



# SURRENDER OF LICENSE FORM

## OMMA PATIENTS & CAREGIVERS

**INSTRUCTIONS:** This form must be submitted by the license holder. Please complete this form in full with required attachments: (1) medical marijuana license ; (2) a color copy of the patient's or caregiver's proof of identity.

**Submit by Mail:**

OMMA  
PO BOX 262266  
Oklahoma City, OK 73126-2266

**Submit in Person:** Contact OMMA using the [Patient Contact Form](#) available at [omma.ok.gov/contact](http://omma.ok.gov/contact), noting any special requests.

### LICENSE HOLDER INFORMATION — PLEASE PRINT OR TYPE CLEARLY

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
License #	Date of Birth (mm/dd/yyyy)	License Type: <input type="checkbox"/> PATIENT <input type="checkbox"/> CAREGIVER

### ATTESTATION

By my signature below I attest to the following:

- I am the individual listed on the license;
- I wish to surrender my license;
- I understand that application fees are nonrefundable; and
- I understand that this request cannot be reversed.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)