



Request for Manual OARRS Submission Variance

Entities not yet able to automatically submit required data to OARRS may request to use a manual submission process. Manual submissions to OARRS will be required within one hour of dispensation, rather than within five minutes of dispensation. Entities are required to complete, sign and return this form to mmcp@pharmacy.ohio.gov for the variance request to be considered. Variances granted will be time-limited and will not impact the real-time reporting requirement into METRC.

Business Entity Information				
License Number:		Business Name (as registered by the secretary of state):		
DBA or Trade Name (as registered by the secretary of state):			Date:	
Mailing Address:	City:	State:	ZIP:	
Facility Address:				
City:	State:	ZIP:	County:	District:
	OH			

Primary Reason for Variance	
Variance Duration Requested:	
Brief Explanation for Variance Request: <i>[Concise summary of reason for variance and rationale for length of extension requested with supporting evidence (if applicable), e.g. statement from point-of-sale vendor.]</i>	
Brief Description of Manual Submission Process: <i>[Concise summary of steps dispensary will take to meet the requirement to submit required data to OARRS within one hour of dispensation.]</i>	



POS Vendor Automation Progress Status (check all that apply)

- ASAP Membership N/A Joined
- Automation Requirements Confirmed Validated
- Automation Functionality Designed Built Tested
- User Acceptance Testing Scheduled Completed Ongoing

Please detail any other relevant good faith efforts towards automated submission:

Please detail steps that will be taken to ensure compliance within the requested timeframe:
[Please provide dates/timeframes where known.]

Declaration

Designated Representative:

Phone Number:

Email Address:

I declare under penalties of falsification as set forth in Chapters 2921. of the Ohio Revised Code that I am an authorized representative for the dispensary identified in this submission.

Signature: _____