

LICENSE SURRENDER REQUEST

Licensee Name: _____

Operational Name: _____

License Number (TLC): _____

License Type: _____

Instructions

[OAR 333-333-4280](#) allows licensees to request to surrender their license. The license remains in effect until Oregon Psilocybin Services (OPS) accepts the surrender. Licensees must comply with all applicable laws and rules while the license remains in effect and must cease all licensed activities when the surrender is accepted.

This form allows OPS licensees to request to surrender their license and to submit proposed plans for disposition of products and records that remain on the premises at the time of the request. Each individual person and legal entity designated as a licensee must complete a separate form for the surrender to be accepted. The license remains in effect until the surrender request is approved. OPS will evaluate the surrender request and may request additional information. OPS may reject a surrender request if the license is subject to an ongoing investigation. OPS may require additional steps to be taken and will communicate with the licensee(s) upon receipt of the license surrender request or throughout the surrender process. Licensees should continue to monitor TLC for messages throughout the surrender request process. Failure to do so may result in a rejection of the surrender request. OPS will notify licensees when the surrender request is officially approved.

Please note that the specific steps below must be completed for OPS to approve surrender requests for service center, manufacturer, and laboratory licenses. As part of the surrender process, OPS asks that licensees complete this form and consult with OPS staff prior to completing the items below. OPS may require additional steps before approving the request.

- All psilocybin products must be removed from the premises and accurately documented in TLC-PTS.
- All documentation must be completed in TLC-PTS, including transport manifests, sales records, etc.
- A site inspection may be required to ensure psilocybin products are no longer on the premises and to ensure no client records remain on the premises.

License info:

License type (select only one):

- ☐ Facilitator
- ☐ Service Center
- ☐ Manufacturer
- ☐ Laboratory

Name of licensee requesting surrender: _____

Reason for surrender:

Proposed Product Plan (for Service Center, Manufacturer, and Laboratories only):

☐ There are no products on premises at the time of the request.

OR

☐ Products will be wasted in accordance with [OAR 333-333-8000](#) and all applicable requirements.

☐ Products will be transferred to other OPS licensed service centers or manufacturers. Please provide licensee information below. (This option is not available for laboratories)

• OPS License Type: _____

• OPS License Number _____

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Proposed Client Records Plan (for Service Centers only):

Service centers have a duty to maintain confidentiality of client records and prevent unauthorized access as described in [OAR 333-333-4820](#). If client records will be transferred to another licensed service center, every client whose information is contained in the records must complete an [Authorization to Disclose Personal Identifiable Information](#) prior to transfer.

☐ There are no client records on premises at the time of the request.

OR

☐ Client records will be transferred to another licensed service center with client's prior written consent.

Please provide licensee information below:

Operational Name: _____

OPS License Number: _____

☐ Client records will be destroyed.

Please provide method of destruction below.

Thank you for completing this form. The OPS team will review your surrender request and will contact you through TLC to request any additional documentation and to schedule a site inspection if needed.

Printed Name of Licensee Completing this Form:

Signature of Licensee Completing this Form:

Date: