



Ohio Medical Marijuana Control Program



Dispensary Duplicate Certificate Request Form

Pursuant to Rule [3796:6-5](#) of the Ohio Administrative Code, the State Board of Pharmacy requires a fee of fifty dollars for a replacement Certificate of Operation (\$50). This form must be completed, scanned and submitted on www.elicense.ohio.gov.

Section A – Licensee Information		
A-1. Name of Dispensary		A-2. Dispensary No.
A-3. Address		A-4. City
A-5. State	A-6. Zip Code	A-7. Phone Number
A-8. Explanation of Request (Certificate damaged/stolen?)		

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am the Employee identified in Part 1 of this form (“Employee”) and that this form is true, correct, and complete. I hereby acknowledge that if the authority sought is granted, the Employee shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this State for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

This form must be manually signed in ink. Digital signatures will **NOT** be accepted.

Signature of Designated Representative	Date Signed
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To Submit Form:

1. Log into your employee www.elicense.ohio.gov account
2. From the Certificate of Operation’s license tile select ‘OPTIONS’ – ‘Submit Additional Documentation’
3. Upload Form and select ‘Submit’
4. Once form is received by the Board, the required fee will be added and you will be notified for payment