

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

### TRANSPORTER AGENT INFORMATION

First Name	Middle Name	Last Name	Suffix	Date of Birth (mm/dd/yy)
Oklahoma Drivers' License Number				

## **EMPLOYER INFORMATION**

Entity (Business) Name
Oklahoma Medical Marijuana Business License Number
Business Phone Number

#### **Attestations**

#### By my signature below I attest to the following:

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

Printed Name:	
Signature (required):	Date:
	Date