Identity Document Front:** A section with a list of uploaded files. The file 'OK DL Image.pdf' is listed with a small 'X' icon next to it, which is pointed to by a red arrow.
- Upload Identity Document Back:** A section with an 'Upload Files' button.

The footer of the page contains the Oklahoma Medical Marijuana Authority logo and contact information: 'Oklahoma Medical Marijuana Authority, PO Box 262266, Oklahoma City, OK 73126-2266'. There are also links for 'Oklahoma.gov', 'Policies', and 'Accessibility Feedback'.

- Upload provides user with text on what remains to be uploaded – Affidavit of Lawful Presence with a link in blue is provided and Background check information and Background Attestation.

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

<p>John Walker</p> <p>Role: Owner</p> <p>Title: Mr.</p> <p>Oklahoma Resident</p> <p>US Citizen</p> <p>Must still upload: Affidavit of Lawful Presence, Background Check</p>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Proof of Identity</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; text-align: center;">Affidavit of Lawful Presence</div> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;">Background Check</div>
--	--

⚠ Please complete all the required fields.

Save for later

Upload Lawful Presence Proof

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each individual applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.

If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

*** Affidavit of Lawful Presence**

📁 Upload Files

*** Please upload required documents**

Business Owner Document

All information with a red asterisk (*) is required information. A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

*** Background Requestor Full Name**

*** Background Requestor Email**

*** Document Issued Date**

*** Background Check**
📁 Upload Files

*** Please upload required documents**

*** Attestation Regarding National Background Check**
📁 Upload Files

*** Please upload required documents**

8. Once the uploads are completed the applicant there will be green text “All uploads completed.”

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	

Save for later Previous Next

9. The next section is the Waste Disposal Facility Type. Choose the type of waste facility and provide a permit documentation.

Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type**
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Waste Disposal Facility Type

Instructions:
All information with a red asterisk (*) is required information.
Please provide information on the waste disposal facility.

* Type of Waste Facility

Upload Section

Instructions:
Applicants must have and provide a permit from the Oklahoma Department of Environmental Quality (DEQ).

* Oklahoma DEQ Permit

Upload Files

*Please upload required documents

Save for later Previous Next

10. Then submit required documentation for Commercial General Liability and Pollution Legal Liability

Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance**
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Liability Insurance

Instructions:
All information with a red asterisk (*) is required information.
You must show proof of sufficient and current liability insurance or a letter of insurability from the insurance company showing the following minimum amounts:

Commercial General Liability - \$5,000,000 per occurrence
Pollution Legal Liability - \$5,000,000 per occurrence

Upload Documents

* Commercial General Liability

Upload Files

*Please upload required documents

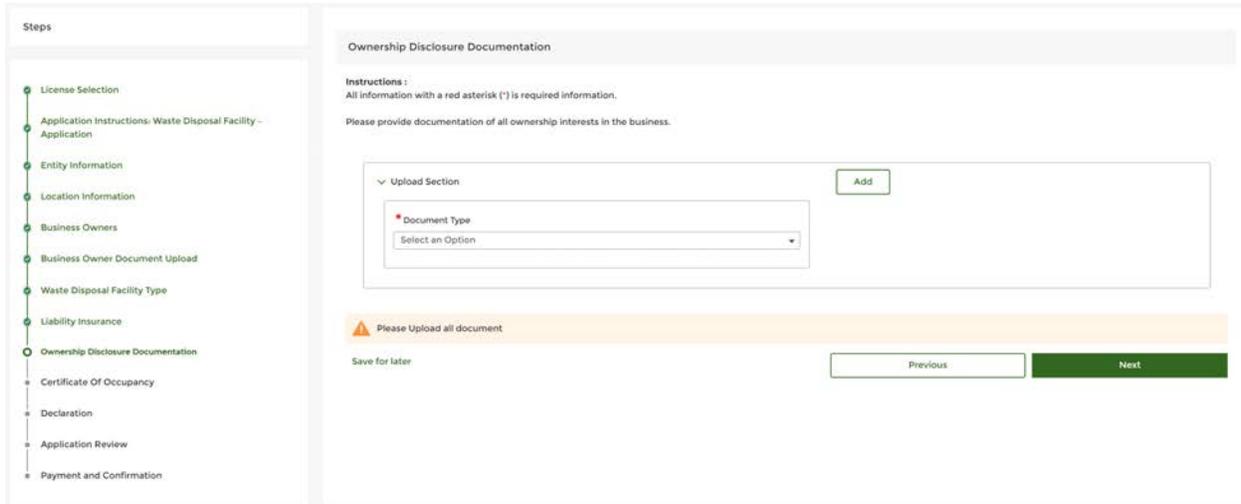
* Pollution Legal Liability

Upload Files

*Please upload required documents

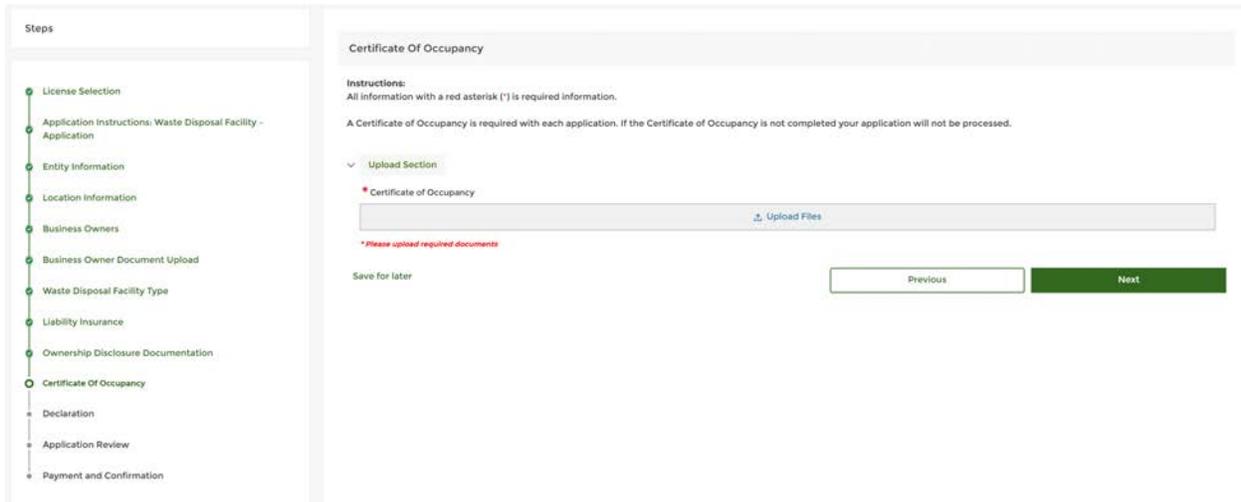
Save for later Previous Next

11. The next section is the Ownership Disclosure documentation. Click on drop down for type of document. This is a document upload and allows multiple uploads, if necessary, by clicking on add.



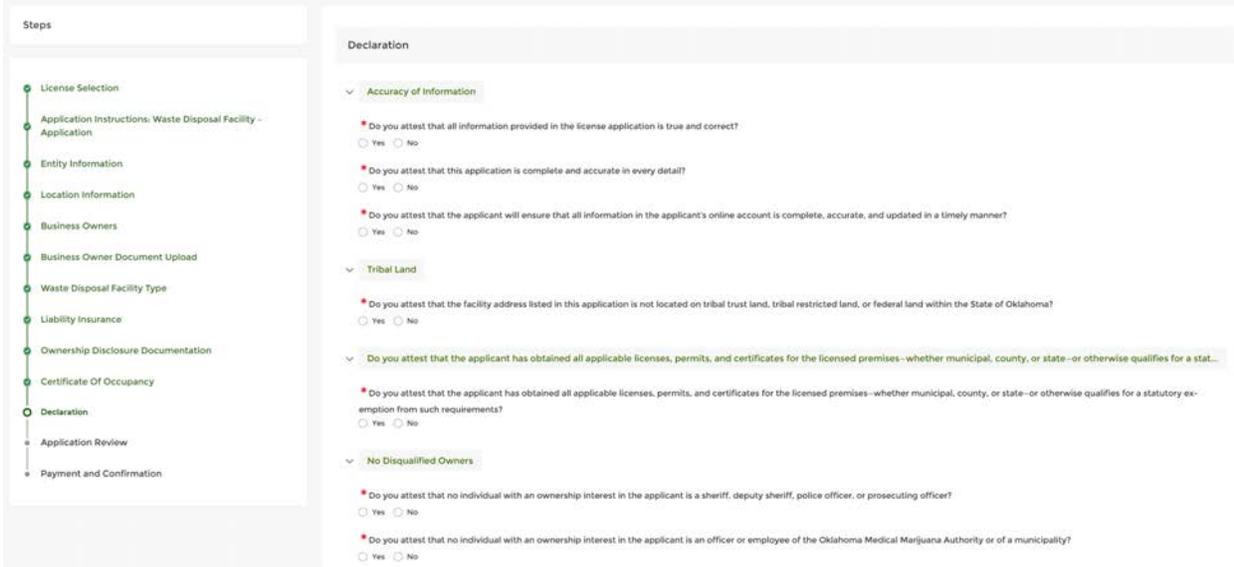
The screenshot shows the 'Ownership Disclosure Documentation' step in a multi-step application process. On the left, a 'Steps' sidebar lists various stages, with 'Ownership Disclosure Documentation' highlighted. The main content area has a title 'Ownership Disclosure Documentation' and instructions: 'All information with a red asterisk (*) is required information. Please provide documentation of all ownership interests in the business.' Below this is an 'Upload Section' with a dropdown menu for 'Document Type' (currently set to 'Select an Option') and an 'Add' button. A yellow warning banner states 'Please Upload all document'. At the bottom, there are 'Save for later', 'Previous', and 'Next' buttons.

12. Completed Certificate of Occupancy is required to be uploaded.



The screenshot shows the 'Certificate Of Occupancy' step in the application process. The 'Steps' sidebar on the left highlights this step. The main content area is titled 'Certificate Of Occupancy' and includes instructions: 'All information with a red asterisk (*) is required information. A Certificate of Occupancy is required with each application. If the Certificate of Occupancy is not completed your application will not be processed.' The 'Upload Section' contains a dropdown for 'Certificate of Occupancy' and an 'Upload Files' button. A red warning message below reads '*Please upload required documents'. The bottom navigation includes 'Save for later', 'Previous', and 'Next' buttons.

13. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.



Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Declaration

Accuracy of Information

- Do you attest that all information provided in the license application is true and correct?
 Yes No
- Do you attest that this application is complete and accurate in every detail?
 Yes No
- Do you attest that the applicant will ensure that all information in the applicant's online account is complete, accurate, and updated in a timely manner?
 Yes No

Tribal Land

- Do you attest that the facility address listed in this application is not located on tribal trust land, tribal restricted land, or federal land within the State of Oklahoma?
 Yes No

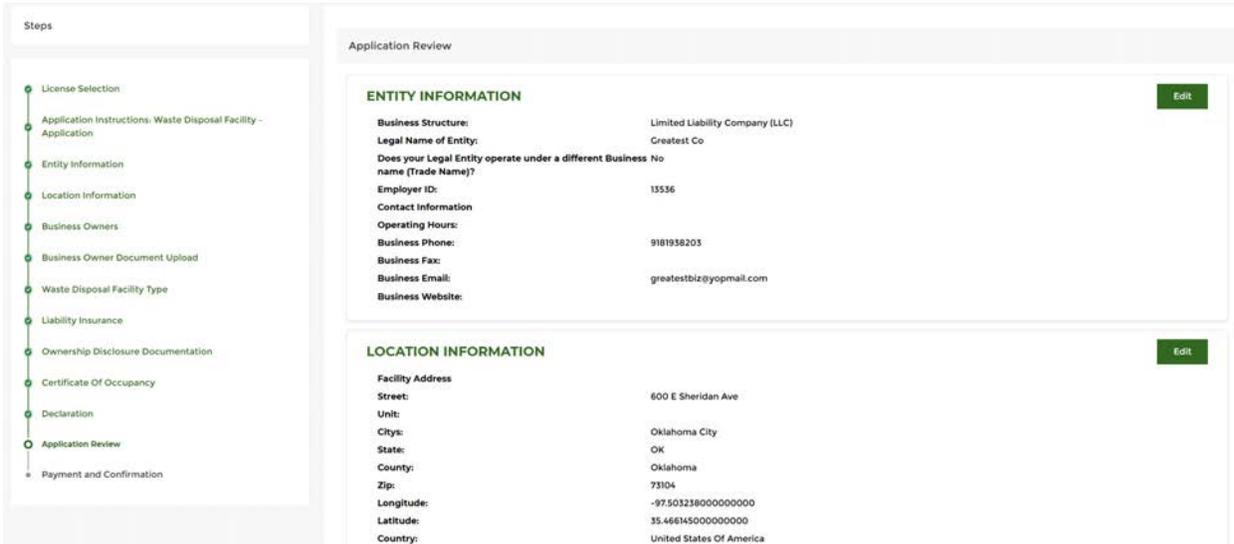
Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises- whether municipal, county, or state--or otherwise qualifies for a stat...

- Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises--whether municipal, county, or state--or otherwise qualifies for a statutory exemption from such requirements?
 Yes No

No Disqualified Owners

- Do you attest that no individual with an ownership interest in the applicant is a sheriff, deputy sheriff, police officer, or prosecuting officer?
 Yes No
- Do you attest that no individual with an ownership interest in the applicant is an officer or employee of the Oklahoma Medical Marijuana Authority or of a municipality?
 Yes No

14. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.



Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Review

ENTITY INFORMATION Edit

Business Structure: Limited Liability Company (LLC)
 Legal Name of Entity: Greatest Co
 Does your Legal Entity operate under a different Business name (Trade Name)? No
 Employer ID: 15556
 Contact Information
 Operating Hours:
 Business Phone: 9181938203
 Business Fax:
 Business Email: greatestbiz@yopmail.com
 Business Website:

LOCATION INFORMATION Edit

Facility Address
 Street: 600 E Sheridan Ave
 Unit:
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73104
 Longitude: -97.503238000000000
 Latitude: 35.466145000000000
 Country: United States Of America

LOCATION INFORMATION Edit

Unit: Oklahoma City
 City: OK
 State: Oklahoma
 County: 73104
 Zip: -97.5032180000000000
 Longitude: 35.4661450000000000
 Latitude: Country:

Unit: Oklahoma City
 City: OK
 State: Oklahoma
 County: 73104
 Zip: -97.5032180000000000
 Longitude: 35.4661450000000000
 Latitude: Country:

Facility address is the same as Facility Mailing Address: False

Mailing Address

Street: 600 E Sheridan Ave
 Unit: 600
 City: Oklahoma City
 State: OK
 County: Oklahoma
 Zip: 73104
 Longitude: -97.5032180000000000
 Latitude: 35.4661450000000000
 Country:

I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the Business license. true

I attest that the business meets the proof of land ownership requirement specified in SB 933. No

BUSINESS OWNER(S) Edit

BUSINESS OWNER DOCUMENT UPLOAD Edit

OWNERSHIP DISCLOSURE DOCUMENTATION Edit

CERTIFICATE OF OCCUPANCY Edit

Save for later

Previous

Download Application

Next




Back to top

15. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation**

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note A Processing fee applies to all transactions.

Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





Fee BreakDown

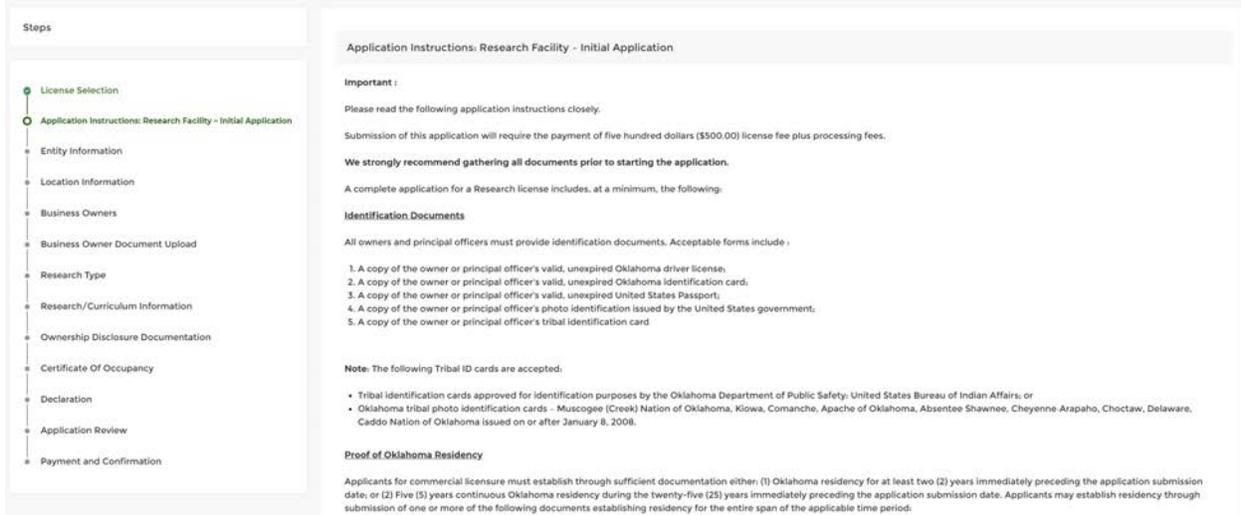
SKU	Description	Amount
4220	Waste Disposal Facility License Fee	\$5000

Back

Process Payment

Research Facility:

1. The Applicant will be provided with guided steps on the left side along with detailed instruction page.



Steps

- License Selection
- Application Instructions: Research Facility - Initial Application**
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Research Facility - Initial Application

Important :

Please read the following application instructions closely.

Submission of this application will require the payment of five hundred dollars (\$500.00) license fee plus processing fees.

We strongly recommend gathering all documents prior to starting the application.

A complete application for a Research license includes, at a minimum, the following:

Identification Documents

All owners and principal officers must provide identification documents. Acceptable forms include :

1. A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
2. A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
3. A copy of the owner or principal officer's valid, unexpired United States Passport;
4. A copy of the owner or principal officer's photo identification issued by the United States government;
5. A copy of the owner or principal officer's tribal identification card

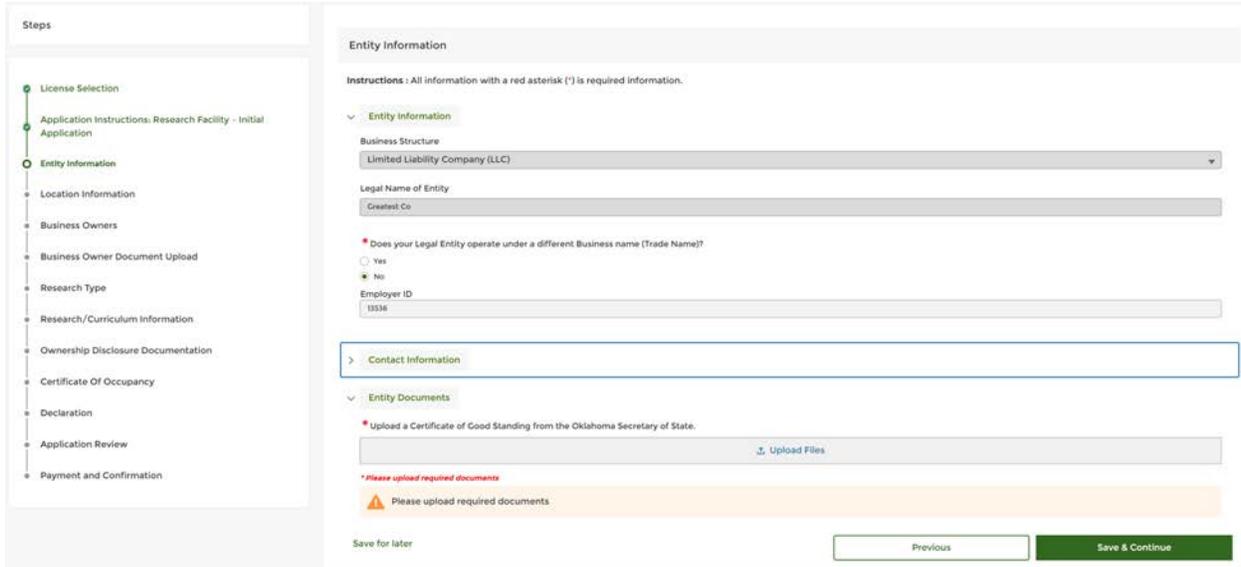
Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety; United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

Applicants for commercial licensure must establish through sufficient documentation either: (1) Oklahoma residency for at least two (2) years immediately preceding the application submission date, or (2) Five (5) years continuous Oklahoma residency during the twenty-five (25) years immediately preceding the application submission date. Applicants may establish residency through submission of one or more of the following documents establishing residency for the entire span of the applicable time period:

2. Since the applicant selected an existing business, information from the business registration will be auto populated but can be edited with the exception of legal name and business structure which is grayed out because it is non-editable. * Is required field that must be completed.



Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information**
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Entity Information

Instructions : All information with a red asterisk (*) is required information.

Entity Information

Business Structure
Limited Liability Company (LLC)

Legal Name of Entity
Greatest Co

* Does your Legal Entity operate under a different Business name (Trade Name)?

Yes

No

Employer ID
18336

> Contact Information

Entity Documents

* Upload a Certificate of Good Standing from the Oklahoma Secretary of State.

Upload Files

* Please upload required documents

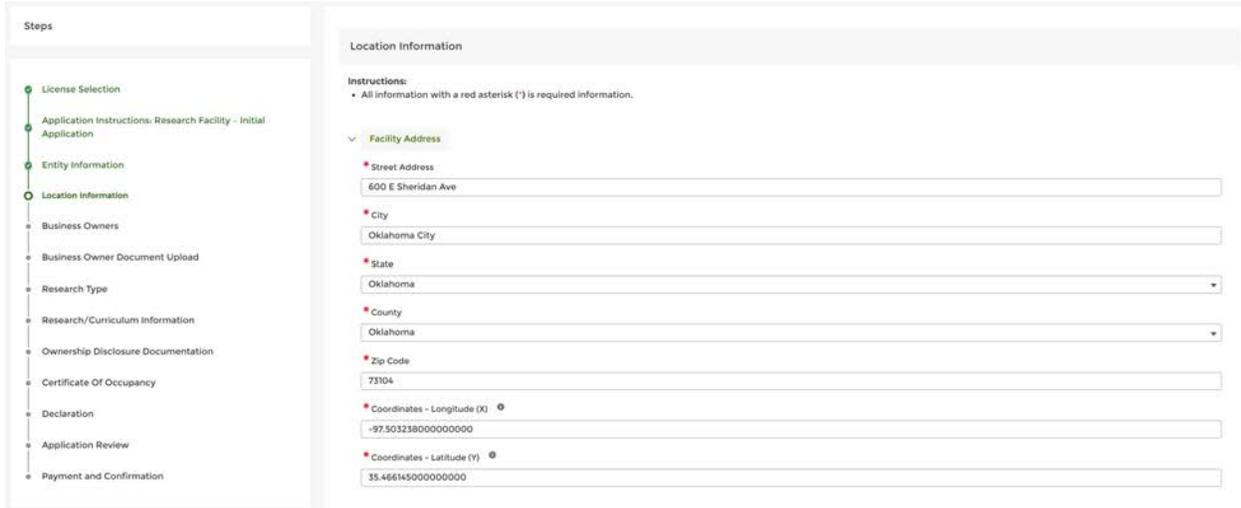
Please upload required documents

Save for later

Previous

Save & Continue

- The location information will also be populated, but editable if location has changed.



Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information**
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Location Information

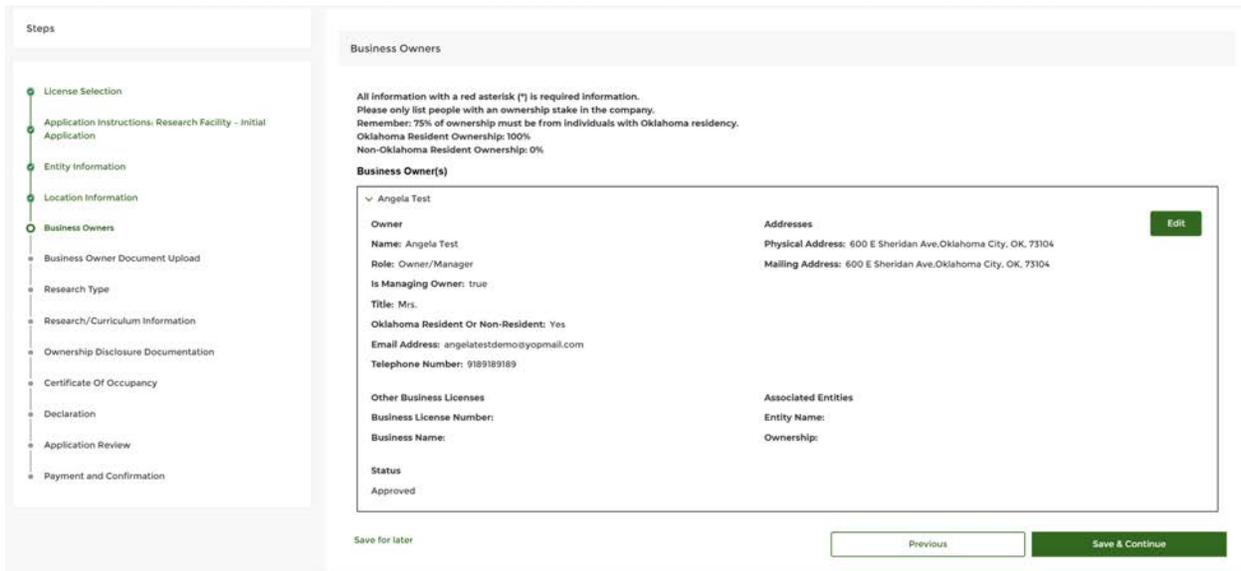
Instructions:

- All information with a red asterisk (*) is required information.

Facility Address

- * Street Address: 600 E Sheridan Ave
- * City: Oklahoma City
- * State: Oklahoma
- * County: Oklahoma
- * Zip Code: 73104
- * Coordinates - Longitude (X): -97.50323800000000
- * Coordinates - Latitude (Y): 35.46614500000000

- Business Owner information is populated from business registration. When registering the business, the applicant is required to designate the Managing Owner.



Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners**
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owners

All information with a red asterisk (*) is required information.
Please only list people with an ownership stake in the company.
Remember: 75% of ownership must be from individuals with Oklahoma residency.
Oklahoma Resident Ownership: 100%
Non-Oklahoma Resident Ownership: 0%

Business Owner(s)

Angela Test

<p>Owner</p> <p>Name: Angela Test</p> <p>Role: Owner/Manager</p> <p>Is Managing Owner: true</p> <p>Title: Mrs.</p> <p>Oklahoma Resident Or Non-Resident: Yes</p> <p>Email Address: angelaatestdemo@yopmail.com</p> <p>Telephone Number: 9189189189</p>	<p>Addresses</p> <p>Physical Address: 600 E Sheridan Ave, Oklahoma City, OK, 73104</p> <p>Mailing Address: 600 E Sheridan Ave, Oklahoma City, OK, 73104</p>	Edit
<p>Other Business Licenses</p> <p>Business License Number:</p> <p>Business Name:</p>	<p>Associated Entities</p> <p>Entity Name:</p> <p>Ownership:</p>	
<p>Status</p> <p>Approved</p>		

Save for later Previous [Save & Continue](#)

- For each owner, the applicant must upload required business owner documents. If the Driver License was issued more than 2 years ago, Proof of Residency is not required. The button will disappear if this business rule is met, otherwise the applicant will need to submit proof of residency documents as well.

Steps

- License Selection
- Application Instructions: Research Facility – Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload**
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

Angela Test	
Role: Owner/Manager	Proof of Identity
Title Mrs.	Proof of Residency
Oklahoma Resident:	Affidavit of Lawful Presence
US Citizen	Background Check

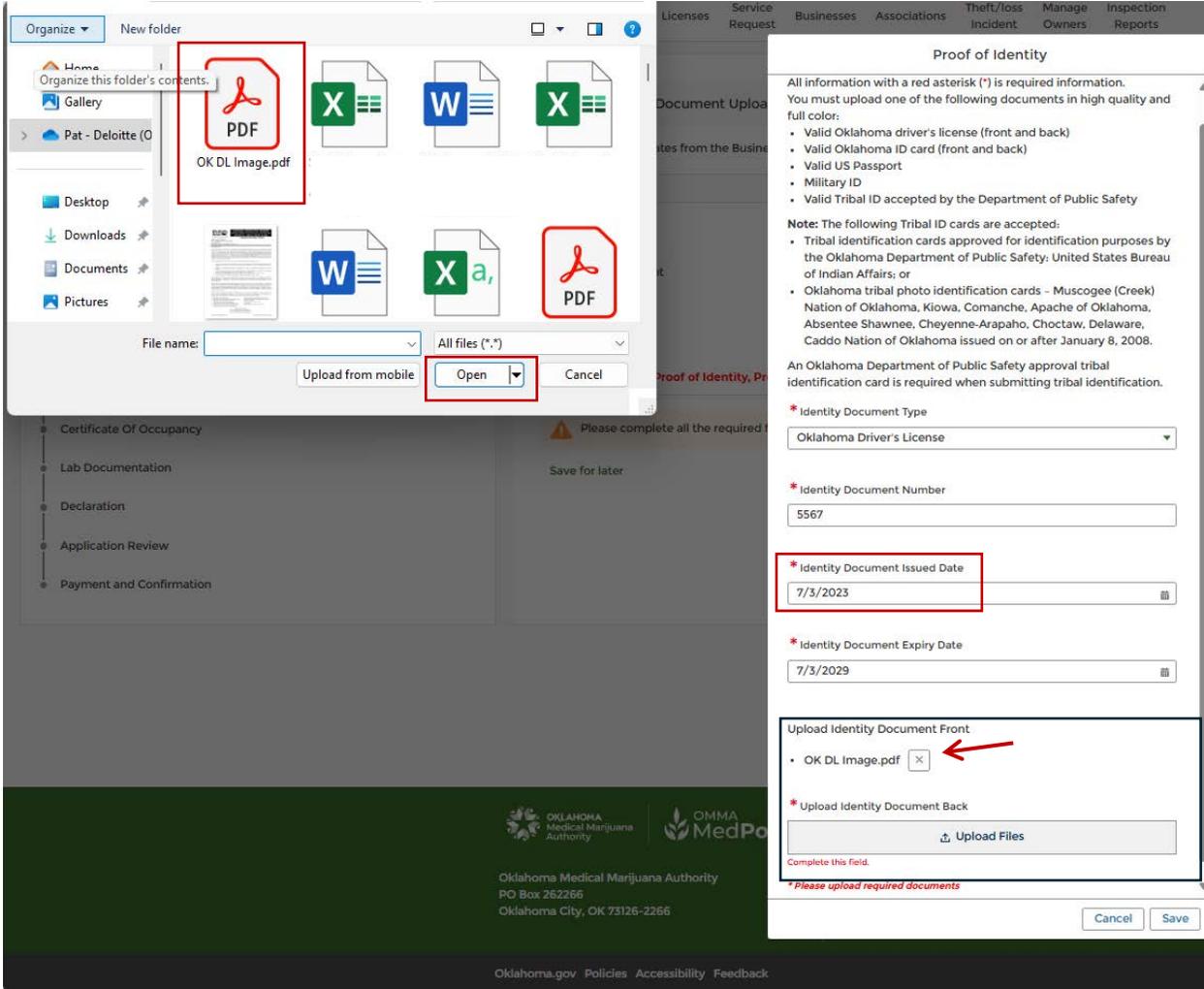
Must still upload: Proof of Identity, Proof of Residency, Affidavit of Lawful Presence, Background Check

⚠ Please complete all the required fields.

Save for later

Previous
Next

6. The documents will need to be uploaded by clicking on upload files. You will see the file saved. If you click on 'X', you can delete and upload a different file.



7. Upload provides user with text on what remains to be uploaded – Affidavit of Lawful Presence with a link in blue is provided and Background check information and Background Attestation.

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

<p>John Walker</p> <p>Role: Owner</p> <p>Title: Mr.</p> <p>Oklahoma Resident</p> <p>US Citizen</p> <p>Must still upload: Affidavit of Lawful Presence, Background Check</p>	<p>Proof of Identity</p> <p>Affidavit of Lawful Presence</p> <p>Background Check</p>
--	--

 Please complete all the required fields.

Save for later Previous Next

Upload Lawful Presence Proof

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each individual applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.

If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

* Affidavit of Lawful Presence

 Upload Files

* Please upload required documents

Cancel
Save

Business Owner Document

All information with a red asterisk (*) is required information. A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

* Background Check

* Please upload required documents

* Attestation Regarding National Background Check

* Please upload required documents

Cancel
Save

8. Once the uploads are completed the applicant there will be green text “All uploads completed.”

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr.	Affidavit of Lawful Presence
Oklahoma Resident	Background Check
US Citizen	
All Uploads Completed	

Save for later Previous Next

9. The next section is the Research Type. Choose research type(s) and upload required documents.

Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type**
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Research Type

Instructions:
All information with a red asterisk (*) is required information. Please provide information regarding the research being conducted.

*** Research Type(s)**

- To test chemical potency and composition levels
- To conduct clinical investigations of marijuana-derived medicinal purposes
- To conduct research on the efficacy and safety of administering marijuana as part of a medical treatment
- To conduct genomic, horticultural, or agricultural research
- To conduct research on marijuana-affiliated products or systems

Error: Research Type(s) is required.

Document Upload

Instructions:
Supporting documentation for research facility applicants. The applicant shall submit a full description of the research including the following:

- (A) Defined protocol;
- (B) Clearly articulated goals;
- (C) Defined methods and outputs;
- (D) Defined start and end date, and
- (E) Funding source(s);

Curriculum
If applicable, the education facility applicant must submit the curriculum and/or a description of the curricula that will be used

*** Supporting Documentation**

[Upload Files](#)

*Please upload required documents

10. Upload research/curriculum information related documents.

Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information**
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Research/Curriculum Information

Instructions:
All information with a red asterisk (*) is required information.
Please provide information regarding the research being conducted. Please see our website for more information on the documentation requirements for an education/research facility.

* Is the applicant facility a Public Institution or Non-Profit Entity?
 Yes
 No

* Will the research project and/or curriculum use public money and/or involve a public institution?
 Yes
 No

* Provide documentation of contract(s) and agreement(s) that show how the public funds and/or public institutions are involved in the research. Type / Document Upload

Upload Files

* Please upload required documents

* Provide a full description of the project which includes an abstract, study problem, rationale, literature review, study objectives, research methods and ethical considerations.

Upload Files

* Please upload required documents

* Provide an overview of the amount of marijuana to be purchased, grown, cultivated and a thorough explanation for the amount to be purchased or grown.

Upload Files

* Please upload required documents

* Provide documentation of the applicant's ability to successfully implement the research, including CV or Resumes for all PIs and co-PIs.

Upload Files

11. The next section is the Ownership Disclosure documentation. Click on drop down for type of document. This is a document upload and allows multiple uploads, if necessary, by clicking on add.

Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation**
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Ownership Disclosure Documentation

Instructions:
All information with a red asterisk (*) is required information.
Please provide documentation of all ownership interests in the business.

Upload Section Add

* Document Type

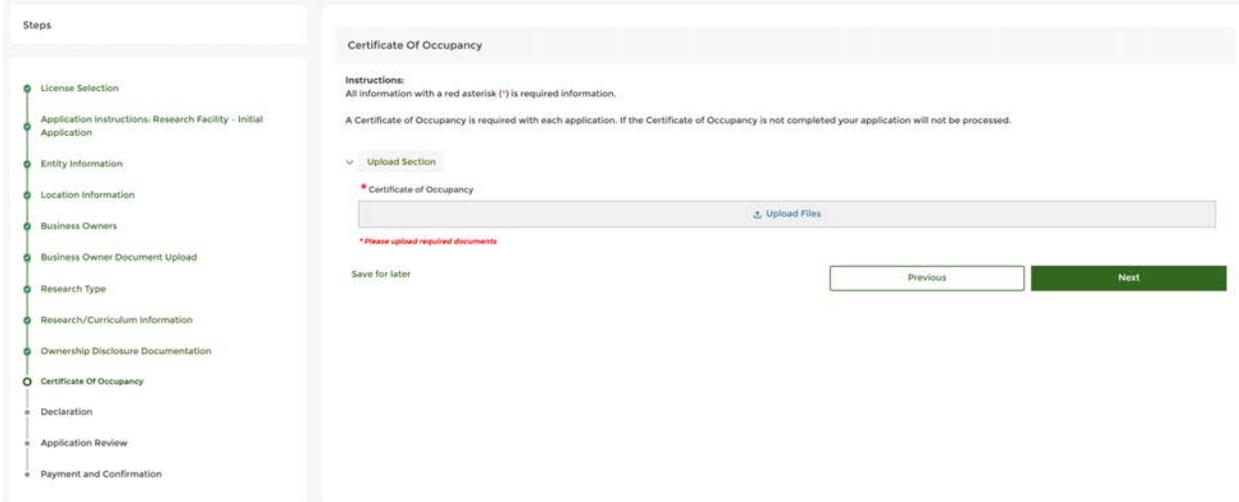
Please Upload all document

Save for later

Previous

Next

12. Completed Certificate of Occupancy is required to be uploaded.



Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy**
- Declaration
- Application Review
- Payment and Confirmation

Certificate Of Occupancy

Instructions:
All information with a red asterisk (*) is required information.

A Certificate of Occupancy is required with each application. If the Certificate of Occupancy is not completed your application will not be processed.

Upload Section

*Certificate of Occupancy

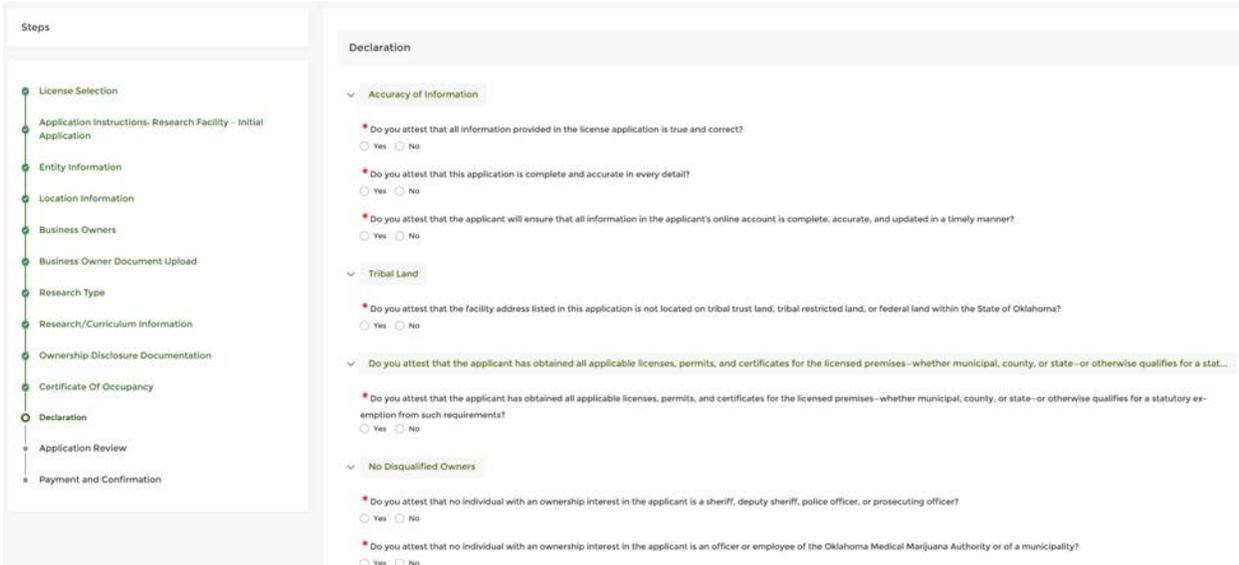
Upload Files

*Please upload required documents

Save for later

Previous Next

13. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.



Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration**
- Application Review
- Payment and Confirmation

Declaration

Accuracy of Information

* Do you attest that all information provided in the license application is true and correct?
 Yes No

* Do you attest that this application is complete and accurate in every detail?
 Yes No

* Do you attest that the applicant will ensure that all information in the applicant's online account is complete, accurate, and updated in a timely manner?
 Yes No

Tribal Land

* Do you attest that the facility address listed in this application is not located on tribal trust land, tribal restricted land, or federal land within the State of Oklahoma?
 Yes No

Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises—whether municipal, county, or state—or otherwise qualifies for a stat...
 Yes No

* Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises—whether municipal, county, or state—or otherwise qualifies for a statutory exemption from such requirements?
 Yes No

No Disqualified Owners

* Do you attest that no individual with an ownership interest in the applicant is a sheriff, deputy sheriff, police officer, or prosecuting officer?
 Yes No

* Do you attest that no individual with an ownership interest in the applicant is an officer or employee of the Oklahoma Medical Marijuana Authority or of a municipality?
 Yes No

14. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review**
- Payment and Confirmation

Application Review

ENTITY INFORMATION Edit

Business Structure: Limited Liability Company (LLC)
Legal Name of Entity: Greatest Co
Does your Legal Entity operate under a different Business Name (Trade Name)? No
Employer ID: 13536
Contact Information
Operating Hours:
Business Phone: 9181938203
Business Fax:
Business Email: greatestbiz@yopmail.com
Business Website:

LOCATION INFORMATION Edit

Facility Address
Street: 600 E Sheridan Ave
Unit:
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.503238000000000
Latitude: 35.466145000000000
Country: United States Of America

LOCATION INFORMATION Edit

Unit: 600
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.503238000000000
Latitude: 35.466145000000000
Country:

Facility address is the same as Facility Mailing Address: false

Mailing Address
Street: 600 E Sheridan Ave
Unit: 600
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.503238000000000
Latitude: 35.466145000000000
Country:

I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the business license. true

I attest that the business meets the proof of land ownership requirement specified in SB 913. No

BUSINESS OWNER(S) Edit

BUSINESS OWNER DOCUMENT UPLOAD Edit

OWNERSHIP DISCLOSURE DOCUMENTATION Edit

CERTIFICATE OF OCCUPANCY Edit

Save for later
Previous
Download Application
Next



Back to top

- Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- License Selection
- Application Instructions: Research Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation**

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.
If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





Fee BreakDown

SKU	Description	Amount
4013	Research Facility License Fee	\$500

Education Facility:

1. The Applicant will be provided with guided steps on the left side along with detailed instruction page.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application**
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Education Facility - Initial Application

Important :

Please read the following application instructions closely.

Submission of this application will require the payment of five hundred dollars (\$500.00) license fee plus processing fees.

We strongly recommend gathering all documents prior to starting the application.

A complete application for an education facility license includes, at a minimum, the following:

Identification Documents

All owners and principal officers must provide identification documents. Acceptable forms include :

1. A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
2. A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
3. A copy of the owner or principal officer's valid, unexpired United States Passport;
4. A copy of the owner or principal officer's photo identification issued by the United States government;
5. A copy of the owner or principal officer's tribal identification card

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety, United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

Applicants for commercial licensure must establish through sufficient documentation either: (1) Oklahoma residency for at least two (2) years immediately preceding the application submission date; or (2) Five (5) years continuous Oklahoma residency during the twenty-five (25) years immediately preceding the application submission date. Applicants may establish residency through submission of one or more of the following documents establishing residency for the entire span of the applicable time period.

2. Since the applicant selected an existing business, information from the business registration will be auto populated but can be edited with the exception of legal name and business structure which is grayed out because it is non-editable. * Is required field that must be completed.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information**
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Entity Information

Instructions : All information with a red asterisk (*) is required information.

Entity Information

Business Structure
Non-Profit 501(c)(3) Entity

Legal Name of Entity
Greatest Co

* Does your Legal Entity operate under a different Business name (Trade Name)?

Yes

No

Contact Information

Operating Hours

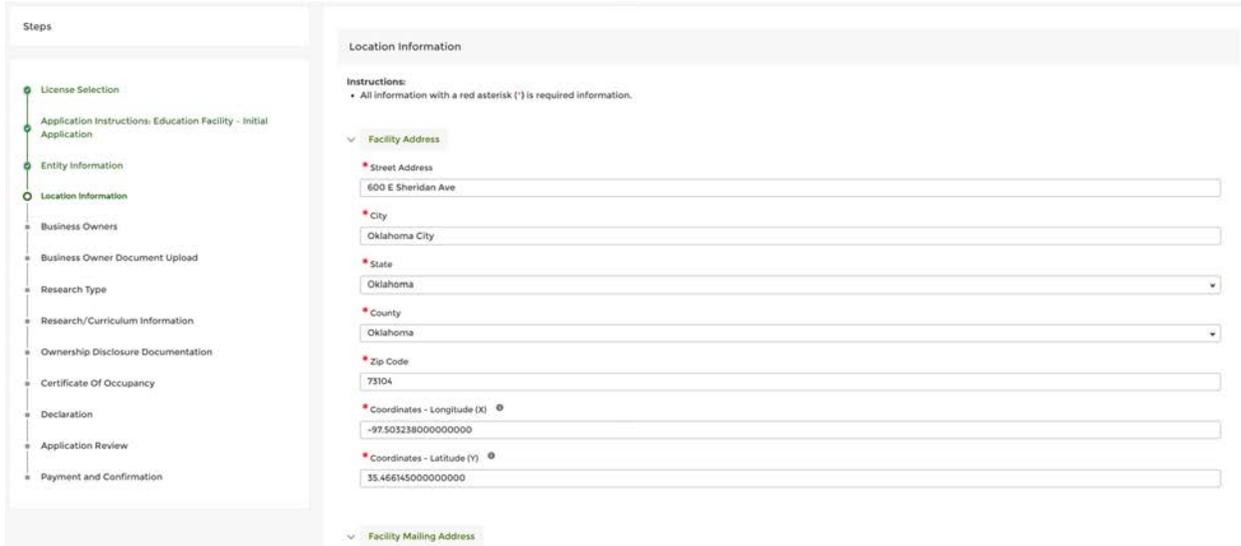
* Business Phone
(918) 193-8203

Business Fax

* Business Email
greatestbiz@yopmail.com

Business Website

- The location information will also be populated, but editable if location has changed.



Steps:

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information**
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Location Information

Instructions:

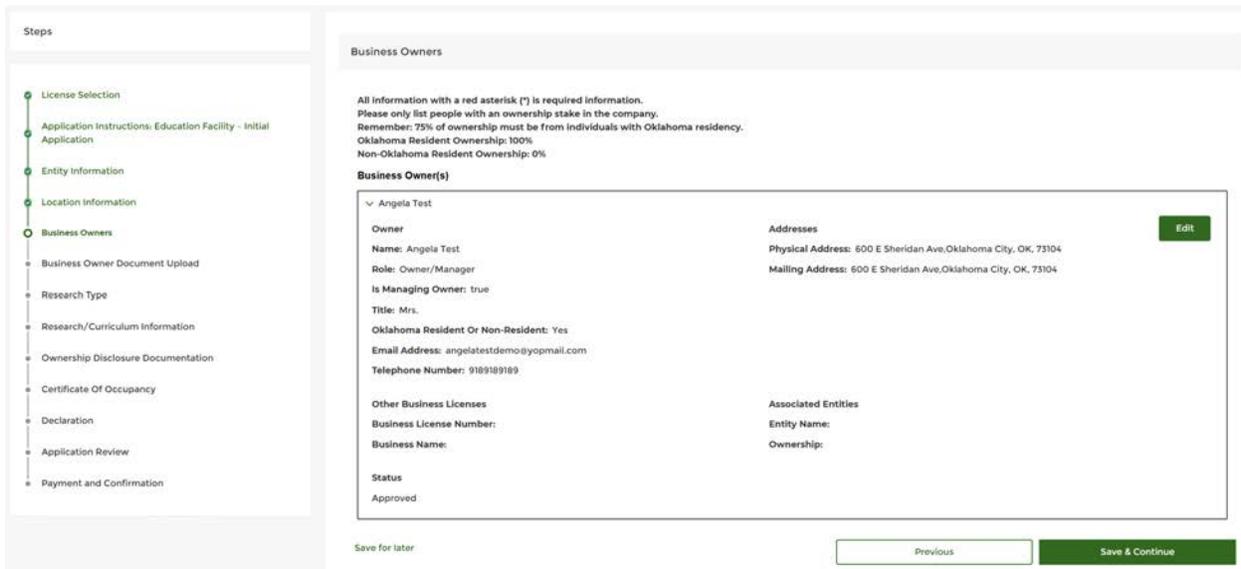
- All information with a red asterisk (*) is required information.

Facility Address

- * Street Address: 600 E Sheridan Ave
- * City: Oklahoma City
- * State: Oklahoma
- * County: Oklahoma
- * Zip Code: 73104
- * Coordinates - Longitude (X): -97.503238000000000
- * Coordinates - Latitude (Y): 35.466145000000000

Facility Mailing Address

- Business Owner information is populated from business registration. When registering the business, the applicant is required to designate the Managing Owner.



Steps:

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners**
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owners

All information with a red asterisk (*) is required information.
Please only list people with an ownership stake in the company.
Remember: 75% of ownership must be from individuals with Oklahoma residency.
Oklahoma Resident Ownership: 100%
Non-Oklahoma Resident Ownership: 0%

Business Owner(s)

Angela Test

Owner	Addresses	Edit
Name: Angela Test	Physical Address: 600 E Sheridan Ave, Oklahoma City, OK, 73104	
Role: Owner/Manager	Mailing Address: 600 E Sheridan Ave, Oklahoma City, OK, 73104	
Is Managing Owner: true		
Title: Mrs.		
Oklahoma Resident Or Non-Resident: Yes		
Email Address: angela.testdemo@yopmail.com		
Telephone Number: 9189189189		
Other Business Licenses	Associated Entities	
Business License Number:	Entity Name:	
Business Name:	Ownership:	
Status		
Approved		

Save for later Previous **Save & Continue**

- For each owner, the applicant must upload required business owner documents. If the Driver License was issued more than 2 years ago, Proof of Residency is not required. The button will disappear if this business rule is met, otherwise the applicant will need to submit proof of residency documents as well.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload**
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

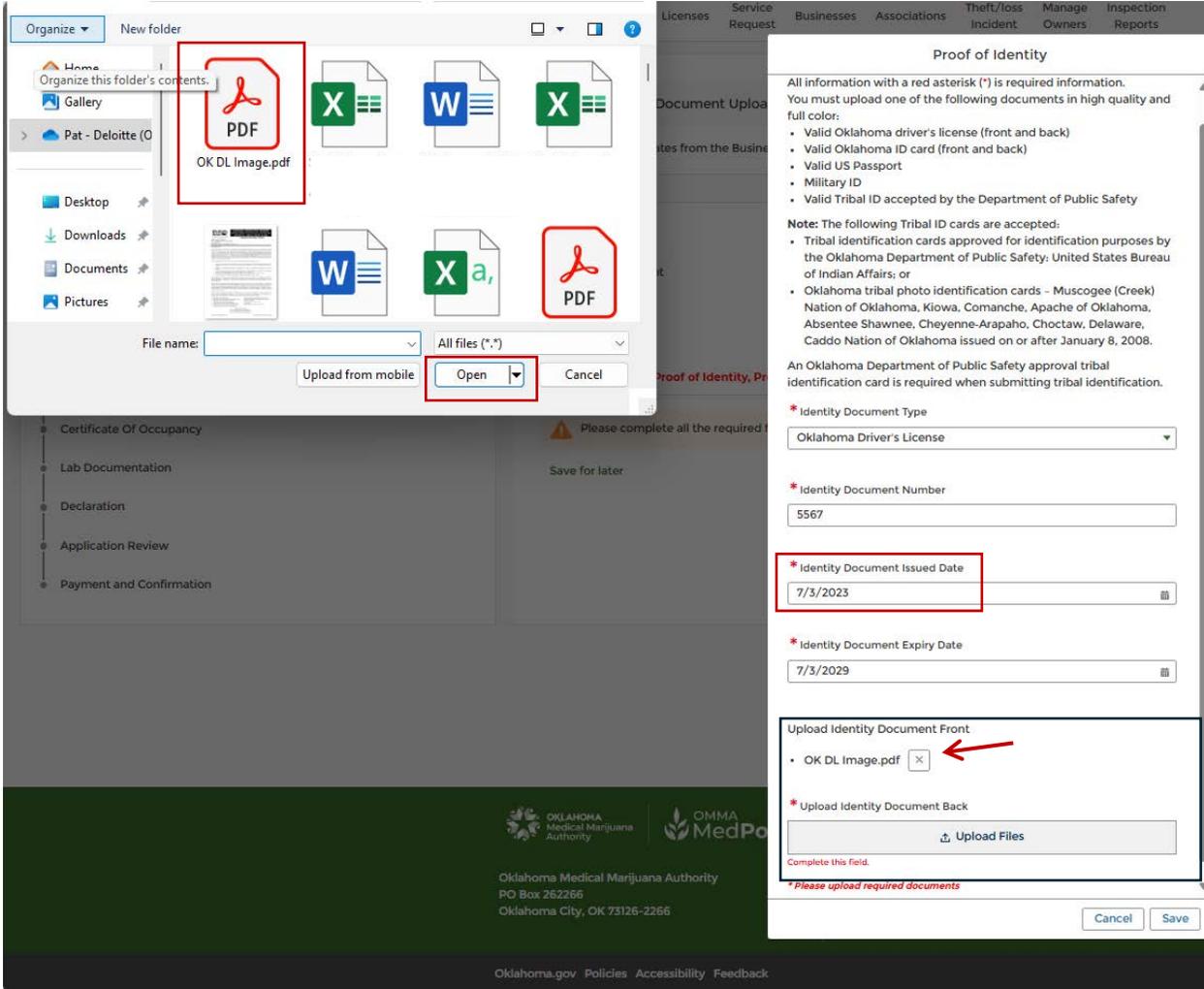
Angela Test	
Role: Owner/Manager	Proof of Identity
Title Mrs.	Proof of Residency
Oklahoma Resident	Affidavit of Lawful Presence
US Citizen	Background Check

Must still upload: Proof of Identity, Proof of Residency, Affidavit of Lawful Presence, Background Check

⚠ Please complete all the required fields.

Save for later

6. The documents will need to be uploaded by clicking on upload files. You will see the file saved. If you click on 'X', you can delete and upload a different file.



The image shows a file explorer window in the foreground with a file named "OK DL Image.pdf" selected. The background is a web form titled "Proof of Identity". The form includes a list of acceptable documents and a section for uploading the document front. A red box highlights the "Upload Identity Document Front" section, and a red arrow points to the "X" icon next to the file name "OK DL Image.pdf".

Proof of Identity

All information with a red asterisk (*) is required information. You must upload one of the following documents in high quality and full color:

- Valid Oklahoma driver's license (front and back)
- Valid Oklahoma ID card (front and back)
- Valid US Passport
- Military ID
- Valid Tribal ID accepted by the Department of Public Safety

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety: United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

An Oklahoma Department of Public Safety approval tribal identification card is required when submitting tribal identification.

* Identity Document Type
Oklahoma Driver's License

* Identity Document Number
5567

* Identity Document Issued Date
7/3/2023

* Identity Document Expiry Date
7/3/2029

Upload Identity Document Front

- OK DL Image.pdf

* Upload Identity Document Back

Complete this field.

* Please upload required documents

7. Upload provides user with text on what remains to be uploaded – Affidavit of Lawful Presence with a link in blue is provided and Background check information and Background Attestation.

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

<p>John Walker</p> <p>Role: Owner</p> <p>Title: Mr.</p> <p>Oklahoma Resident</p> <p>US Citizen</p> <p>Must still upload: Affidavit of Lawful Presence, Background Check</p>	<p>Proof of Identity</p> <p>Affidavit of Lawful Presence</p> <p>Background Check</p>
--	--

 Please complete all the required fields.

Save for later Previous Next

Upload Lawful Presence Proof

Instructions:
All information with a red asterisk (*) is required information.

This document must be completed and signed by each individual applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.

If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

* Affidavit of Lawful Presence

 Upload Files

* Please upload required documents

Cancel
Save

Business Owner Document

All information with a red asterisk (*) is required information. A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

* Background Check

* Please upload required documents

* Attestation Regarding National Background Check

* Please upload required documents

Cancel
Save

8. Once the uploads are completed the applicant there will be green text “All uploads completed.”

Business Owner Document Upload

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

John Walker	
Role: Owner	Proof of Identity
Title: Mr. Oklahoma Resident	Affidavit of Lawful Presence
US Citizen	Background Check
All Uploads Completed	

Save for later Previous Next

9. The next section is the Research Type. Choose research type(s) and upload required documents.

Steps

- License Selection
- Application Instructions. Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type**
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Research Type

Instructions:
All information with a red asterisk (*) is required information. Please provide information regarding the research being conducted.

* Research Type(s) / Activities

- To test cultivation techniques, strategies, infrastructure, mediums, lighting, and other related technology
- To demonstrate cultivation techniques, strategies, infrastructure, mediums, lighting, and other related technology
- To demonstrate the application and use of product manufacturing technologies
- To conduct genomic, horticultural, or agricultural research
- To conduct research on marijuana-affiliated products or systems.

Error: Research Type(s) / Activities is required.

Document Upload

Instructions:
Supporting documentation for Education facility applicants. The applicant shall submit a full description of the research including the following:

- (A) Defined protocol;
- (B) Clearly articulated goals;
- (C) Defined methods and outputs;
- (D) Defined start and end date, and
- (E) Funding source(s).

Curriculum
If applicable, the education facility applicant must submit the curriculum and/or a description of the curricula that will be used

* Supporting Documentation

Upload Files

* Please upload required documents

Save for later Previous Next

10. Upload research/curriculum information related documents.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information**
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Research/Curriculum Information

Instructions:
All information with a red asterisk (*) is required information.

Please provide information regarding the research being conducted. Please see our website for more information on the documentation requirements for an education/research facility.

* Is the applicant facility a Public Institution or Non-Profit Entity?
 Yes
 No

* Will the research project and/or curriculum use public money and/or involve a public institution?
 Yes
 No

* Provide documentation of contract(s) and agreement(s) that show how the public funds and/or public institutions are involved in the research. Type : Document Upload

Upload Files

* Please upload required documents

* Provide a full description of the project which includes an abstract, study problem, rationale, literature review, study objectives, research methods and ethical considerations.

Upload Files

* Please upload required documents

* Provide an overview of the amount of marijuana to be purchased, grown, cultivated and a thorough explanation for the amount to be purchased or grown.

Upload Files

* Please upload required documents

* Provide documentation of the applicant's ability to successfully implement the research, including CV or Resumes for all PIs and co-PIs.

Upload Files

* Please upload required documents

11. The next section is the Ownership Disclosure documentation. Click on drop down for type of document. This is a document upload and allows multiple uploads, if necessary, by clicking on add.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation**
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Ownership Disclosure Documentation

Instructions :
All information with a red asterisk (*) is required information.

Please provide documentation of all ownership interests in the business.

Upload Section Add

* Document Type

Select an Option

⚠ Please Upload all document

Save for later

Previous

Next

12. Completed Certificate of Occupancy is required to be uploaded.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy**
- Declaration
- Application Review
- Payment and Confirmation

Certificate Of Occupancy

Instructions:
All information with a red asterisk (*) is required information.

A Certificate of Occupancy is required with each application. If the Certificate of Occupancy is not completed your application will not be processed.

Upload Section

* Certificate of Occupancy

[Upload Files](#)

*Please upload required documents

Save for later

Previous

Next

13. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration**
- Application Review
- Payment and Confirmation

Declaration

Accuracy of Information

* Do you attest that all information provided in the license application is true and correct?
 Yes No

* Do you attest that this application is complete and accurate in every detail?
 Yes No

* Do you attest that the applicant will ensure that all information in the applicant's online account is complete, accurate, and updated in a timely manner?
 Yes No

Tribal Land

* Do you attest that the facility address listed in this application is not located on tribal trust land, tribal restricted land, or federal land within the State of Oklahoma?
 Yes No

Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises—whether municipal, county, or state—or otherwise qualifies for a stat...

* Do you attest that the applicant has obtained all applicable licenses, permits, and certificates for the licensed premises—whether municipal, county, or state—or otherwise qualifies for a statutory exemption from such requirements?
 Yes No

No Disqualified Owners

* Do you attest that no individual with an ownership interest in the applicant is a sheriff, deputy sheriff, police officer, or prosecuting officer?
 Yes No

* Do you attest that no individual with an ownership interest in the applicant is an officer or employee of the Oklahoma Medical Marijuana Authority or of a municipality?
 Yes No

14. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review**
- Payment and Confirmation

Application Review

ENTITY INFORMATION Edit

Business Structure: Non-Profit 501(c)(3) Entity
Legal Name of Entity: Greatest Co
Does your Legal Entity operate under a different Business name (Trade Name)? No
Contact Information
Operating Hours:
Business Phone: 9181938203
Business Fax:
Business Email: greatestbiz@yopmail.com
Business Website:

LOCATION INFORMATION Edit

Facility Address
Street: 600 E Sheridan Ave
Unit:
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.5032380000000000
Latitude: 35.4661450000000000
Country: United States Of America
Facility address is the same as Facility Mailing Address: false
Mailing Address

LOCATION INFORMATION Edit

Unit: 600
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.5032380000000000
Latitude: 35.4661450000000000
Country:
Facility address is the same as Facility Mailing Address: false
Mailing Address
Street: 600 E Sheridan Ave
Unit: 600
City: Oklahoma City
State: OK
County: Oklahoma
Zip: 73104
Longitude: -97.5032380000000000
Latitude: 35.4661450000000000
Country:
I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the business license. true
I attest that the business meets the proof of land ownership requirement specified in SB 933. No

BUSINESS OWNER(S) Edit

BUSINESS OWNER DOCUMENT UPLOAD Edit

OWNERSHIP DISCLOSURE DOCUMENTATION Edit

CERTIFICATE OF OCCUPANCY Edit

Save for later

Previous
Download Application
Next

15. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- License Selection
- Application Instructions: Education Facility - Initial Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Research Type
- Research/Curriculum Information
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.
If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





Fee BreakDown

SKU	Description	Amount
4101	Education Facility License Fee	\$500

Back
Process Payment

4.4 List View and Details Page

1. On the applicant's home page under applications, the applicant will be able to see status of application, download application, and continue or cancel the application.

Home **Applications** Licenses Service Request Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

Applications Apply Now

Q Enter Business Name Relation name

Showing all applications (21)

 BLA-0000000423 10/10/2025	Relation name Greatest Co	License Type Research Facility	In Progress	Continue Application Cancel Download Application
 BLA-0000000391 10/02/2025	Relation name Great Business	License Type Waste Disposal Facility	Submitted	Download Application
 BLA-0000000390 10/02/2025	Relation name Money Bunny Corp	License Type Waste Disposal Facility	Approved	Download Application

Decision Date
10/02/2025

2. On the application details page, applicant can view further details of the application including associated fee, ownership details, and location information.

Applications > BLA-0000000027

BLA-0000000027

Submission Date: 2025-08-22 Business Name: New CHOW Alliance License Type: Waste Disposal Facility Status: Approved

Details

General Information

Business Name New CHOW Alliance	Business Email s1ttestomma@yopmail.com
Business Structure Limited Liability Company (LLC)	Business Phone (832) 645 - 6464

Related

-  Fee (1) ▼
-  Ownership Details (1) ▼
-  Location Information (2) ▼

- On the applicant's home page under license, the applicant will be able to see status of license, download and view wall certificate, apply for permit if applicable, and ability to submit Service Request.

Home Applications **Licenses** Service Request Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

Licenses

Q Search relevant license type or license number

Showing licenses from last 6 months (11)

WAAA-0AOB-TEAM	License Type Waste Disposal Facility	Active
Original Issue Date 08/20/2025	Effective Date 08/20/2025	Expiration Date 08/21/2026
		Apply for Permit View Service Request

GAAI-0ANX-NEAU	License Type Grower - Indoor Operations	Active
Original Issue Date 08/20/2025	Effective Date 08/22/2025	Expiration Date 07/27/2026
		View Service Request

WPAA-0AGL-HEAI	License Type Waste Disposal Permit	Active
Original Issue Date 08/22/2025	Effective Date 08/22/2025	Expiration Date 08/21/2026
		View Service Request

- On the license details page, applicant can view further details of the application including location information, transporter agent details, employee details and permit details if applicable.

Licenses > WAAA-0AOB-TEAM

WAAA-0AOB-TEAM

Business Name: New CHOW Alliance License Type: Waste Disposal Facility Status: Active [Add Employee](#)

Details

General Information

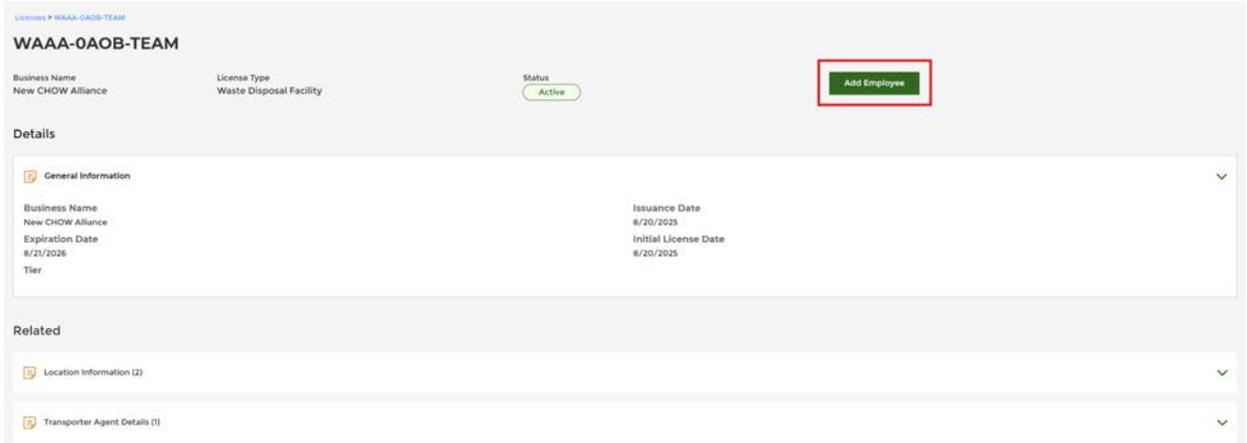
Business Name New CHOW Alliance	Issuance Date 8/20/2025
Expiration Date 8/21/2026	Initial License Date 8/20/2025
Tier	

Related

- Location Information (2)
- Transporter Agent Details (1)
- Employee Details (1)
- Permit Details (2)

4.5 Add/Remove Employee

1. On the license details page, the licensee can add an employee to the license by clicking 'Add Employee'.



License: WAAA-0A0B-TEAM

WAAA-0A0B-TEAM

Business Name: New CHOW Alliance | License Type: Waste Disposal Facility | Status: Active

Add Employee

Details

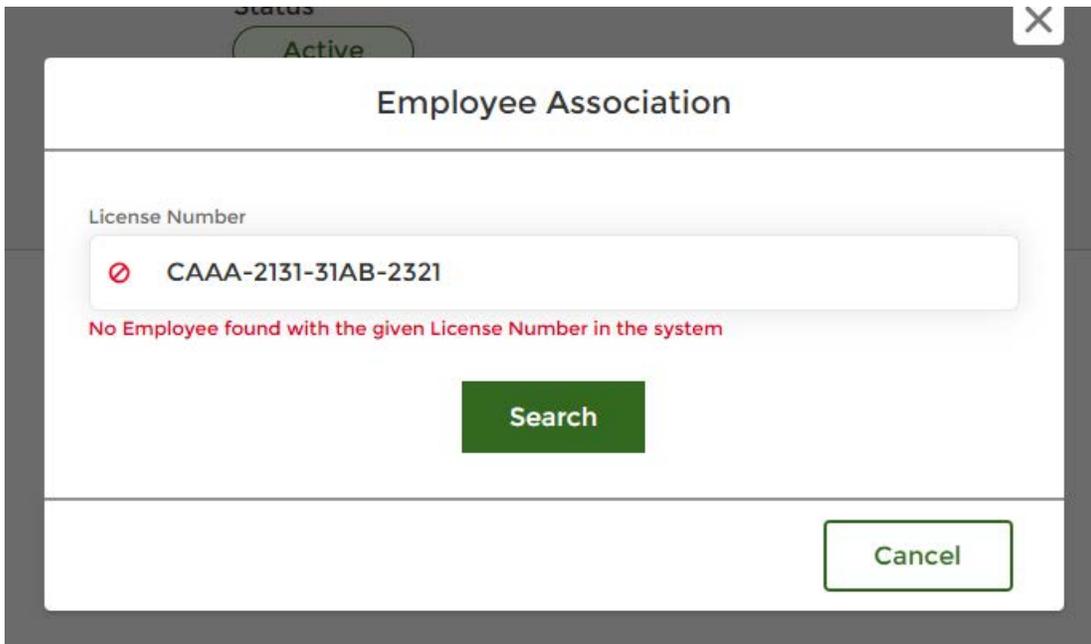
General Information

Business Name	Issuance Date
New CHOW Alliance	8/20/2025
Expiration Date	Initial License Date
8/21/2026	8/20/2025
Tier	

Related

- Location Information (2)
- Transporter Agent Details (1)

2. This action opens an Employee Association pop-up, where the licensee searches for the employee's license number.



Employee Association

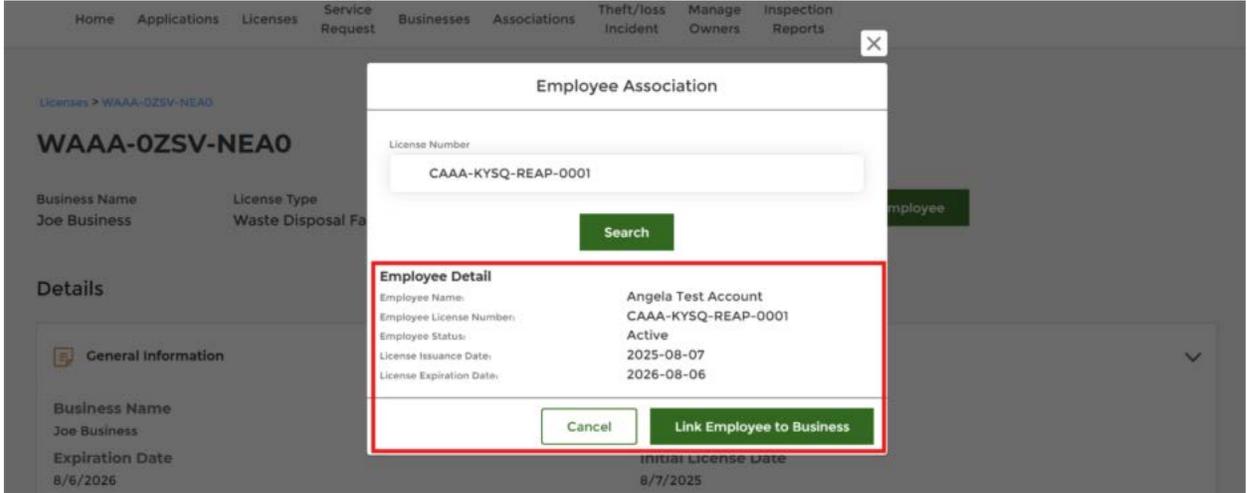
License Number

No Employee found with the given License Number in the system

Search

Cancel

- If the license number is incorrect or does not exist, the system displays an error message. When a valid and active employee license number is entered, the system shows the employee's details and provides an option to link the employee to the business.



Home Applications Licenses Service Request Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

Licenses > WAAA-0ZSV-NEAO

WAAA-0ZSV-NEAO

Business Name: Joe Business License Type: Waste Disposal Facility

Employee Association

License Number: CAAA-KYSQ-REAP-0001

Search

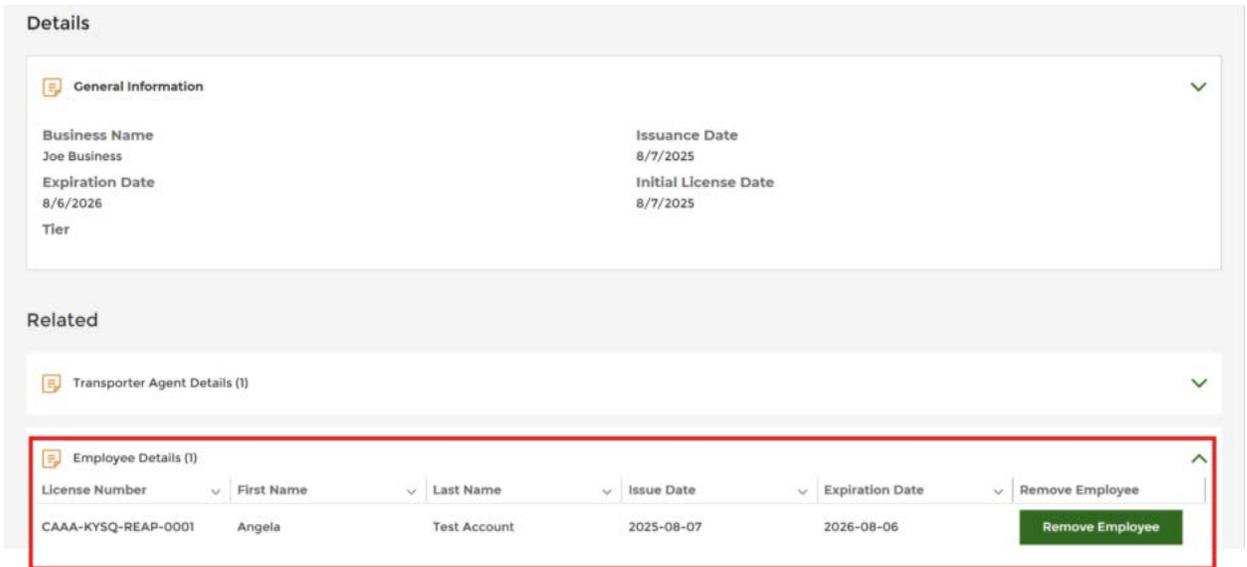
Employee Detail

Employee Name: Angela Test Account
 Employee License Number: CAAA-KYSQ-REAP-0001
 Employee Status: Active
 License Issuance Date: 2025-08-07
 License Expiration Date: 2026-08-06

Cancel Link Employee to Business

Business Name: Joe Business Expiration Date: 8/6/2026 Initial License Date: 8/7/2025

- After confirming the association, the employee is added under the 'Employee Details' tab.



Details

General Information

Business Name: Joe Business Issuance Date: 8/7/2025
 Expiration Date: 8/6/2026 Initial License Date: 8/7/2025
 Tier:

Related

Transporter Agent Details (1)

Employee Details (1)

License Number	First Name	Last Name	Issue Date	Expiration Date	Remove Employee
CAAA-KYSQ-REAP-0001	Angela	Test Account	2025-08-07	2026-08-06	Remove Employee

- The licensee also has the ability to remove the employee from the roster, and once removal is confirmed, the employee is deleted from the list.



4.6 Apply for Transporter Agent

16. To apply for a Transporter Agent, navigate to the 'Associations' tab and select 'Add Transporter Agent' in the Association Type field

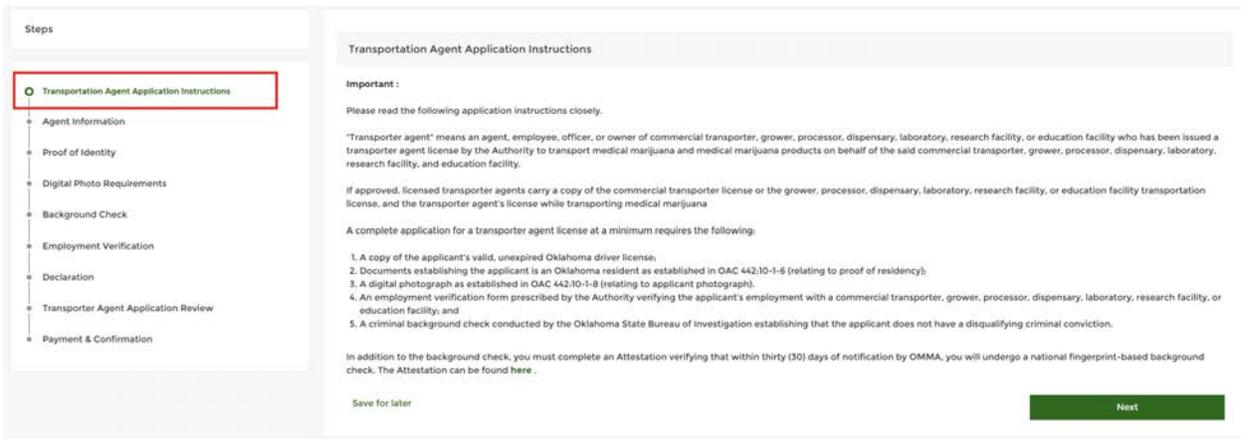


17. Next, choose the business and license type you want to associate with the transporter agent, then enter the transporter agent's Oklahoma Driver License Number and Date of Birth.

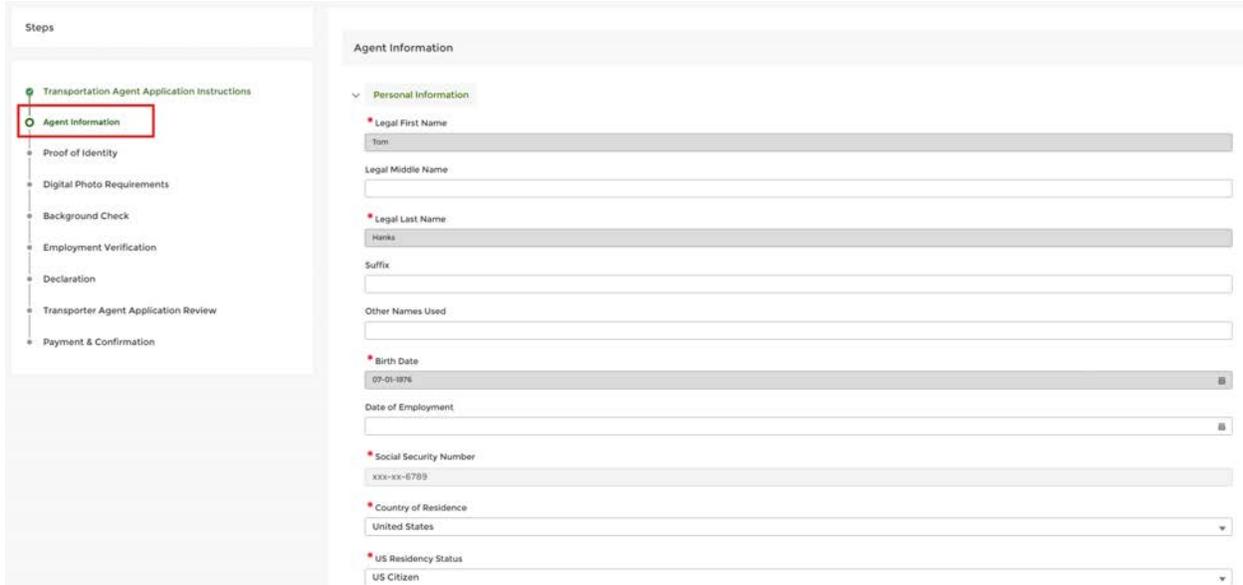
Association Selection



18. Click 'Next' and start the application process.



19. If the transporter agent is already in the system, their information will be auto populated. If not, the applicant will need to manually enter the transporter agent's details.



Steps

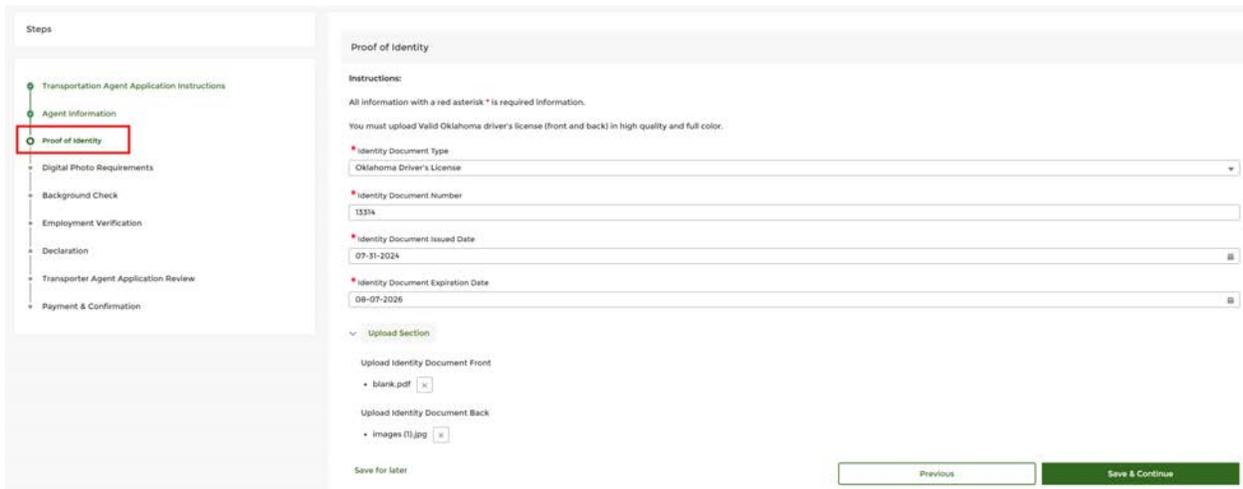
- Transportation Agent Application Instructions
- Agent Information**
- Proof of Identity
- Digital Photo Requirements
- Background Check
- Employment Verification
- Declaration
- Transporter Agent Application Review
- Payment & Confirmation

Agent Information

Personal Information

- * Legal First Name: Tim
- Legal Middle Name:
- * Legal Last Name: Harris
- Suffix:
- Other Names Used:
- * Birth Date: 07-01-1976
- Date of Employment:
- * Social Security Number: xxx-xx-6789
- * Country of Residence: United States
- * US Residency Status: US Citizen

20. For proof of identity, the transporter agent is required to submit their valid Oklahoma driver's license



Steps

- Transportation Agent Application Instructions
- Agent Information
- Proof of Identity**
- Digital Photo Requirements
- Background Check
- Employment Verification
- Declaration
- Transporter Agent Application Review
- Payment & Confirmation

Proof of Identity

Instructions:
All information with a red asterisk * is required information.
You must upload Valid Oklahoma drivers license (front and back) in high quality and full color.

- * Identity Document Type: Oklahoma Driver's License
- * Identity Document Number: 15314
- * Identity Document Issued Date: 07-31-2024
- * Identity Document Expiration Date: 08-07-2026

Upload Section

- Upload Identity Document Front: blank.pdf
- Upload Identity Document Back: images (1).jpg

Save for later

Previous Save & Continue

21. Next section is Digital Photo Requirements. You must upload a digital photo of the transporter agent that meets the criteria specified in this step and in the License Application Photo Requirements document. Ensure the image is saved and uploaded in accordance with these requirements.

Steps

- Transportation Agent Application Instructions
- Agent Information
- Proof of Identity
- Digital Photo Requirements
- Background Check
- Employment Verification
- Declaration
- Transporter Agent Application Review
- Payment & Confirmation

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note: Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- ✓ Do keep hair out of your face. It should not cover your eyebrows, eyes, ears, or any part of your face.
- ✓ Do remove eyeglasses and hats before taking the photo.
- ✓ Do avoid shadows on your face.
- ✓ Do wear hats or head coverings for medical or religious purposes as long as your full face is visible.
- ✓ Do position your head and shoulders where they can be seen.

Don'ts

- ✗ Do not use digital filters, borders, text or any other method of altering the appearance of the picture.
- ✗ Do not tilt your head or turn your shoulder to the side.
- ✗ Do not crop off your head and shoulders by zooming in too closely.
- ✗ Do not wear sunglasses, show hands or other objects in the photo.
- ✗ Do not re-size the photo outside the provided guidelines.
- ✗ Do not capture anyone else besides the person applying for a license in the photo.



Good



Good



Good



Good



Too Close



Unaccepted accessories



Side Facing

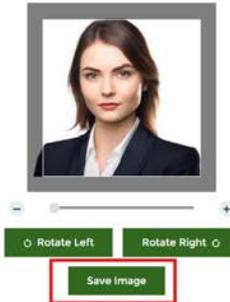






Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:
(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

- I attest the photo only shows the applicant and was taken within the last 6 months.
- I attest the photo was taken with a white or off-white background.
- I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

⚠ This field is required.

Hat or Head Covering (if applicable)

If you are wearing a hat or head covering, please upload one of the necessary files below:

Is the hat or head covering for medical purposes?

In accordance with OAC 310:601-1-0(6)(B), please submit a signed doctor's statement verifying the hat or head covering in the photo is used for daily medical purposes.

Upload Document

[Upload Files](#)

Is the hat or head covering for religious purposes?

In accordance with OAC 310:601-1-0(6)(A), please submit a signed statement that the form of covering is customary religious attire.

Upload Document

[Upload Files](#)

- I attest the photo meets the License Application Photo Requirements and I have provided all relevant information and forms requested.

22. Next, fill out background check information and upload required documents

Steps

- Transportation Agent Application Instructions
- Agent Information
- Proof of Identity
- Digital Photo Requirements
- Background Check**
- Employment Verification
- Declaration
- Transporter Agent Application Review
- Payment & Confirmation

Background Check

Instructions:

All information with a red asterisk (*) is required information.

A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 971(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the Oklahoma State Bureau of Investigation web page for name based criminal history searches to request a report.

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at [LINK](#)

*** Background Requestor Full Name**

Error: Background Requestor Full Name is required.

*** Background Requestor Email**

*** Document Issued Date**

Upload Section

*** Background Check**

 [Upload Files](#)

*Please upload required documents

*** Attestation Regarding National Background Check**

 [Upload Files](#)

*Please upload required documents

Save for later

23. Next, upload employment verification documents

Steps

- Transportation Agent Application Instructions
- Agent Information
- Proof of Identity
- Digital Photo Requirements
- Background Check
- Employment Verification**
- Declaration
- Transporter Agent Application Review
- Payment & Confirmation

Employment Verification

Instructions:
All information with a red asterisk (*) is required information. You must provide the Employment Verification Form.

* Employment Verification

Upload Files

Combine this file

* Please upload required documents

Save for later

Previous
Next

24. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.

Steps

- Transportation Agent Application Instructions
- Agent Information
- Proof of Identity
- Digital Photo Requirements
- Background Check
- Employment Verification
- Declaration**
- Transporter Agent Application Review
- Payment & Confirmation

Declaration

* Does the transporter agent applicant 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 by the transporter agent to submit this application and the information within?
 Yes No

* Do you attest the information in this application is true and correct?
 Yes No

* I understand and have notified the transporter agent applicant 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 and have notified the transporter agent applicant that I, as the employer listed in this application, may terminate the agent identification card at any time.
 Yes No

* Signature

* Signature Date

08-09-2025

Save for later

Previous
Save & Continue

25. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- Transportation Agent Application Instructions
- Agent Information
- Proof of Identity
- Digital Photo Requirements
- Background Check
- Employment Verification
- Declaration
- Transporter Agent Application Review**
- Payment & Confirmation

Transporter Agent Application Review

PERSONAL INFORMATION Edit

First Name: John

Middle Name:

Last Name: Depp

Suffix:

Other Names Used:

Birth Date: 07-31-1986

Date of Employment: NaN-NaN-NaN

Social Security Number: xxx-xx-8080

County of Residence: United States

US Residency Status: US Citizen

Sex: Male

Race: Asian

ADDRESS INFORMATION Edit

Physical Address

Street: 100 E Sheridan Ave

Unit: 100

City: Oklahoma City

State: OK

County: Oklahoma

Zip: 73104

Longitude: -97.51803

Latitude: 35.466816

Country: United States Of America

CONTACT INFORMATION Edit

Telephone: 9188198358
 Mobile Number:
 E-mail Address: johndep@yopmail.com

PROOF OF IDENTITY Edit

Identity Document Type: Oklahoma Driver's License
 Identity Document Number: 13314
 Identity Document Issued Date: 07-30-2024
 Identity Document Expiration Date: 08-06-2026

BACKGROUND CHECK Edit

Background Requestor Full Name: John Lee
 Background Requestor Email: johnlee@qtest.com
 Document Issued Date: 07-29-2025

Download Application

Save for later
Previous
Next

26. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- Transportation Agent Application Instructions
- Agent Information
- Proof of Identity
- Digital Photo Requirements
- Background Check
- Employment Verification
- Declaration
- Transporter Agent Application Review
- Payment & Confirmation**

Payment & Confirmation

Upon selecting "Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





Fee BreakDown

SKU	Description	Amount
2536	Transport Agent License Fee	\$25

Back
Process Payment

Save for later

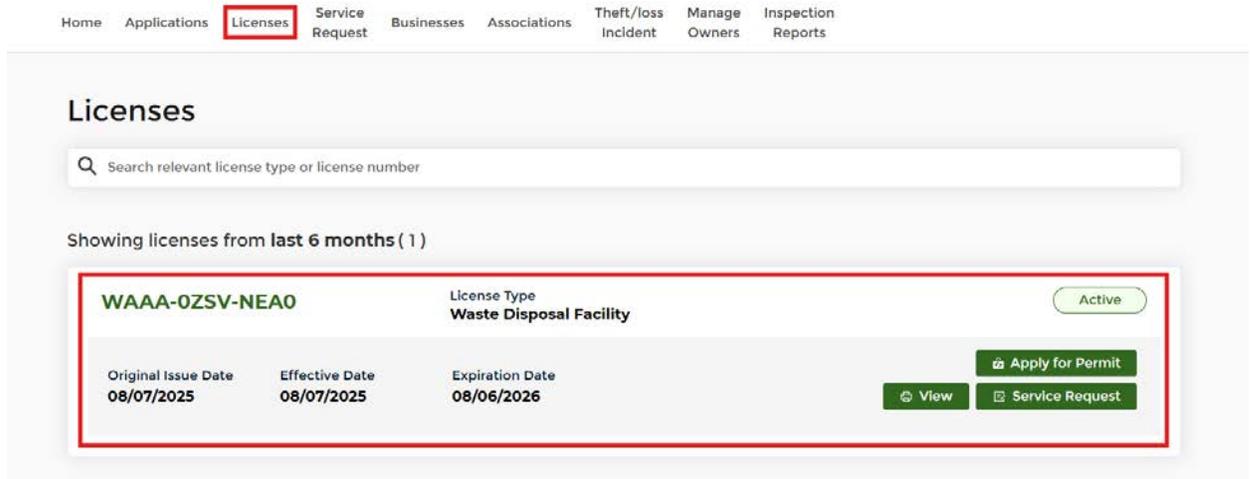
27. Once payment has been submitted, then applicant will see payment successful message and the application has been submitted for review.



Payment Successful!
Your Application :Relation-0000002 has been received.
 Thank you for submitting your application. You can view your application details and status on your dashboard.

4.7 Apply for Permit

1. Once the application is approved, the user can view the associated license information under the 'License' tab on the portal.



Home Applications **Licenses** Service Request Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

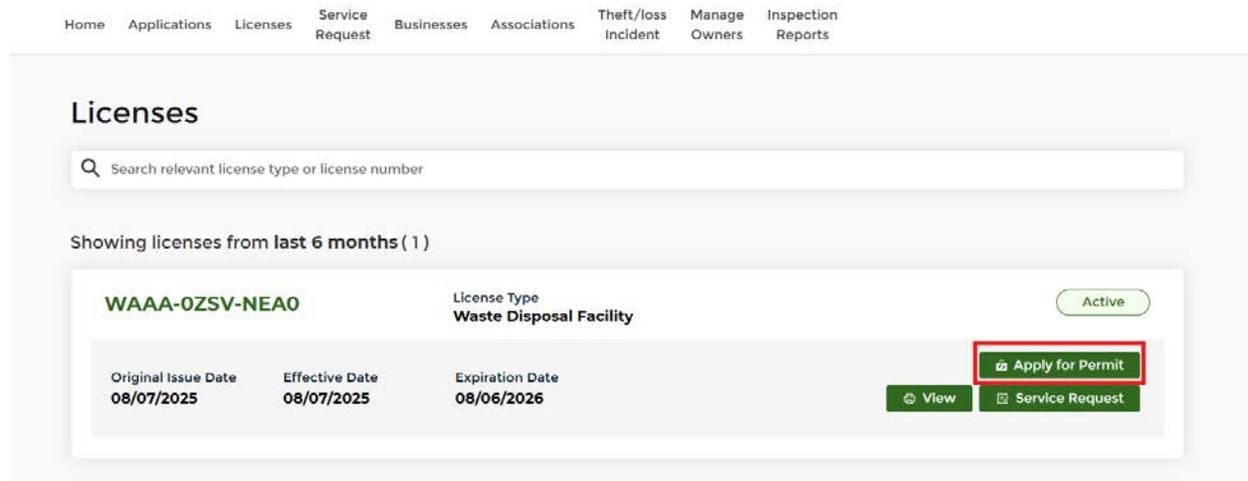
Licenses

Search relevant license type or license number

Showing licenses from last 6 months (1)

WAAA-OZSV-NEA0			License Type Waste Disposal Facility	Active
Original Issue Date 08/07/2025	Effective Date 08/07/2025	Expiration Date 08/06/2026	View	Apply for Permit
			Service Request	

2. To apply for the permit, select 'Apply for Permit' and will direct the users to the application page. Permits are only allowed for Waste Disposal Facility and Transporter license types.



Home Applications Licenses **Service Request** Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

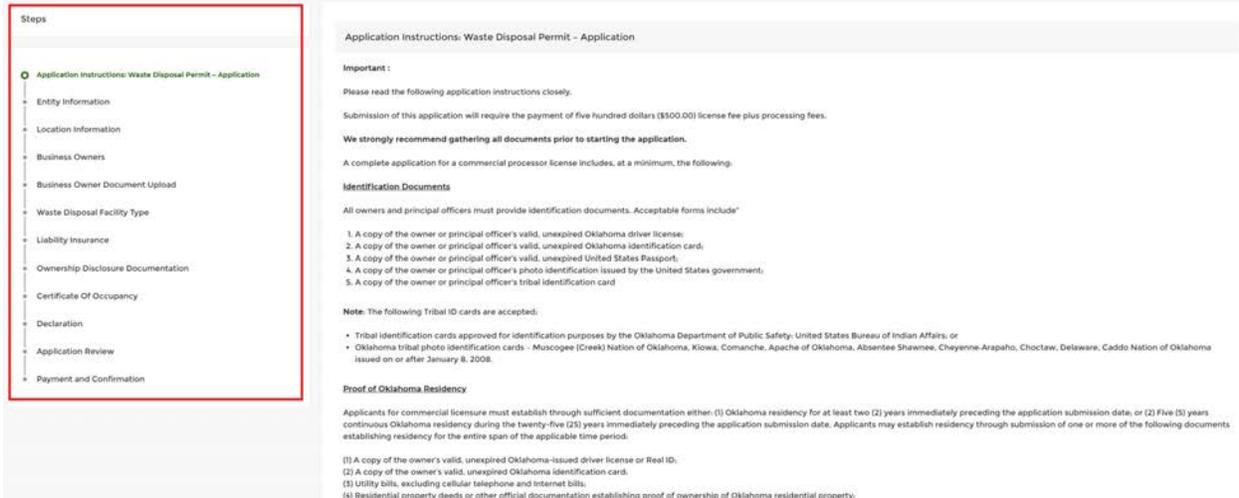
Licenses

Search relevant license type or license number

Showing licenses from last 6 months (1)

WAAA-OZSV-NEA0			License Type Waste Disposal Facility	Active
Original Issue Date 08/07/2025	Effective Date 08/07/2025	Expiration Date 08/06/2026	View	Apply for Permit
			Service Request	

3. The user will complete all the application steps and wait for a decision of the permit application.



Steps

- Application Instructions: Waste Disposal Permit - Application
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation

Application Instructions: Waste Disposal Permit - Application

Important:

Please read the following application instructions closely.

Submission of this application will require the payment of five hundred dollars (\$500.00) license fee plus processing fees.

We strongly recommend gathering all documents prior to starting the application.

A complete application for a commercial processor license includes, at a minimum, the following:

Identification Documents

All owners and principal officers must provide identification documents. Acceptable forms include*

1. A copy of the owner or principal officer's valid, unexpired Oklahoma driver license;
2. A copy of the owner or principal officer's valid, unexpired Oklahoma identification card;
3. A copy of the owner or principal officer's valid, unexpired United States Passport;
4. A copy of the owner or principal officer's photo identification issued by the United States government;
5. A copy of the owner or principal officer's tribal identification card

Note: The following Tribal ID cards are accepted:

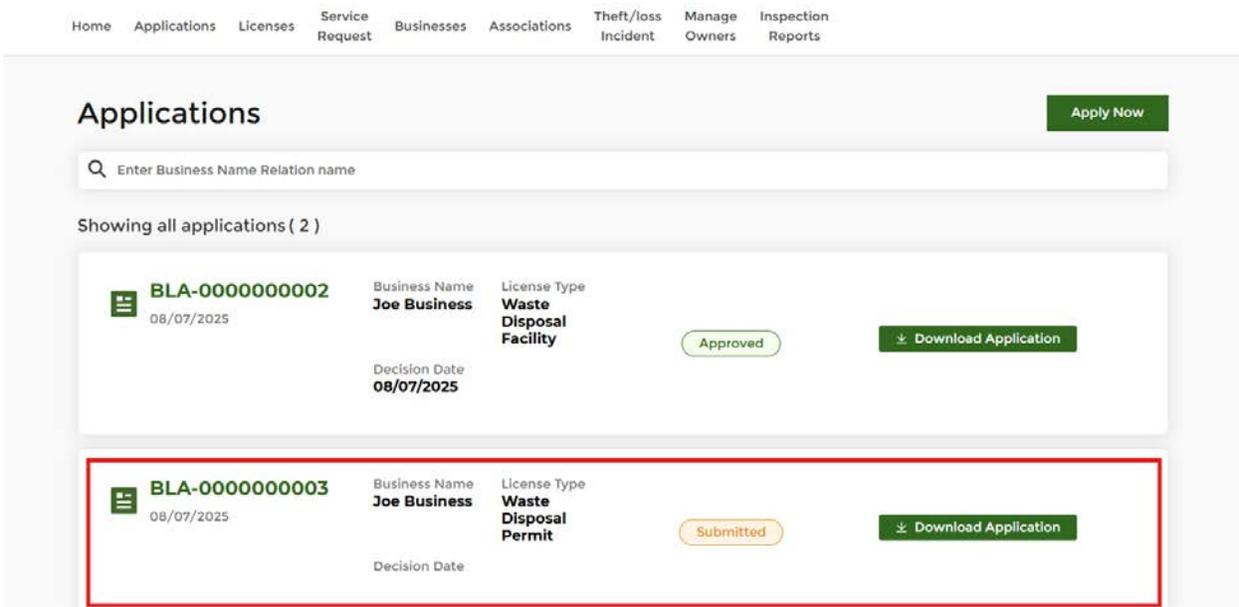
- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety, United States Bureau of Indian Affairs, or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

Proof of Oklahoma Residency

Applicants for commercial licensure must establish through sufficient documentation either: (1) Oklahoma residency for at least two (2) years immediately preceding the application submission date; or (2) Five (5) years continuous Oklahoma residency during the twenty-five (25) years immediately preceding the application submission date. Applicants may establish residency through submission of one or more of the following documents establishing residency for the entire span of the applicable time period:

- (1) A copy of the owner's valid, unexpired Oklahoma-issued driver license or Real ID;
- (2) A copy of the owner's valid, unexpired Oklahoma identification card;
- (3) Utility bills, excluding cellular telephone and internet bills;
- (4) Residential property deeds or other official documentation establishing proof of ownership of Oklahoma residential property;

4. Once submitted, the applicant will be able to see status of application as "Submitted".



Home Applications Licenses Service Request Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

Applications

Apply Now

Enter Business Name Relation name

Showing all applications (2)

Application ID	Business Name	License Type	Status	Action
BLA-0000000002 08/07/2025	Joe Business	Waste Disposal Facility	Approved	Download Application
BLA-0000000003 08/07/2025	Joe Business	Waste Disposal Permit	Submitted	Download Application

- Once the application is approved, the applicant can view both the Waste Disposal Facility license and the Waste Disposal permit on their 'License' homepage. Detailed information for each license is available on the License Details page by clicking the corresponding license number.

Home Applications Licenses **Service Request** Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

Licenses

Search relevant license type or license number

Showing licenses from last 6 months (2)

WPAA-OZSW-ZEAK License Type **Waste Disposal Permit** Active

Original Issue Date	Effective Date	Expiration Date	
08/07/2025	08/07/2025	08/06/2026	View Service Request

WAAA-OZSV-NEA0 License Type **Waste Disposal Facility** Active

Original Issue Date	Effective Date	Expiration Date	
08/07/2025	08/07/2025	08/06/2026	View Service Request Apply for Permit

Licenses > WAAA-OZSV-NEA0

WAAA-OZSV-NEA0

Business Name: Joe Business License Type: Waste Disposal Facility Status: Active [Add Employee](#)

Details

General Information

Business Name	Joe Business	Issuance Date	8/7/2025
Expiration Date	8/6/2026	Initial License Date	8/7/2025
Tier			

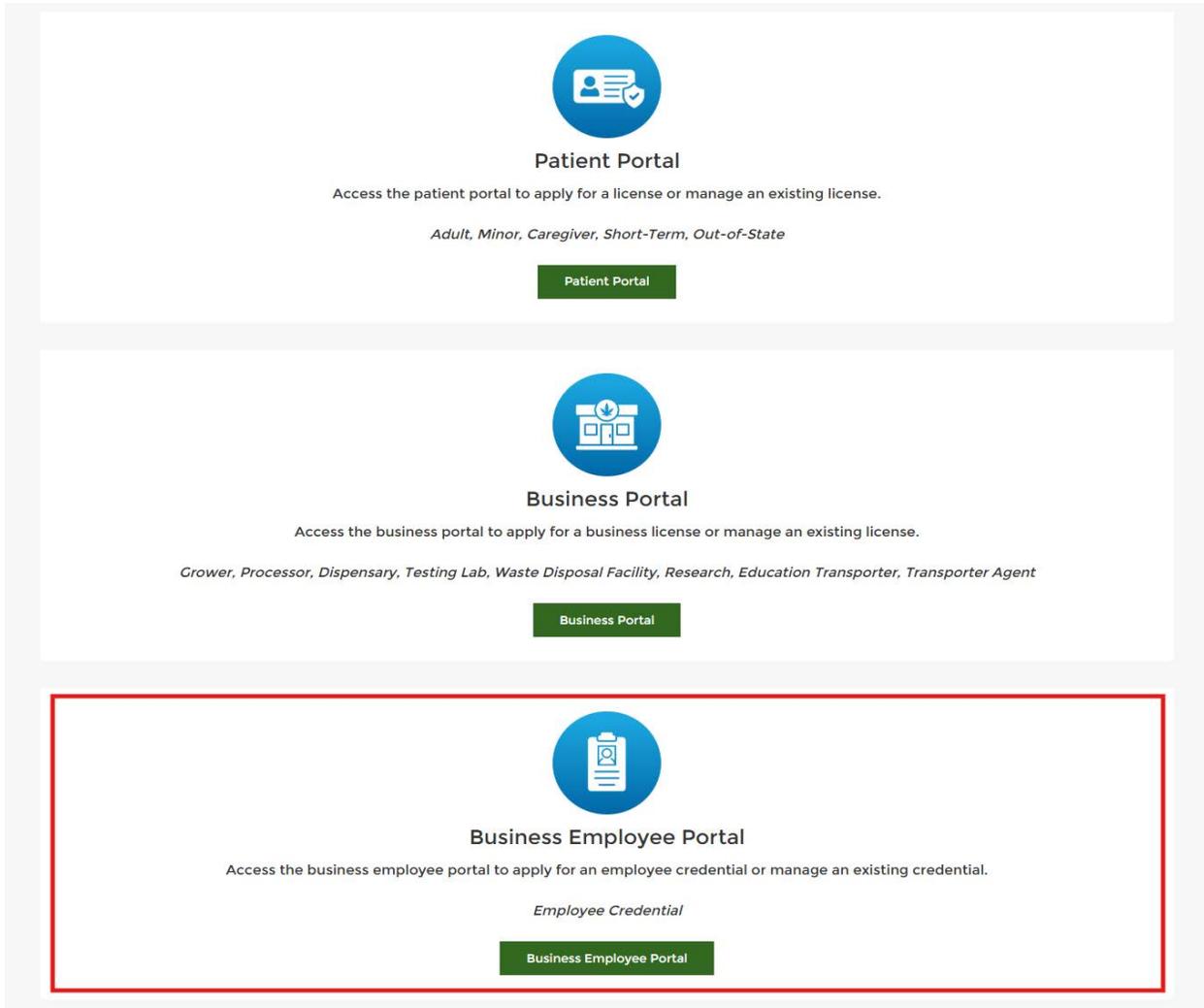
Related

Permit Details (1)

OMMA License Number	Issuance Date	Expiration Date	Renewal	Service Request
WPAA-OZSW-ZEAK	2025-08-07	2026-08-06	Renewal	Service Request

4.8 Employee Credentials

1. Employee will select 'Business Employee Portal' after logging in.



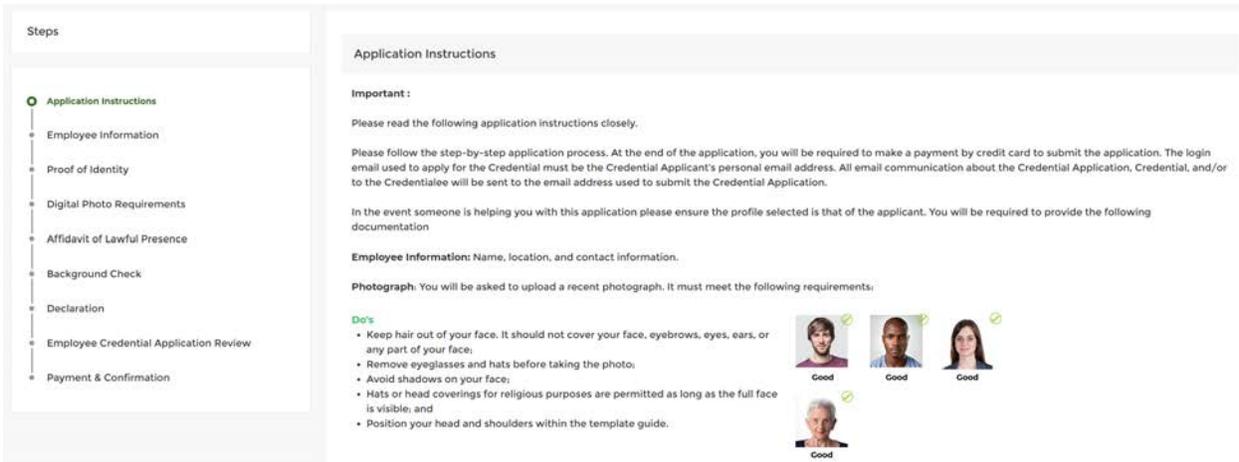
The screenshot displays three portal options on a white background with a light gray border. Each option consists of a blue circular icon, a title, a description, a list of roles, and a green button labeled with the portal name.

- Patient Portal:** Icon shows a person with a checkmark. Description: "Access the patient portal to apply for a license or manage an existing license." Roles: "Adult, Minor, Caregiver, Short-Term, Out-of-State". Button: "Patient Portal".
- Business Portal:** Icon shows a building with a scale. Description: "Access the business portal to apply for a business license or manage an existing license." Roles: "Grower, Processor, Dispensary, Testing Lab, Waste Disposal Facility, Research, Education Transporter, Transporter Agent". Button: "Business Portal".
- Business Employee Portal:** Icon shows a clipboard with a checkmark. Description: "Access the business employee portal to apply for an employee credential or manage an existing credential." Role: "Employee Credential". Button: "Business Employee Portal". This section is enclosed in a red rectangular border.

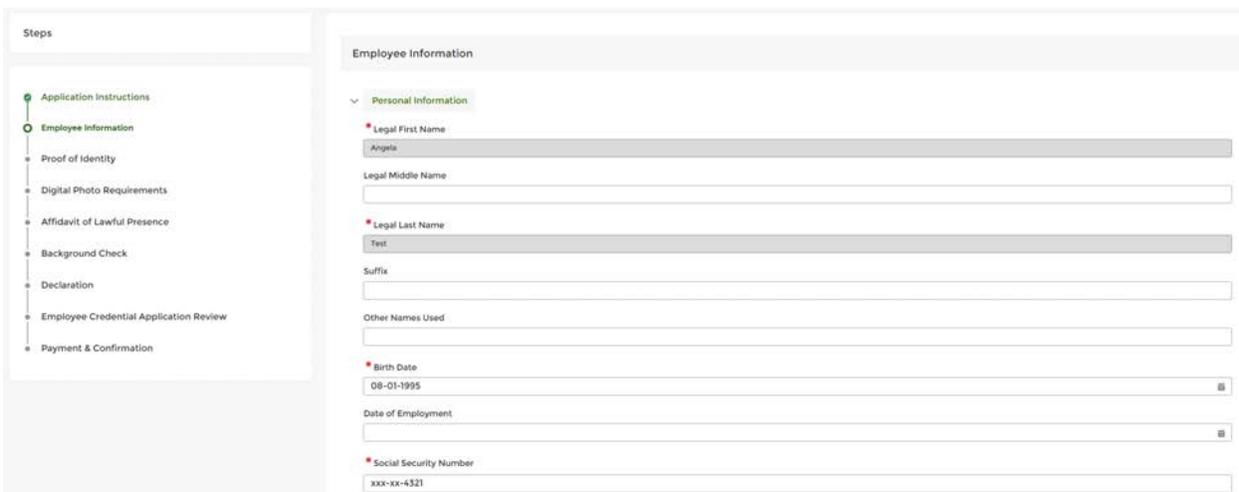
2. At the homepage, click on "Apply for a License"



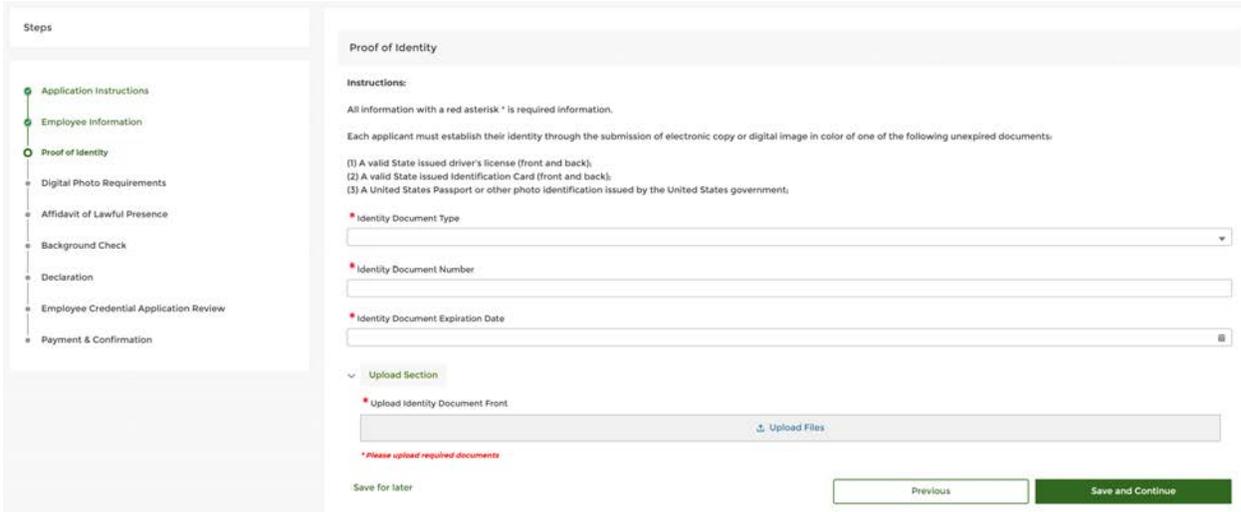
3. The Applicant will be provided with guided steps on the left side along with detailed instruction page.



4. Next, the applicant will fill out the employee information.



- Next, the applicant will select the type of identity document, enter the required details, and upload the corresponding identity document files.



The screenshot shows a web application interface for the 'Proof of Identity' step. On the left, a 'Steps' sidebar lists the application process: Application Instructions, Employee Information, Proof of Identity (highlighted), Digital Photo Requirements, Affidavit of Lawful Presence, Background Check, Declaration, Employee Credential Application Review, and Payment & Confirmation. The main content area is titled 'Proof of Identity' and contains the following instructions: 'All information with a red asterisk * is required information. Each applicant must establish their identity through the submission of electronic copy or digital image in color of one of the following unexpired documents: (1) A valid State issued driver's license (front and back); (2) A valid State issued Identification Card (front and back); (3) A United States Passport or other photo identification issued by the United States government;'. Below the instructions are three required fields: 'Identity Document Type' (a dropdown menu), 'Identity Document Number' (a text input field), and 'Identity Document Expiration Date' (a date picker). An 'Upload Section' is also present, with a required field 'Upload Identity Document Front' and an 'Upload Files' button. A red asterisk indicates that this field is required. At the bottom of the form, there are three buttons: 'Save for later', 'Previous', and 'Save and Continue'.

- Next section is Digital Photo Requirements. You must upload a digital photo of the transporter agent that meets the criteria specified in this step and in the License Application Photo Requirements document. Ensure the image is saved and uploaded in accordance with these requirements.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements**
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Digital Photo Requirements

Instructions:

You must upload a recent photograph for your medical marijuana card. It must meet the following requirements:

- Taken within the last 6 months
- White or off-white background
- An eye-level, clear photo with a fully visible face
- No glasses or hats
- No photo filters or enhancements
- Positioned where the top of your head and top of your shoulders can be seen

For more information and assistance please review our [License Application Photo Requirements](#) document.

Note: Submitting a photo that does not meet the requirements will result in a delay in processing your application.

Do's

- Do keep hair out of your face. It should not cover your eyebrows, eyes, ears, or any part of your face.
- Do remove eyeglasses and hats before taking the photo.
- Do avoid shadows on your face.
- Do wear hats or head coverings for medical or religious purposes as long as your full face is visible.
- Do position your head and shoulders where they can be seen.

Don'ts

- Do not use digital filters, borders, text or any other method of altering the appearance of the picture.
- Do not tilt your head or turn your shoulder to the side.
- Do not crop off your head and shoulders by zooming in too closely.
- Do not wear sunglasses, show hands or other objects in the photo.
- Do not re-size the photo outside the provided guidelines.
- Do not capture anyone else besides the person applying for a license in the photo.

Choose a photo to upload and attach to your application.

Note: File Format: must be .jpg, .png, or .gif and no larger than 3 MB in size

Note: Resolution Limits: must be Minimum:600 x 600 pixels. Maximum:1200 x 1200 pixels.

* Select Photo

Note: All photos will be cropped square and converted to jpeg once uploaded

Drag and adjust the photo:
(Move, zoom or rotate) within the square box below, so that the top of the head and shoulders are within the frame.



Select the checkboxes below to attest that the uploaded photo meets all the requirements listed below:

- I attest the photo only shows the applicant and was taken within the last 6 months.
- I attest the photo was taken with a white or off-white background.
- I attest this photo shows the applicants full face to the top of the shoulders and is not a photo of a photo.

7. Upload required document for Affidavit of Lawful presence.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence**
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Affidavit of Lawful Presence

Instructions:

All information with a red asterisk (*) is required information.

This document must be completed and signed by each credential applicant listed on this application. If the person is not a lawful resident of the United States the application will not be accepted.

If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

Upload Section

- * Affidavit of Lawful Presence

**Please upload required documents*

Save for later

8. Fill out background check information and upload required documents

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check**
- Declaration
- Employee Credential Application Review
- Payment & Confirmation

Background Check

Instructions:

All information with a red asterisk (*) is required information.

A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the Oklahoma State Bureau of Investigation web page for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

▼ **Upload Section**

* Background Check

* Please upload required documents

* Attestation Regarding National Background Check

9. The final section is the attestations. If the applicant answers “no” to any of the questions they will not be able to proceed forward with payment and submission. The applicant must sign, and the date will be auto generated by system.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration**
- Employee Credential Application Review
- Payment & Confirmation

Declaration

* I attest that the person completing this application is the applicant or is authorized by the applicant to submit this application and the information within.
 Yes No

* I understand the information contained on my Employee Credential will be made available through a publicly accessible verification system.
 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 pledge not to divert medical marijuana to any individual or entity that is not lawfully entitled to possess marijuana.
 Yes No

* I attest the information provided in this application is true and correct.
 Yes No

* Signature

* Signature Date

Save for later

10. The applicant will be given an opportunity to review their application prior to payment to make any final changes. They can also download their application.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review**
- Payment & Confirmation

Employee Credential Application Review

[Edit](#)

PERSONAL INFORMATION

First Name:	Angela
Middle Name:	
Last Name:	Test
Suffix:	
Other Names Used:	
Birth Date:	07-31-1995
Date of Employment:	07-31-2025
Social Security Number:	xxx-xx-4321
Country of Residence:	United States
US Residency Status:	US Citizen
Sex:	Female
Race:	Asian

ADDRESS INFORMATION

Physical Address	
Street	
Unit	
City:	Oklahoma City
State	OK
County	Oklahoma
Zip	73104
Longitude	-97.5031040000000000
Latitude	35.4661400000000000
Country	United States Of America

State	OK
County	Oklahoma
Zip	73104
Longitude	-97.5031040000000000
Latitude	35.4661400000000000
Country	United States Of America

CONTACT INFORMATION

Telephone:	9189189181
Mobile Number:	
E-mail Address:	angelatestdemo@yopmail.com

[Edit](#)

PROOF OF IDENTITY

Identity Document Type:	State-Issued Driver's License
Identity Document Number:	12313
Identity Document Expiration Date:	09-10-2028

[Edit](#)

BACKGROUND CHECK

Background Requestor Full Name:	john
Background Requestor Email:	test@tst.com
Document Issued Date:	09-03-2025

Save for later

[Download Application](#)

[Previous](#) [Save and Continue](#)

11. Once they click on next, the payment screen will display. The fee will be based on license type, plus service fee. This is integrated with the NIC payment system. The applicant can pay by electronic check or credit card. The applicant will click on process payment.

Steps

- Application Instructions
- Employee Information
- Proof of Identity
- Digital Photo Requirements
- Affidavit of Lawful Presence
- Background Check
- Declaration
- Employee Credential Application Review
- Payment & Confirmation**

Payment & Confirmation

Upon selecting "Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





▼ **Fee Breakdown**

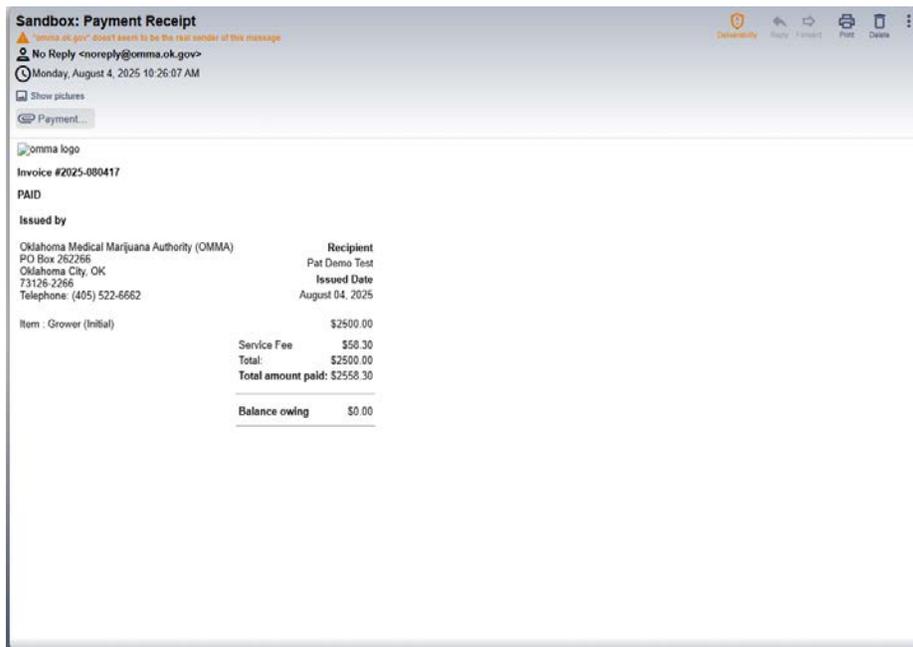
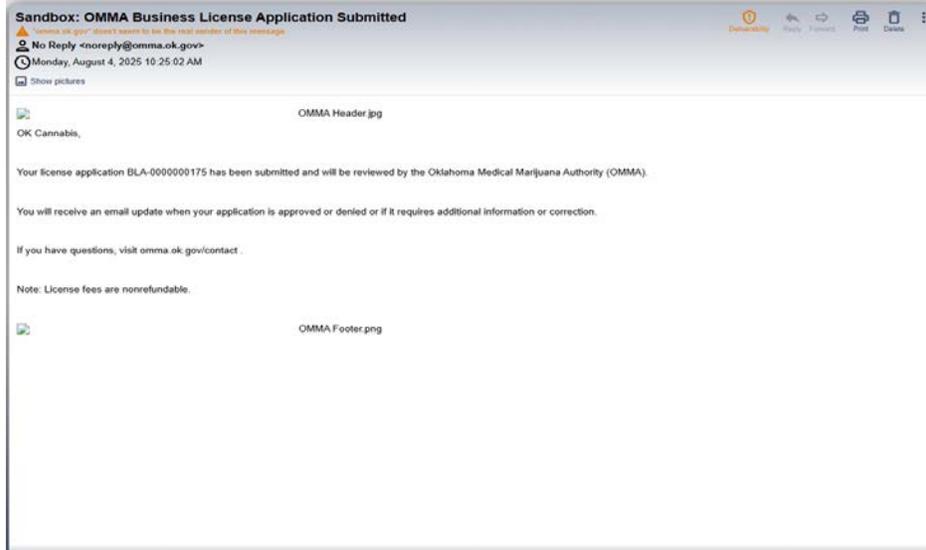
SKU	Description	Amount
2704	New Employee Credentialing	\$30

Back
Process Payment

Save for later

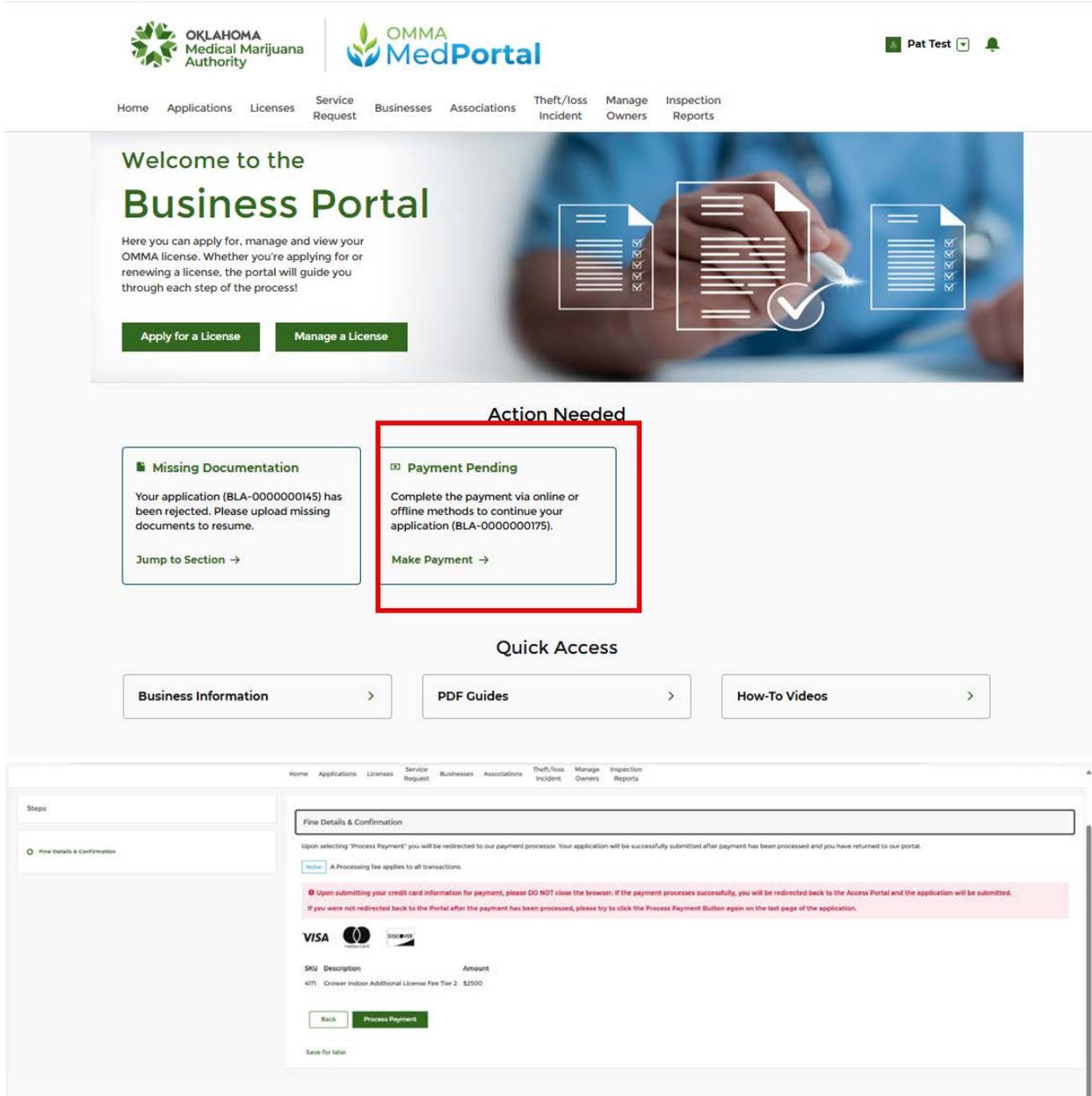
4.9 Email Notifications

- Below are the two notifications the applicant receives from the system letting them know their application has been submitted and providing the applicant with receipt of payment for their application.



4.10 Action Needed

1. The applicant will see “Pending Payment” message under “Action Needed”.
2. The Applicant will then be directed to go through the payment process for additional tier fee and their status will change to “tier pending”. Once paid it will move back to “In Review” for the Processor to Approve application and issue License.



The screenshot displays the OMMA MedPortal Business Portal interface. At the top, there is a navigation menu with links for Home, Applications, Licenses, Service Request, Businesses, Associations, Theft/loss Incident, Manage Owners, and Inspection Reports. A 'Pat Test' dropdown menu and a notification bell are also visible. The main content area features a 'Welcome to the Business Portal' banner with a background image of a person in a blue lab coat. Below the banner are two buttons: 'Apply for a License' and 'Manage a License'.

The 'Action Needed' section is highlighted with a red box and contains two notifications:

- Missing Documentation:** Your application (BLA-000000145) has been rejected. Please upload missing documents to resume. [Jump to Section →](#)
- Payment Pending:** Complete the payment via online or offline methods to continue your application (BLA-000000175). [Make Payment →](#)

Below the 'Action Needed' section is a 'Quick Access' area with three buttons: 'Business Information', 'PDF Guides', and 'How-To Videos'.

The bottom portion of the screenshot shows a 'Steps' sidebar with 'Fine Details & Confirmation' selected. The main content area for this step includes a 'Fine Details & Confirmation' header, a note about payment processing, a warning about not closing the browser, and a table of items to be paid for:

SKU	Description	Amount
4171	Crowder Indoor Additional License Fee Tier 2	\$2500

At the bottom of the payment page, there are 'Back' and 'Process Payment' buttons, and a 'Save for later' option.

Applications

Apply Now

Showing all applications (13)

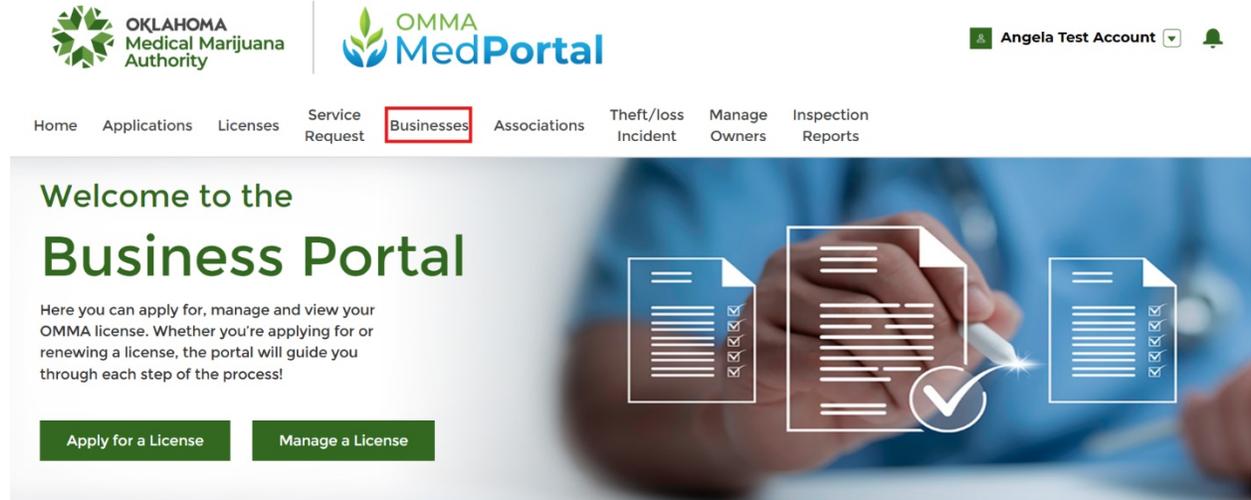
 BLA-0000000175 08/04/2025	Business Name OK Cannabis Decision Date 08/04/2025	License Type Grower		
---	---	-------------------------------	--	---

5. Change of Ownership

5.1 Updating Existing Ownership Structure

Your registered business will show up under the “Businesses” tab on your portal. You are now able to make changes to your business. To make changes to the ownership of your business,

1. Go to the “Businesses” tab on the navigation bar in the portal.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal | Angela Test Account

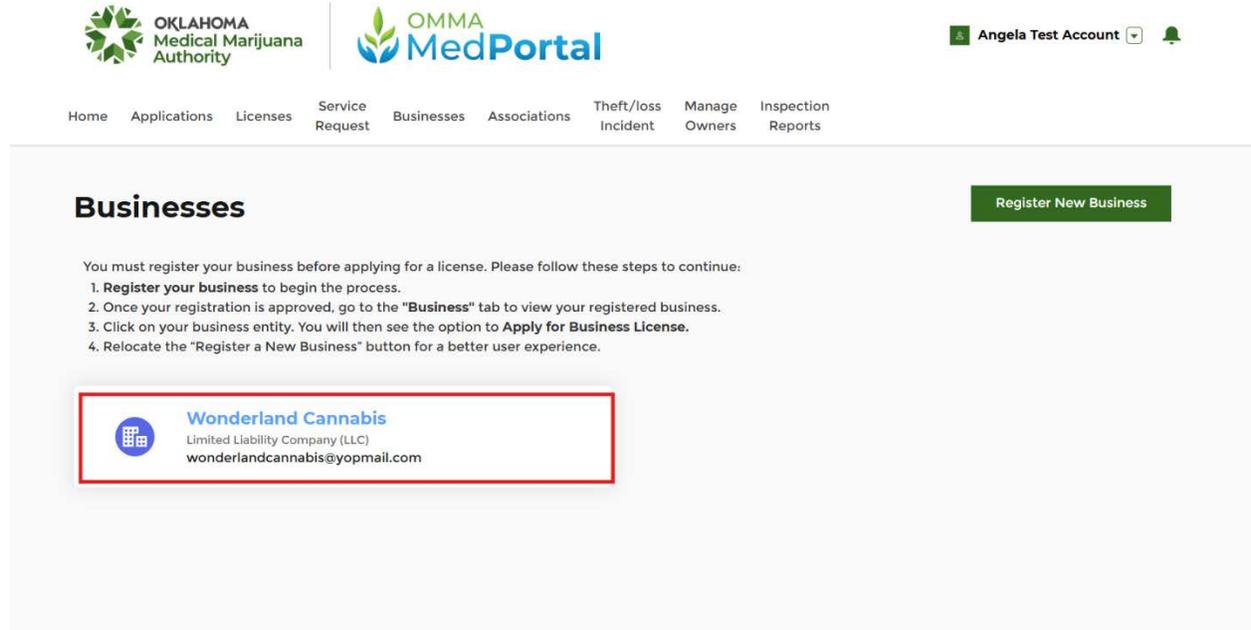
Home Applications Licenses Service Request **Businesses** Associations Theft/loss Incident Manage Owners Inspection Reports

Welcome to the Business Portal

Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!

Apply for a License | Manage a License

2. Select the name of the business you would like to make changes to.



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal | Angela Test Account

Home Applications Licenses Service Request **Businesses** Associations Theft/loss Incident Manage Owners Inspection Reports

Businesses

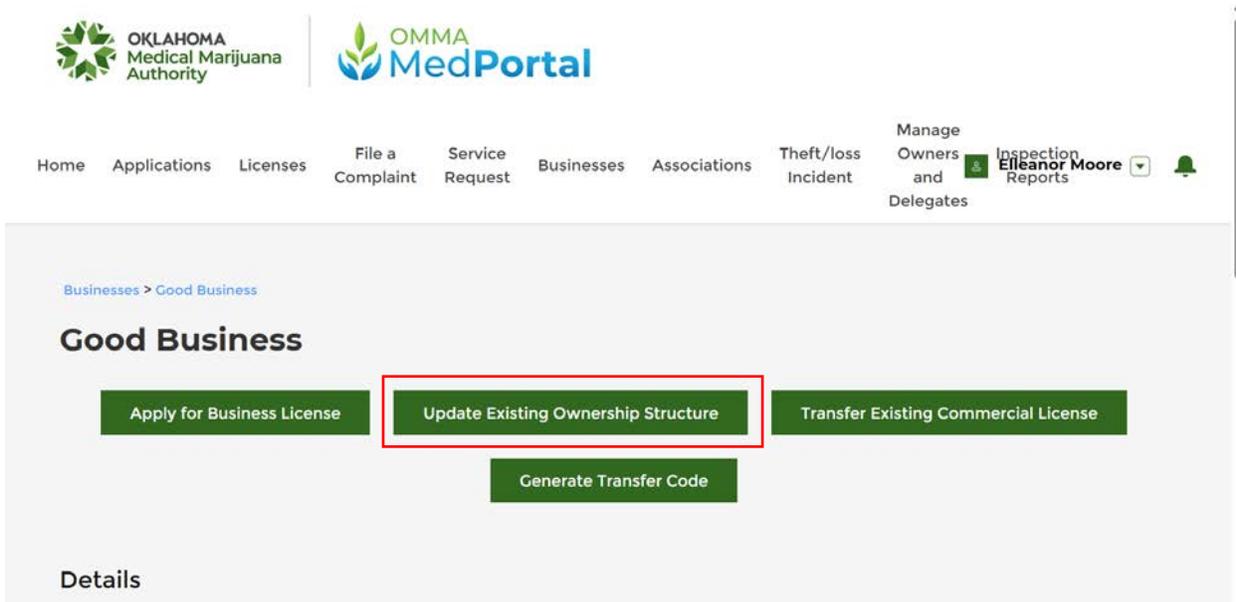
Register New Business

You must register your business before applying for a license. Please follow these steps to continue:

1. **Register your business** to begin the process.
2. Once your registration is approved, go to the “**Business**” tab to view your registered business.
3. Click on your business entity. You will then see the option to **Apply for Business License**.
4. Relocate the “Register a New Business” button for a better user experience.

 **Wonderland Cannabis**
Limited Liability Company (LLC)
wonderlandcannabis@yopmail.com

3. Select the “Update Existing ownership Structure” button.



The screenshot shows the OMMA MedPortal interface. At the top left is the Oklahoma Medical Marijuana Authority logo. To its right is the 'OMMA MedPortal' logo. A navigation menu includes 'Home', 'Applications', 'Licenses', 'File a Complaint', 'Service Request', 'Businesses', 'Associations', 'Theft/loss Incident', 'Manage Owners and Delegates', 'Inspection Reports', and a user profile for 'Eleanor Moore'. Below the navigation is a breadcrumb trail: 'Businesses > Good Business'. The main heading is 'Good Business'. There are four green buttons: 'Apply for Business License', 'Update Existing Ownership Structure' (highlighted with a red box), 'Transfer Existing Commercial License', and 'Generate Transfer Code'. Below the buttons is a 'Details' section.

6. The Applicant will be provided with guided steps on the left side along with detailed instruction page.

Instructions

Updates to a business’s existing ownership structures, such as changing the ownership percentages among current owners, is **not the same** as a transfer or sale of the license to a new individual or entity or new ownership in the entity.

The “Updating Existing Ownership Structure” option is used to update the ownership percentages of individuals or entities already listed on the license, add additional owners, remove owners, or replace current owners.

It is not used for transferring or selling a license to a new party.

Note: During this process you will not be able to change your business entity structure.

Save for later

Next

4. Upload your transfer agreement. Then select “Next”.

Transfer Agreement

* Transfer Agreement

[Upload Files](#)

** Please upload required documents*

Save for later

Previous

Next

5. To edit, delete, or add an owner’s information, click the Edit button in the owner’s information section. This will allow you to make changes to existing owner details, remove an owner, or add a new owner as needed. You can add additional owners only when the total ownership percentage for all owners is less than 100%.

All information with a red asterisk (*) is required information.
Please only list people with an ownership stake in the company.
Remember: 75% of ownership must be from individuals with Oklahoma residency.
Oklahoma Resident Ownership: 85%
Non-Oklahoma Resident Ownership: 0%

The total ownership across all Owners of Interest is 100%, and 75% of ownership is from individuals with Oklahoma Residency

Business Owner(s)

Add Owners

> Angela Test Account

▼ Jane Doe

Owner

Name: Jane Doe

Role: Member

Is Managing Owner: true

Title: Miss

Oklahoma Resident Or Non-Resident: Yes

Email Address: testemail@test.com

Telephone Number: 9189189189

Other Business Licenses

Business License Number:

Business Name:

Status

Pending Approval

Addresses

Physical Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104

Mailing Address: 100 E Sheridan Ave, Oklahoma City, OK, 73104

Edit

Delete

Associated Entities

Entity Name:

Ownership:

Save for later

Previous

Next

6. Once completed select "Next".
7. You must now upload and provide information for the following documents. Select each box on the right to navigate that document's information.

Business Owner Document Upload Section

Once the user navigates from the Business Owner Section to the Business Owner Upload Section, the page should display the following table indicating which documents are required for each owner.

Eleanor Moore	
Role:	<input type="checkbox"/> Proof of Identity
Title Miss	<input type="checkbox"/> Proof of Residency
Oklahoma Resident	<input type="checkbox"/> Affidavit of Lawful Presence
US Citizen	<input type="checkbox"/> Background Check
Must still upload: Proof of Residency	

Save for later

Previous

Next

- Next, you are required to upload valid Proof of Identity. The screen displays every option of valid identification that can be uploaded.

Proof of Identity

Instructions:

All information with a red asterisk * is required information.

Each applicant must establish their identity through the submission of electronic copy or digital image in color of one of the following unexpired documents:

- (1) An Oklahoma issued driver's license or Real ID (front and back);
- (2) An Oklahoma issued Identification Card (front and back);
- (3) A United States Passport or other photo identification issued by the United States government;
- (4) A tribal issued identification card approved for identification purposes by the Oklahoma Department of Public Safety

Note: The following Tribal ID cards are accepted:

- Tribal identification cards approved for identification purposes by the Oklahoma Department of Public Safety: United States Bureau of Indian Affairs; or
- Oklahoma tribal photo identification cards - Muscogee (Creek) Nation of Oklahoma, Kiowa, Comanche, Apache of Oklahoma, Absentee Shawnee, Cheyenne-Arapaho, Choctaw, Delaware, Caddo Nation of Oklahoma issued on or after January 8, 2008.

* Identity Document Type

* Identity Document Number

* Identity Document Expiration Date

∨ Upload Section

Upload Identity Document Front

Cancel

Save

9. Once completed press the "Save" Button.

10. Next, you are required to upload valid Proof of Oklahoma Residency. The screen displays every option of valid documentation that can be uploaded.

Proof of Oklahoma Residency

Instructions:

All information with a red asterisk (*) is required information.

Oklahoma resident must establish their current Oklahoma residency through submission of electronic copies or digital image in color of one or more of the following unexpired documents:

- (1) A utility bill for the calendar month preceding the date of application, excluding cellular telephone, television, and internet bills
- (2) A residential property deed to property in the State of Oklahoma
- (3) A current rental agreement for residential property located in the State of Oklahoma
- (4) The preceding year's Oklahoma Tax Return showing the applicant as an Oklahoma taxpayer

Documents submitted should provide a valid residential address and documents providing only Post Office Boxes will not be sufficient proof of residency.

* Proof of Oklahoma Residency Type

∨ Upload Section

* Upload Residency Document

Cancel

Save

11. Complete the questions in this section, then press the "Save" Button.
12. Next, you must upload your Affidavit of Lawful Presence.

Upload Lawful Presence Proof

Instructions:

All information with a red asterisk (*) is required information.

This document must be completed and signed by each credential applicant listed on this application. [Affidavit of Lawful Presence](#)

If the person is not a lawful resident of the United States the application will not be accepted.

If the person is not a United States citizen but resides lawfully (as an approved alien under the federal immigration and nationality act and approved to be present in the United States) additional documentation will be required.

* Affidavit of Lawful Presence

 Upload Files

** Please upload required documents*

Cancel

Save

13. Once Completed, select the “Save” Button

14. Finally, you must submit information for a background check.

Business Owner Document

All information with a red asterisk (*) is required information.

A background check within the last 30 days must be provided for each individual listed on this application.

Disqualifying criminal convictions:

- Any non-violent felony conviction within last two (2) years of submitting an application to the Department.
- Any violent felony conviction for an offense listed in 57 O.S. § 571(2) within last five (5) years of submitting an application to the Department.
- Incarceration for any reason during submission of application to the Department.

To acquire a background check visit the [Oklahoma State Bureau of Investigation web page](#) for name based criminal history searches to request a report

In addition to the background check, you must complete an Attestation verifying that within 30 days of notification by OMMA, you will undergo a national fingerprint-based background check. The Attestation can be found at: [LINK](#)

* Background Requestor Full Name

* Background Requestor Email

* Document Issued Date

* Background Check

** Please upload required documents*

* Attestation Regarding National Background Check

** Please upload required documents*

15. Once completed, select the “Save” button.
16. When you have uploaded the documents and information for all the sections select the “Next” button.
17. *View your price breakdown and then select the “Process Payment” Button.*

Payment

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

ⓘ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.



∨ **Fee BreakDown**

SKU	Description	Amount
C6111	Update Existing Ownership Structure	\$500

Back

Process Payment

18. Select your form of payment and then enter your payment information. Click the “Next” button after each step.



1 Payment Type

2 Customer Info

3 Payment Information

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
N/A	N/A	\$500.00	1	\$500.00
Total				\$500.00

Transaction Summary

N/A	\$500.00
TOTAL	\$500.00

Payment

Payment Type

Payment Type *

Select One
⌵

Payment Type is missing.

Select if this payment IS being funded specifically by a **FOREIGN** source (bank or company), an International ACH Transaction (“[IAT](#)”).

Next >

Customer Information

Payment Information

Need Help?

Select Payment Method and Continue to

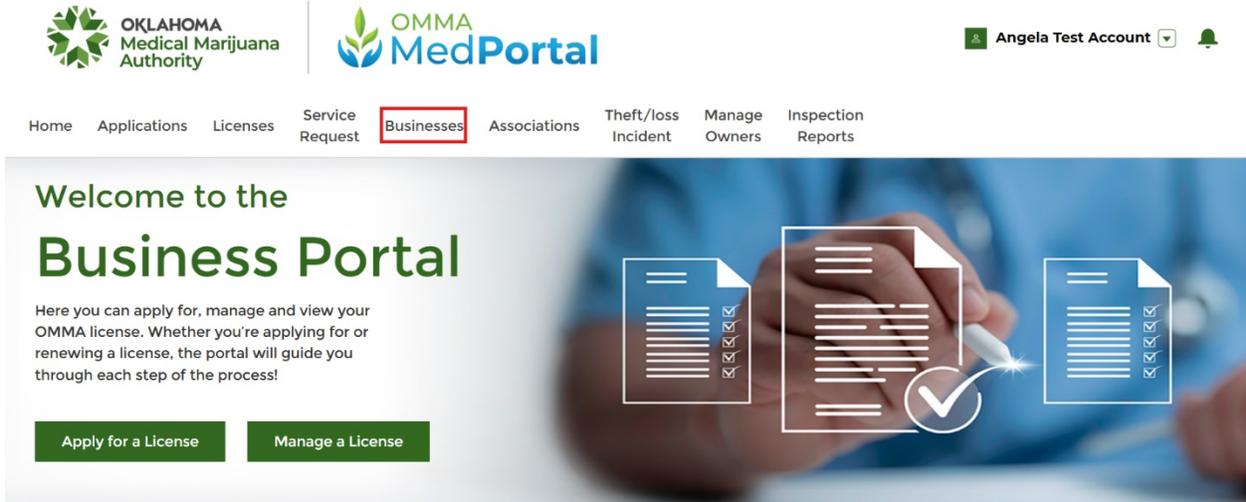
19. Submit your payment.

20. Your screen will display a confirmation message letting you know that your change has been submitted.

21. Until the request is approved, the applicant will be able to view both the previous ownership structure and the updated ownership structure on the portal.

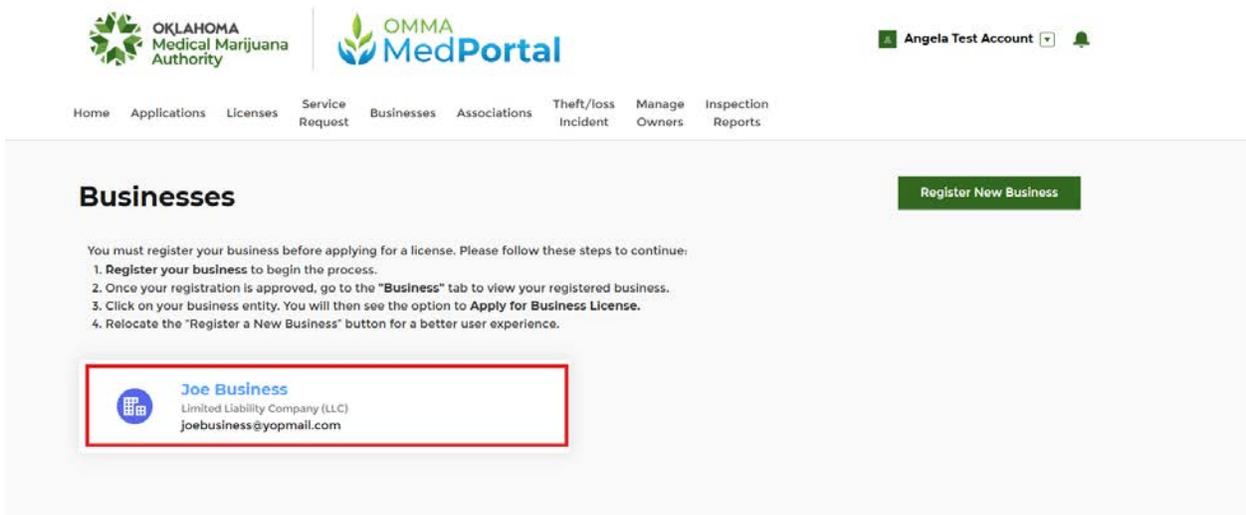
5.2 Change of Ownership: Transferring a Business License to a Different Business Entity

1. Go to the “Businesses” tab on the navigation bar in the portal.



The screenshot shows the OMMA MedPortal homepage. The navigation bar includes: Home, Applications, Licenses, Service Request, **Businesses** (highlighted with a red box), Associations, Theft/loss Incident, Manage Owners, and Inspection Reports. The user is logged in as 'Angela Test Account'. The main content area features a 'Welcome to the Business Portal' banner with a background image of a person in a blue lab coat. The banner text reads: 'Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!'. Below the text are two green buttons: 'Apply for a License' and 'Manage a License'. The banner also contains three document icons, with the middle one having a checkmark.

2. Select the name of the business you would like to make changes to.



The screenshot shows the 'Businesses' page in the OMMA MedPortal. The navigation bar is the same as in the previous screenshot. The main content area has a 'Businesses' heading and a 'Register New Business' button. Below the heading, there is a list of instructions: 'You must register your business before applying for a license. Please follow these steps to continue: 1. Register your business to begin the process. 2. Once your registration is approved, go to the "Business" tab to view your registered business. 3. Click on your business entity. You will then see the option to Apply for Business License. 4. Relocate the "Register a New Business" button for a better user experience.' Below the instructions is a red-bordered box containing the following information: 'Joe Business', 'Limited Liability Company (LLC)', and 'joebusiness@yopmail.com'.

3. As a seller, who is transferring existing license to a different business entity, select the “Generate Transfer Code” button.

Business > Joe Business

Joe Business

[Apply for Business License](#)
[Update Existing Ownership Structure](#)
[Transfer Existing Commercial License](#)
[Generate Transfer Code](#)

Details

General Information

Business Name Joe Business	Business Phone (918) 918 - 9189
Business Structure Limited Liability Company (LLC)	Business Email joebusiness@gmail.com
Operating Hours	Is Trade Name Present? No
Status Approved	

Related

- Ownership Details (1)
- Address Information (2)

- To generate a transfer code, select the business license the applicant wishes to transfer and click 'Generate Transfer Code'

Home Applications Licenses Service Request Businesses Associations Theft/Loss Incident Manage Owners Inspection Reports

Steps

- Generate Transfer Code

Generate Transfer Code

Business Name: Joe Business

Business License: WAAA-02SV-NEAG

License Type: Waste Disposal Facility

By clicking below, you will generate a Transfer Code that will allow a buyer to submit an application to transfer your license. You will have the opportunity to review the transfer before the transfer is complete.

[Generate Transfer Code](#)

[Save for later](#)

- The Applicant will be provided with guided steps on the left side along with detailed instruction page and begin the business license transfer process.

Steps

- Instructions
- Transfer Agreement
- Transfer Code

Instructions

You will generate a Transfer Code that will allow a buyer to submit an application to purchase your license. You will have the opportunity to review the purchase before the transfer is complete.

[Save for later](#) [Next](#)

- Submit Transfer Agreement in this step.

Steps

- Instructions
- Transfer Agreement
- Transfer Code

Transfer Agreement

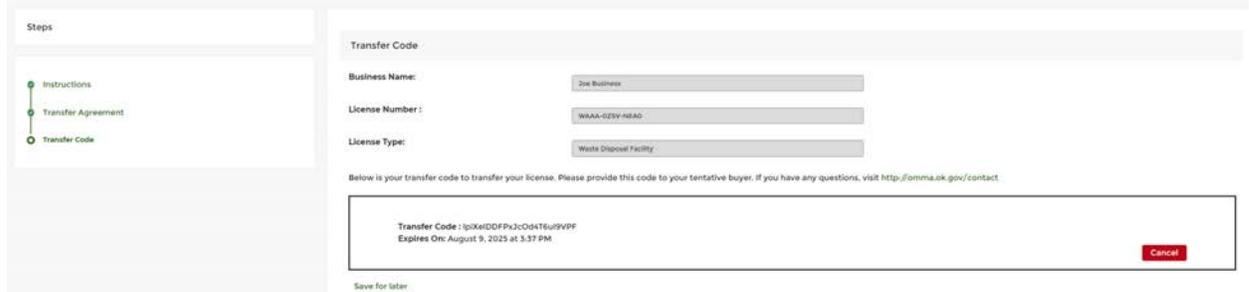
* Transfer Agreement File Upload

[Upload Files](#)

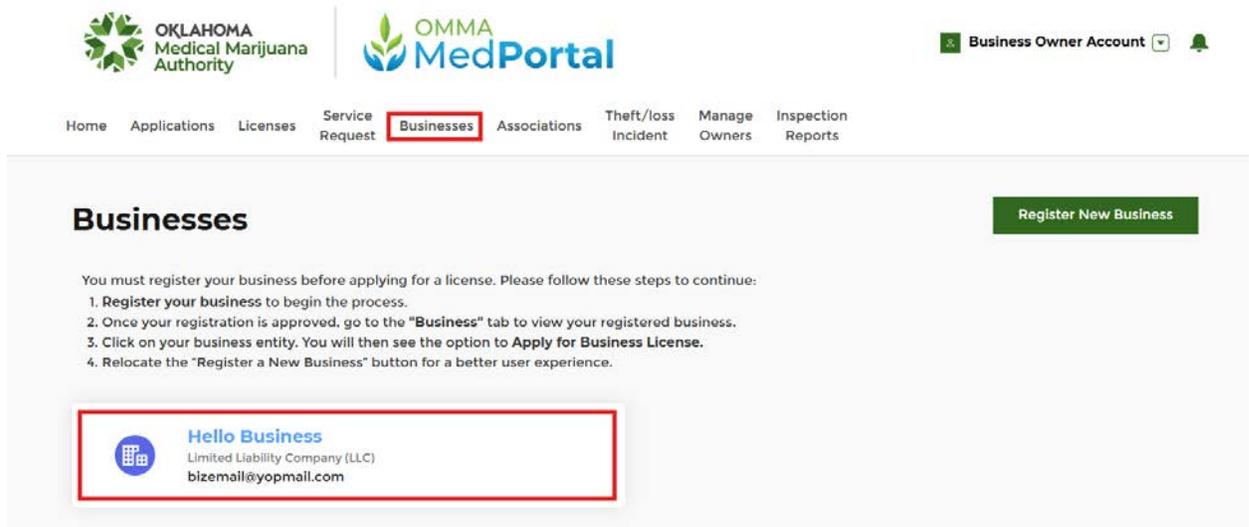
*Please upload required documents

[Save for later](#) [Submit](#)

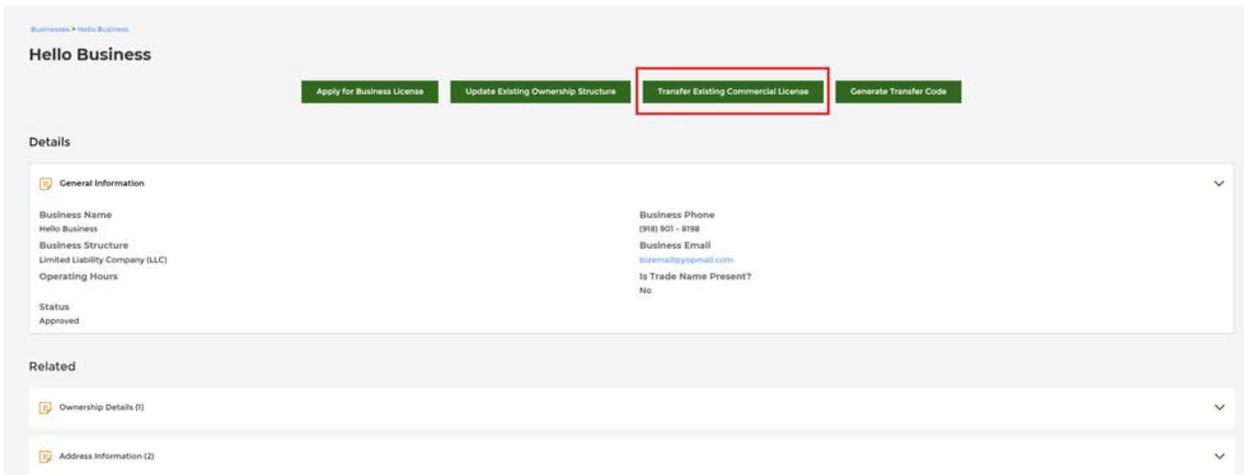
- The Transfer Code has been generated and is valid for the next 48 hours. This code needs to be provided to the tentative buyer to validate the transfer code and complete the business license transfer.



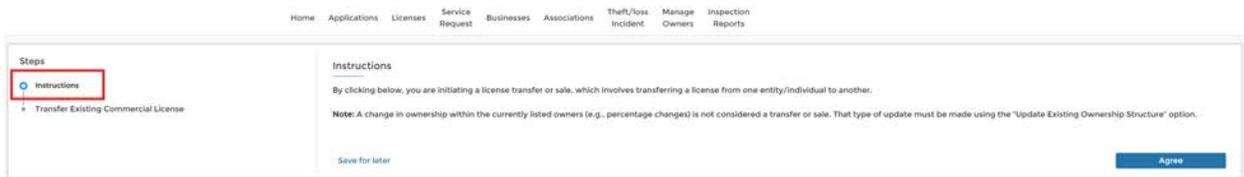
- As a buyer, go to the “Businesses” tab on the navigation bar in the portal and select the name of the business you would like to start the business license transfer process.



- As a buyer, to begin the license transfer process, select ‘Transfer Existing Commercial License’.



10. The applicant will be provided with guided steps on the left side along with detailed instruction page.



11. In this step, enter the License Number that is being transferred and Transfer Code that was provided from the seller and click 'Validate'.



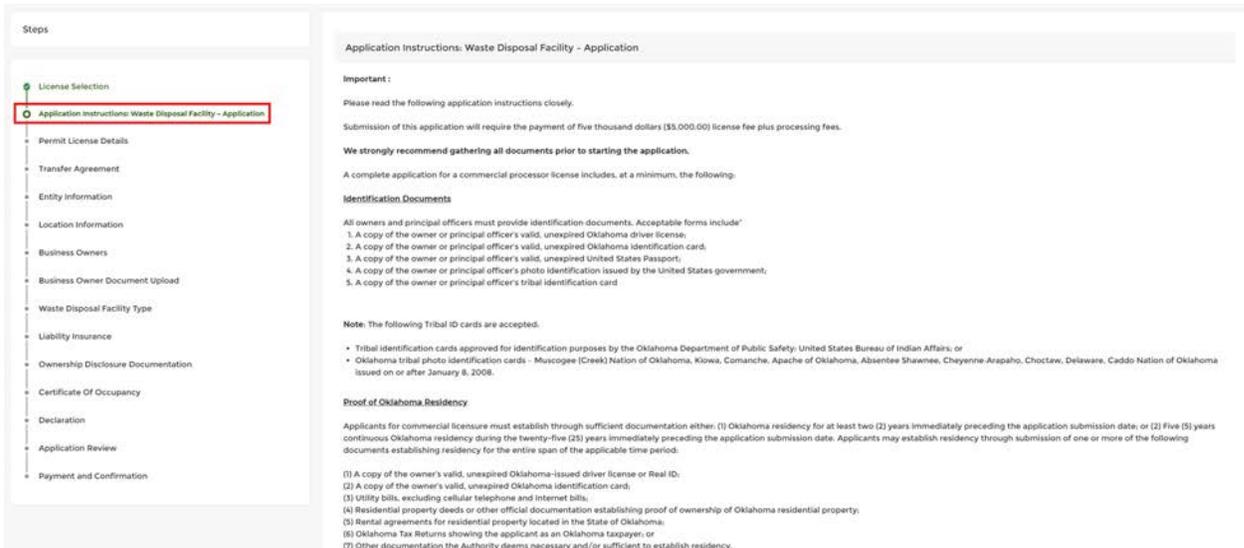
12. If information does not match, the system will give an error and cannot proceed.



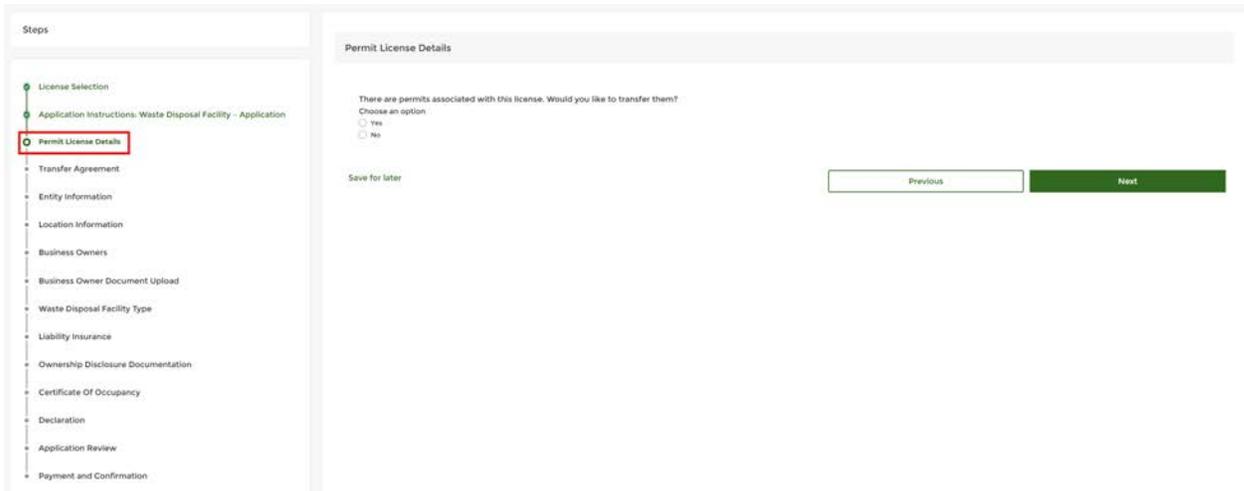
13. Once information is validated, now the applicant can begin the transfer by selecting 'Start Transfer'.



14. The applicant will be directed to the application page and provided with guided steps on the left side along with detailed instruction page.



15. In Permit License Details section, if there is an associated permit to the license, the applicant can transfer the permit. This step will only appear if there are any active permits associated. *Please note that Transporter License and associated permits are **not** eligible for Change of Ownership.*



16. Once either yes or no is selected, following disclaimer will appear based on the selection. You must select 'Confirm Selection' after selecting the permit

Permit License Details

There are permits associated with this license. Would you like to transfer them?
Choose an option

Yes
 No

Instructions

Each warehouse must have a permit issued for its specific location. The permits listed below are tied to a single address and cannot be transferred to a new location.
If you plan to operate at the same permitted address, select the permits you wish to transfer.
If you intend to operate a permitted warehouse at a different address, you must apply for new permits after the Waste Disposal Facility license transfer is complete.

Select Existing Licenses

<input checked="" type="checkbox"/> License Name	<input type="checkbox"/> Address
<input checked="" type="checkbox"/> WPAA-025W-ZEAK	<input checked="" type="checkbox"/> 100 E Sheridan Ave, Oklahoma City, OK 73104

Save for later

Permit License Details

There are permits associated with this license. Would you like to transfer them?
Choose an option

Yes
 No

If you intend to operate a permitted warehouse, you must apply for new permits after the Waste Disposal Facility license transfer is complete.

Save for later

1. At this step, the remaining steps are identical to those outlined in the 'Waste Disposal Facility License Application' section. Please refer to the 'Waste Disposal Facility License Application' steps for detailed guidance on completing the rest of the process.
2. After all the steps are complete, the applicant will submit the payment to complete the application process.

Steps

- License Selection
- Application Instructions: Waste Disposal Facility - Application
- Permit License Details
- Transfer Agreement
- Entity Information
- Location Information
- Business Owners
- Business Owner Document Upload
- Waste Disposal Facility Type
- Liability Insurance
- Ownership Disclosure Documentation
- Certificate Of Occupancy
- Declaration
- Application Review
- Payment and Confirmation**

Payment and Confirmation

Upon selecting "Process Payment" you will be redirected to our payment processor. Your application will be successfully submitted after payment has been processed and you have returned to our portal.

Note: A Processing fee applies to all transactions.

⚠ Upon submitting your credit card information for payment, please DO NOT close the browser. If the payment processes successfully, you will be redirected back to the Access Portal and the application will be submitted.

If you were not redirected back to the Portal after the payment has been processed, please try to click the Process Payment Button again on the last page of the application.





Fee BreakDown

SKU	Description	Amount
C4220	Waste Disposal Facility License Fee	\$5000

Back
Process Payment

3. Until the application is approved, the seller can view and make edits to the license on their portal.
4. Once the application is approved, the seller can view the license for 15 days on the portal and the buyer has the full access to the license.

6. Service Request

6.1 Surety Bond

1. To submit a Surety Bond service request, on the portal, navigate to the 'Licenses' tab and find Grower license.

Home Applications **Licenses** Service Request Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

Licenses

Search relevant license type or license number

Showing licenses from last 6 months (6)

TAAA-1D3B-XEAI	License Type Transporter	Active
Original Issue Date	Effective Date 06/17/2025	Expiration Date 06/27/2025
		Apply for Permit Renew View

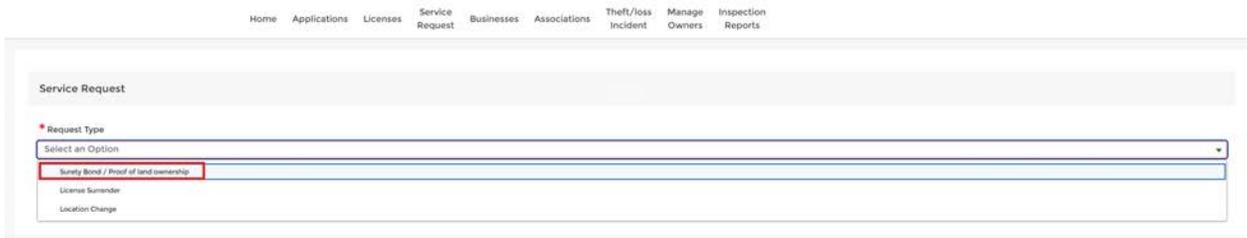
PAAA-1H2K-LEAQ	License Type Processor	Active
Original Issue Date	Effective Date 07/14/2025	Expiration Date 07/13/2026
		View Service Request

GAAI-1D0Q-NEAA	License Type Grower	Active
Original Issue Date	Effective Date 06/17/2025	Expiration Date 08/23/2025
		Renew View Service Request

2. In the Grower license, click on the 'Service Request'.

GAAI-1D0Q-NEAA	License Type Grower	Active
Original Issue Date	Effective Date 06/17/2025	Expiration Date 08/23/2025
		View Service Request Renew

- The user will be directed to the Service Request page and can select the service request type option.



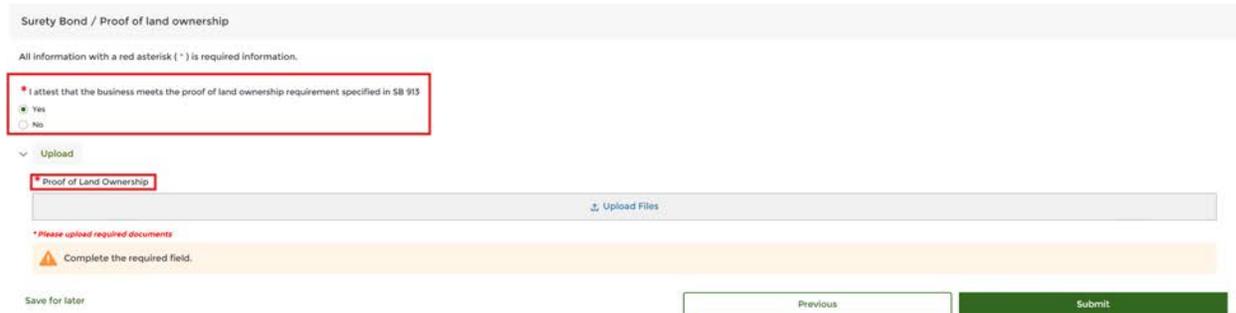
Service Request

* Request Type

Select an Option

- Surety Bond / Proof of land ownership
- License Surrender
- Location Change

- Attestation will appear and if the user selects “Yes”, the user will require to upload Proof of Land Ownership document and if user selects “No”, the user will require to upload Surety Bond documents. The user will upload a required document and click ‘Submit’.



Surety Bond / Proof of land ownership

All information with a red asterisk (*) is required information.

* I attest that the business meets the proof of land ownership requirement specified in SB 913

Yes

No

Upload

* Proof of Land Ownership

Upload Files

* Please upload required documents

Complete the required field.

Save for later

Previous

Submit



Surety Bond / Proof of land ownership

All information with a red asterisk (*) is required information.

* I attest that the business meets the proof of land ownership requirement specified in SB 913

Yes

No

Upload

* Surety Bond

Upload Files

* Please upload required documents

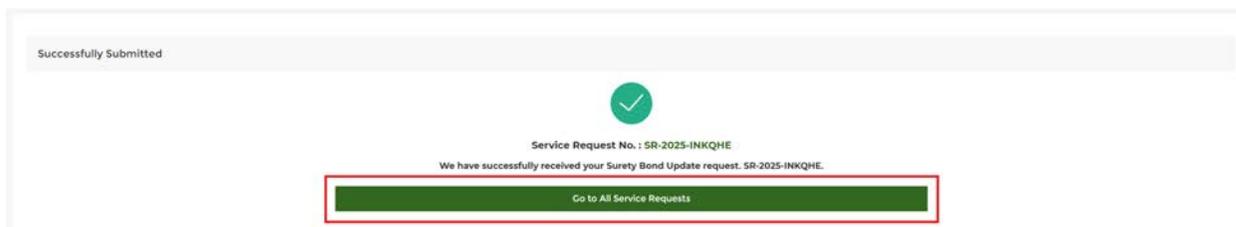
Complete the required field.

Save for later

Previous

Submit

- The user will receive Service Request submission confirmation message and can view on the Service Request dashboard.



Successfully Submitted



Service Request No. : SR-2025-INKQHE

We have successfully received your Surety Bond Update request. SR-2025-INKQHE.

Go to All Service Requests

Service Requests

Flexibility at Your Fingertips: Request a License Change with Ease

Raise Service Request

Submitted Service Request

Submitted

Service Request Number	Service Request Type	Service Request Status	Submission Date	Decision Date
SR-0000000383	Surety Bond / Proof of land ...	Submitted	08/07/2025	

6.2 Remove a Transporter Agent

1. Navigate to the Licenses tab and click on the license number with the associated Transporter Agent the user would like to remove.
2. Under the Related tab, expand Transporter Agent Details tab and click on the 'Service Request'.

Related

- Location Information (2)
- Transporter Agent Details (1)

License Number	First Name	Last Name	Issuance Date	Expiration Date	Renewal	Service Request
TA-000-LORR-EAS	Tam	Pan	2025-08-22	2026-08-21	Renewal	Service Request
- Employee Details (1)
- Permit Details (2)

3. The user will be directed to the Service Request page and can select the service request type option.

Service Request

* Request Type

Remove Transporter Agent

Next

4. The user will choose the reason for removal and fill out the attestations then submit.

Remove Transporter Agent

Instruction Text :
All information with a red asterisk (*) is required information.
The following transport agent hence will be cancelled immediately upon submission. The agent will be notified.

Transport Agent
Tam Pan
TA-000-LORR-EAS

Associated Business
New CHOW Alliance
WAAA-OA0B-TEAM

Physical Address
541 N Council Rd Apt A
Oklahoma City, OK,
73127

*** Reason for Removal**

I understand this request will be processed immediately and is irrevocable.

I understand the transport agent be notified Of the cancellation.

I understand there will be no refunds of any kind.

[Save for later](#)

[Previous](#) [Submit](#)

6.3 Transporter Agent Name Change

1. Navigate to the Licenses tab and click on the license number with the associated Transporter Agent the user would like to remove.
2. Under the Related tab, expand Transporter Agent Details tab and click on the 'Service Request'.

Related

Location Information (2) ▼

Transporter Agent Details (1) ▲

License Number	First Name	Last Name	Issuance Date	Expiration Date	Renewal	Service Request
TA-000-LOHR-EAS	Tam	Pan	2025-08-22	2026-08-21	Renewal	Service Request

Employee Details (1) ▼

Permit Details (2) ▼

3. The user will be directed to the Service Request page and can select the service request type option.

Service Request

* Request Type

Name Change ▼

Next

4. The user will select the reason, fill out required information and submit proof of legal name change document then submit. Once approved, all associated businesses will receive a notification to print new badge pass and update will be reflected on all associated businesses.

Instructions:

All information with a red asterisk (*) is required information.

If your name has legally changed you can submit a request to have your profile updated. Legal documentation of your name change is required, and may include:

- Certified Marriage Certificate
- Final Divorce Decree
- Name Change Judgement from the Court

Current Name Details

Current First Name:

Ben

Current Middle Name:

Current Last Name:

SPICEDRISTEP

Current Suffix:

* Document Type

New Name Details

* New First Name:

New Middle Name:

Document Type

New Name Details

New First Name:

New Middle Name:

New Last Name:

New Suffix:

Upload Section

Proof of legal name change

[Upload Files](#)

*Please upload required documents

Save for later

6.4 Transporter Address Change

1. Navigate to the Licenses tab and click on the license number with the associated Transporter Agent the user would like to remove.
2. Under the Related tab, expand Transporter Agent Details tab and click on the 'Service Request'.

Related

Location Information (2) ▼

Transporter Agent Details (1) ▲

License Number	First Name	Last Name	Issuance Date	Expiration Date	Renewal	Service Request
TA-000-LOHR-EAS	Tam	Pan	2025-08-22	2026-08-21	Renewal	Service Request

Employee Details (1) ▼

Permit Details (2) ▼

3. The user will be directed to the Service Request page and can select the service request type option.

Service Request

Request Type

Address Change ▼

Next

4. The user will fill out required information and submit.

Address Change Service Request

Physical Address ▼

Street Address *

Unit No./Apt No.

City *

State *

Select an Option ▼

Zip Code *

Addresses are required. Only addresses located within the state of Oklahoma are accepted.

Mailing Address >

Save for later

Submit

6.5 Surrender License

1. Navigate to the Licenses tab and click on the 'Service Request' that the user would like to surrender.

Licenses

Q Search relevant license type or license number

Showing licenses from last 6 months (11)

PAAA-0A0A-HEA2		License Type Processor	Active
Original Issue Date 08/20/2025	Effective Date 08/20/2025	Expiration Date 08/19/2026	View Service Request
LAAA-0A08-FEAE		License Type Testing Laboratory	Active
Original Issue Date 08/20/2025	Effective Date 08/20/2025	Expiration Date 08/19/2026	View Service Request
TAAA-0A05-REAU		License Type Transporter	Active
Original Issue Date 08/20/2025	Effective Date 08/20/2025	Expiration Date 08/19/2026	Apply for Permit View Service Request

2. The user will be directed to the Service Request page and can select the service request type option.

Service Request

* Request Type

License Surrender

Next

3. The user will fill out the required fields and attestation then submit.

Instructions:

All information with a red asterisk (*) is required information.

The following action will request a surrender of the following business license with OMMA:

Business Entity Name

Business License #

Business Entity Address

755 W Okc Britton Rd,10700 N Council Rd Apt 14, El Reno,Oklahoma City, OK,OK, 73056,73162

Important! Please remember to mail your license back to OMMA, PO BOX 262266, Oklahoma City, OK 73126-2266.

Please provide the address in which business records will be retained.

* Street Address

Unit No./Apt No.

* City

* State

Select an Option

* Zip Code

Attestation

The information provided in this form is true and correct.

I am authorized to submit the voluntary surrender form on behalf of the above-named licensee.

I understand that the medical marijuana business licensee must "immediately upon expiration of a license, any medical marijuana business, medical marijuana research facility, medical marijuana education facility, or medical marijuana waste disposal facility shall cease all possession, transfer, or sale of medical marijuana or medical marijuana products. Any continued possession, sale, or transfer shall subject the business owners and operators to felony prosecution pursuant to the Uniform Controlled Dangerous Substances Act." 63 O.S. Sec. 427.14(O)

Upload Section

* Proof of surrender

Upload Files

* Please upload required documents

Please upload document

Save for later

Submit

6.6 Location Change:

1. Navigate to the Licenses tab and click on the 'Service Request' that the user would like to change the location address.

Licenses

Q Search relevant license type or license number

Showing licenses from last 6 months (11)

PAAA-0A0A-HEA2		License Type Processor	Active
Original Issue Date 08/20/2025	Effective Date 08/20/2025	Expiration Date 08/19/2026	View Service Request
LAAA-0A08-FEAE		License Type Testing Laboratory	Active
Original Issue Date 08/20/2025	Effective Date 08/20/2025	Expiration Date 08/19/2026	View Service Request
TAAA-0A05-REAU		License Type Transporter	Active
Original Issue Date 08/20/2025	Effective Date 08/20/2025	Expiration Date 08/19/2026	Apply for Permit View Service Request

2. The user will be directed to the Service Request page and can select the service request type option.

Service Request

* Request Type

Location Change

Next

3. The user will fill out the required fields and upload required documents then submit.

Location Information

Instructions:

- All information with a red asterisk (*) is required information.

▼ Facility Address

- * Street Address
- * City
- * State
- * Zip Code
- * Coordinates - Longitude (X)
- * Coordinates - Latitude (Y)

▲ Addresses are required. Only addresses located within the state of Oklahoma are accepted.

▼ Facility Mailing Address

▼ Address Disclosure (Optional)

I authorize the Oklahoma Medical Marijuana Authority to disclose the physical facility address of the business listed in this application. I understand that OMMA may disclose this information on its website and in response to open record requests, and that this authorization will remain in effect for the term of the business license.

▼ Upload Section

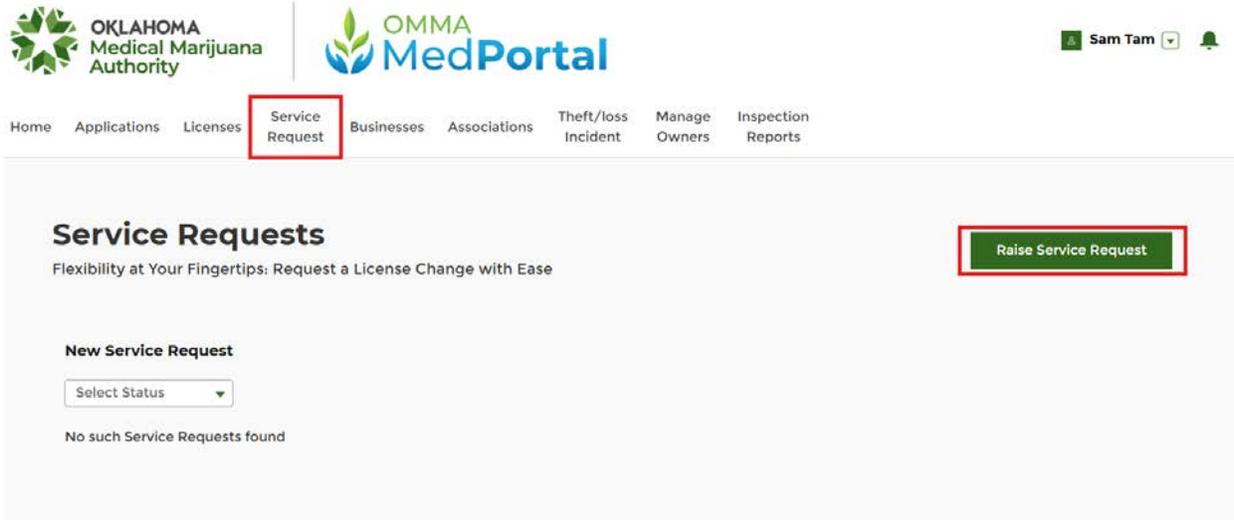
- * Certificate of Occupancy
- * Please upload required documents
- ▲ Please upload the required document
- * Upload a Certificate of Good Standing from the Oklahoma Secretary of State
- * Please upload required documents
- ▲ Please upload the required document

Save for later

Previous Submit

6.7 Email Change:

1. For Email Change, navigate to the 'Service Request' tab at the top banner. At the Service Request page, select 'Raise Service Request'



OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

Home Applications Licenses **Service Request** Businesses Associations Theft/loss Incident Manage Owners Inspection Reports

Sam Tam

Service Requests

Flexibility at Your Fingertips: Request a License Change with Ease

Raise Service Request

New Service Request

Select Status

No such Service Requests found

2. The user will be directed to the Service Request page and can select the service request type option.



Service Request

* Request Type

Email Address Change

Next

3. The user will fill out the required fields then submit.



Change Email Address

Existing Email Id

sitetoroma@yahoo.com

New Email Address

Save for later

Previous

Next

7. File a Complaint

1. The “File a Complaint” link is available at the bottom of every portal page (Patient, Business, and Business Employee)

[Home](#) [Applications](#) [Licenses](#) [Service Request](#)



Welcome to the
Patient Portal

Here you can apply for, manage and view your OMMA license. Whether you're applying for or renewing a license, the portal will guide you through each step of the process!

[Apply for a License](#) [Manage a License](#)

Action Needed

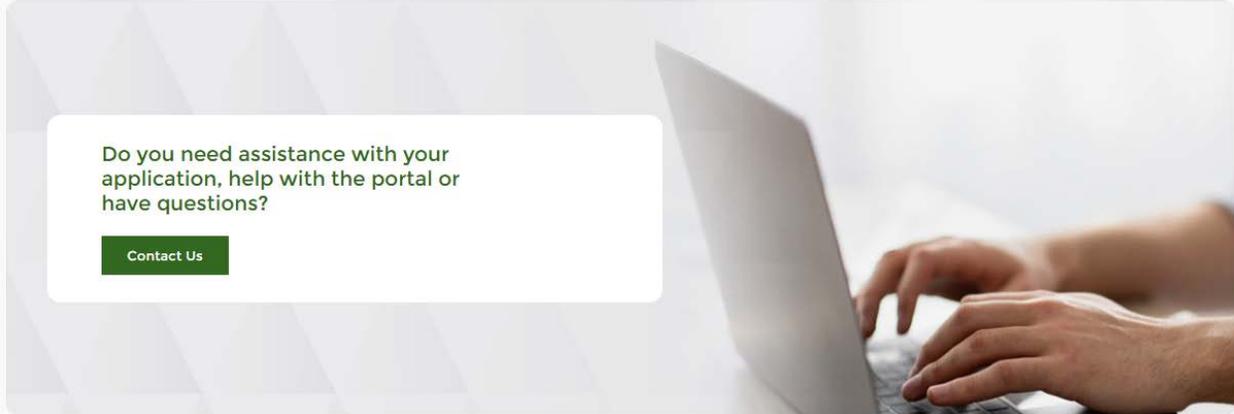
No applications require attention.

Quick Access

[Patient Information](#) >

[PDF Guides](#) >

[How-To Videos](#) >



Do you need assistance with your application, help with the portal or have questions?

[Contact Us](#)



[Back to top](#)

Oklahoma Medical Marijuana Authority
PO Box 262266
Oklahoma City, OK 73126-2266

[OMMA Home](#) [Contact Us](#) [File a Complaint](#)



2. When a user clicks on the “File a Complaint” link, a dedicated page for filing a complaint will appear. The user must complete all required fields on this page and can upload any relevant files before clicking the “Submit” button.

OMMA Business Complaints

Instructions:

To file a complaint against a licensed OMMA business entity, please fill out all applicable fields in this form. Fields with a (*) are required and form cannot be submitted with them blank.

* Date of Incident

* Time of Incident

Business Details

* Business against which the complaint is being filed

Business Details

* Business against which the complaint is being filed

OMMA License Number (if known)

Packaging Batch number or Tag Number

* Business Type

 Please Populate Street , City , State and Zip Code.

* Street Address

▼ **Narrative of Complaint**

*Please provide as much detailed information as possible. If the complaint is a violation of OMMA rules and/or state law, please cite the specific rule and/or law violated. Please include any product-identifying details (if known)

Name of Person Filing Complaint

Phone Number

E-mail Address

▼ **Photo & File Attachments**

Use this field to upload supporting documentation and/or photos, if applicable

Save for later

Submit

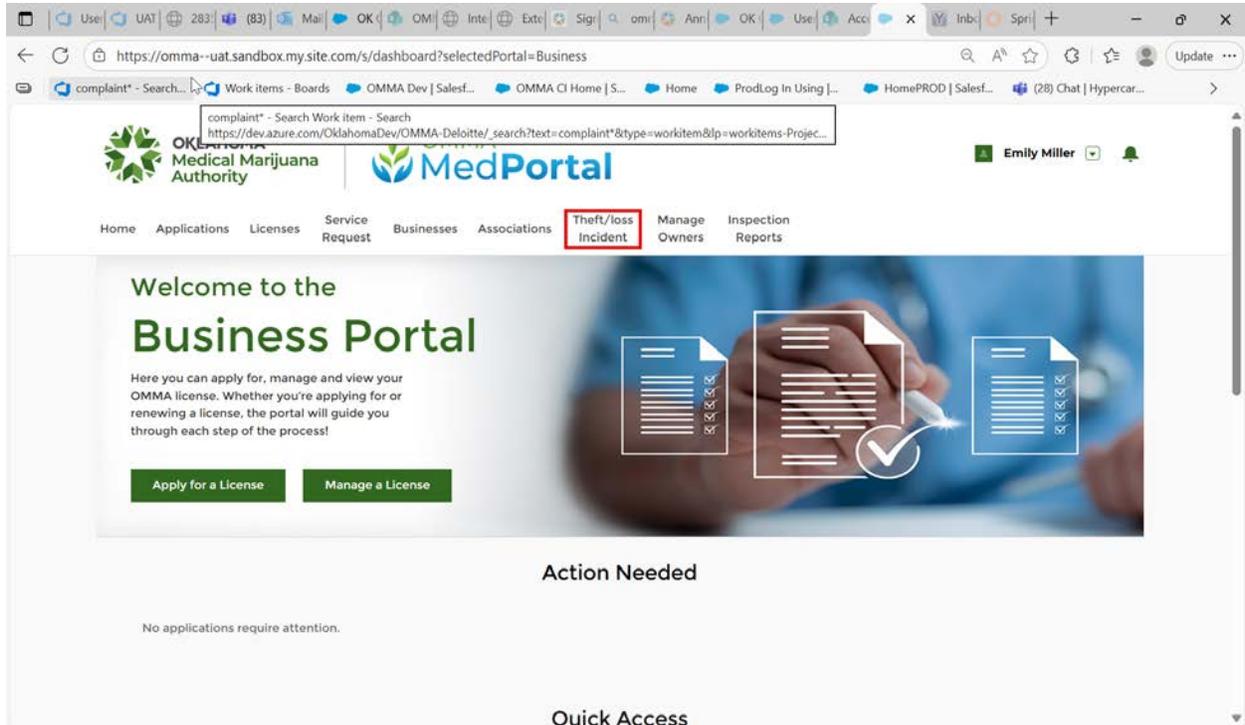
3. Once the complaint is submitted, the user will see a confirmation message that includes a unique complaint number.

Thank you for your submission. Your response has been added to our complaint database Complaint Number (BC2025-000039).
For more information on OMMA rules, please visit omma.ok.gov/rules.

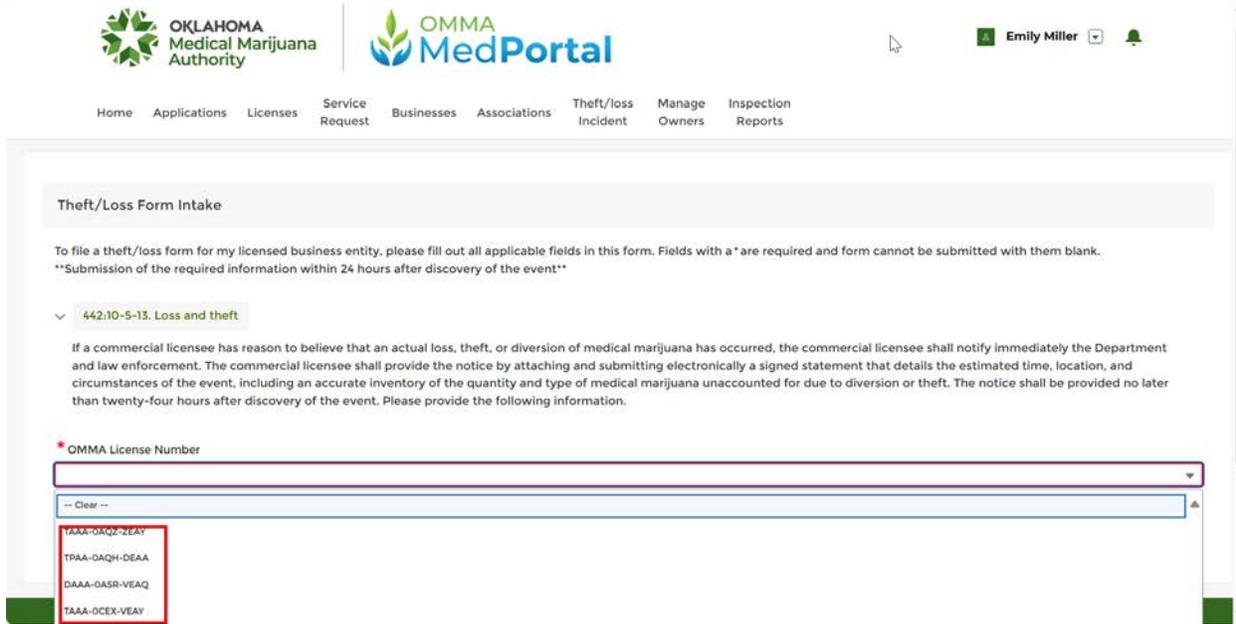
Save for later

8. Theft and Loss Incident

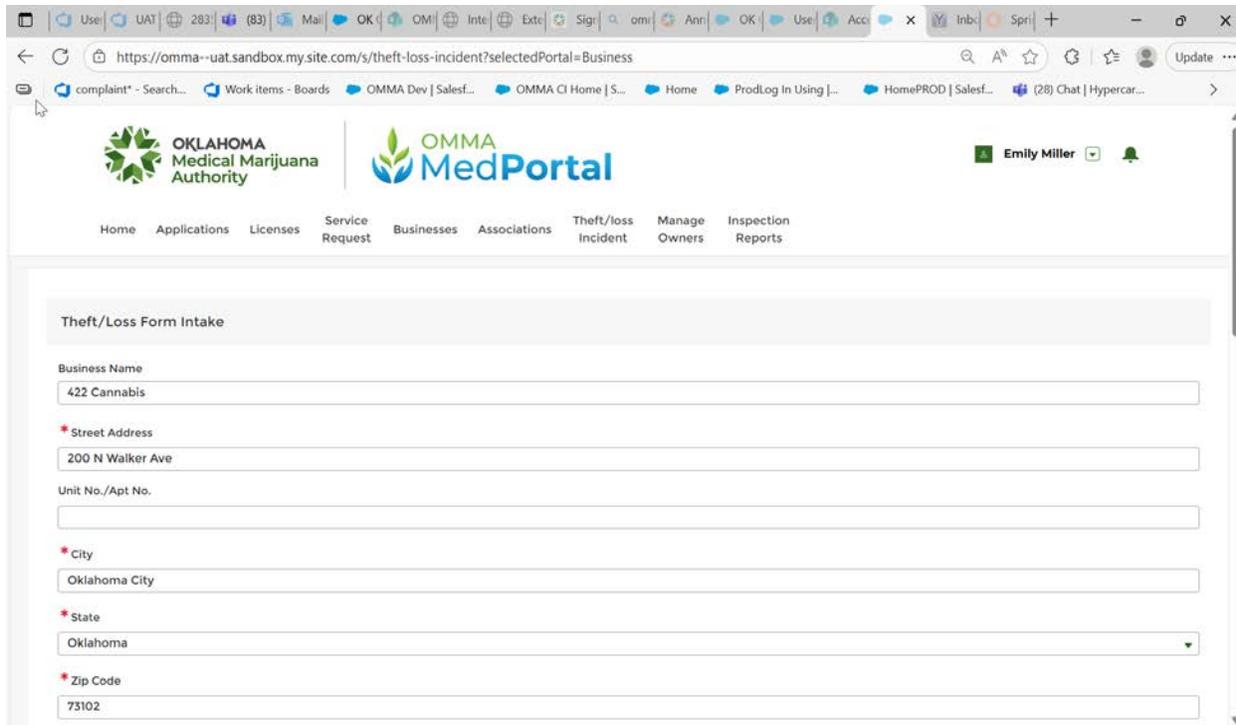
To file a theft loss as a Business Owner, you will need to file a Theft loss Incident at the top of your home page tab 'Theft Loss Incident'



- I will select my license # I am filing theft/loss incident for my business from the drop down.



- You will need to complete the theft/loss information. Your business license information will be prepopulated. This will include document uploads, photos and Metrc tags in excel format.



* Date of loss/theft
10-13-2025

* Estimated Time
01:00 am

* Preliminary Estimated of Product Loss
\$ 5,000.00

* Type of Natural Disaster Involved
NA

* Has the inventory theft/loss been reported in Metric?
 Yes No

* Has the theft/loss incident been reported to law enforcement?
 Yes No

* Report Number
1212

* Police report
Upload Files
test doc.docx

* Please give a detailed to include Chronological account of the incident, including law enforcement involvement, security measures in place prior to the event, and accurate inventory of the quantity and type of medical marijuana unaccounted for due to this theft, loss or diversion. Please note that completion of this form does not substitute the licensee's responsibility to accurately report a licensee inventory of medical marijuana in the state inventory tracking system.
Unknown person broke window and stole \$5000 in product.

I certify that all information provided on this form is true and accurate to my knowledge

* Printed Name
Emily Miller

* Job Title
Owner

* Date
10-14-2025

Please upload csv or excel file that includes all associated Metric tag #'s, insurance information, photos etc.
Upload Files
test data.xlsx
certificate-of-insurance-2025.pdf

Previous Next

OKLAHOMA Medical Marijuana Authority | OMMA MedPortal

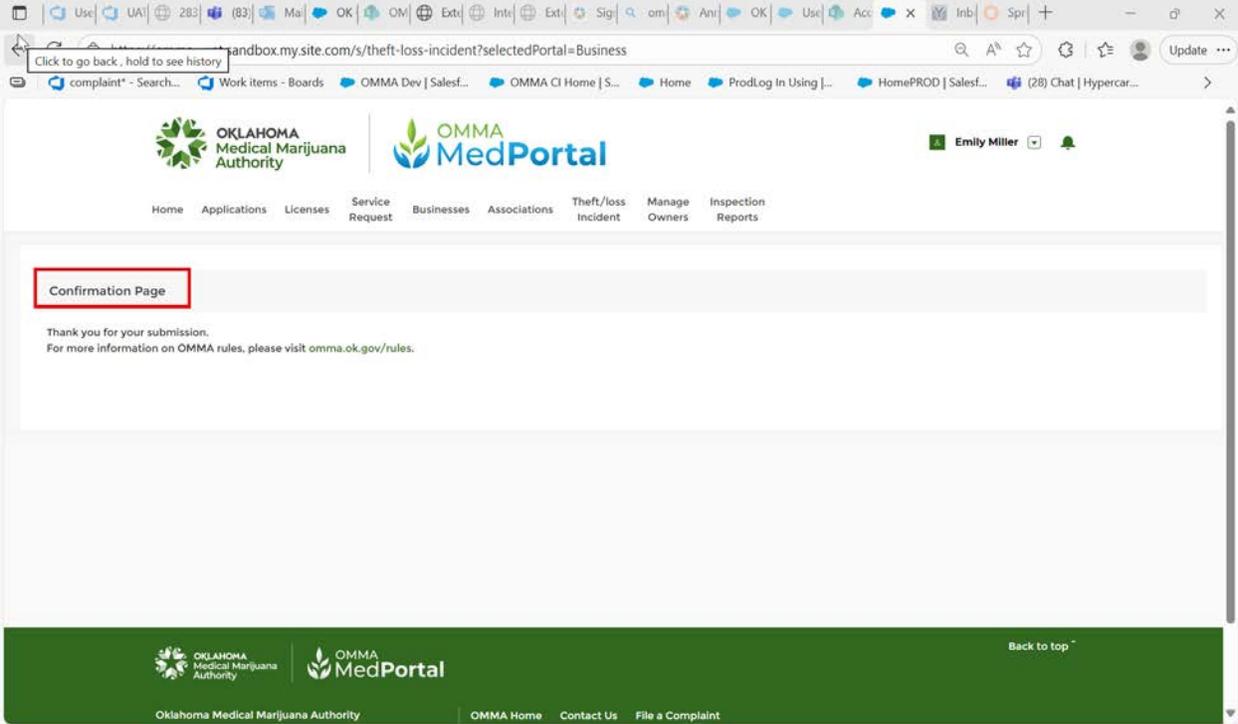
Oklahoma Medical Marijuana Authority
PO Box 262266
Oklahoma City, OK 73126-2266

OMMA Home Contact Us File a Complaint

Back to top

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Once you click on next you will receive a confirmation page that your Theft/loss Incident has been submitted.



The screenshot shows a web browser window displaying the OMMA MedPortal website. The browser's address bar shows the URL: `handbox.my.site.com/s/theft-loss-incident?selectedPortal=Business`. The website header includes the Oklahoma Medical Marijuana Authority logo and the OMMA MedPortal logo. A user profile for Emily Miller is visible in the top right corner. A navigation menu contains the following items: Home, Applications, Licenses, Service Request, Businesses, Associations, Theft/loss Incident, Manage Owners, and Inspection Reports. The main content area features a red-bordered box labeled "Confirmation Page" with the text: "Thank you for your submission. For more information on OMMA rules, please visit omma.ok.gov/rules." The footer contains the Oklahoma Medical Marijuana Authority logo, the OMMA MedPortal logo, and a "Back to top" link. The footer also includes the text: "Oklahoma Medical Marijuana Authority | OMMA Home | Contact Us | File a Complaint".