



## MEDICAL MARIJUANA TREATMENT CENTER (MMTC) Request for Solvent-Based Extraction

Prior to engaging in Solvent-Based Extraction, an MMTC must submit this Request for Solvent-Based Extraction form to the Department of Health, Office of Medical Marijuana Use (OMMU), and receive a written notice of approval from the OMMU that specifies the Solvent(s) the MMTC is authorized to use.

Upon receipt of this completed form and the materials required by emergency rule 64ER21-13(3), the OMMU will inspect the MMTC's processing facility. After completion of the inspection, the OMMU will send written notice to the MMTC either approving or denying the MMTC to engage in Solvent-Based Extraction or identifying any omissions, deficiencies, or violations.

MMTC Information					
MMTC Name			MMTC License Number		
MMTC Address of Facility to be Ins	pected				
Street		City	State		ZIP code
Contact Person Name			Contact Person Phone Number		e Number
Contact Person Email Address					
	T	-14			
Type of Solvent (More than one type of solvent may be selected)					
Hydrocarbon Solvent Carbon Dioxide Solvent Organic Solvent					
As an authorized representative of the MMTC, I am permitted to submit this request on behalf of the MMTC and to make the following representations on behalf of the MMTC.					
I represent that the MMTC requesting approval to begin engaging in Solvent-Based Extraction has the capability to begin engaging in Solvent-Based Extraction upon submittal of this request. I also understand that the MMTC may not engage in Solvent-Based Extraction prior to receiving written notice of approval from the OMMU, except as provided for in emergency rule 64ER21-13(13). Finally, I agree that the MMTC shall comply with all applicable standards and rules should approval be granted by the OMMU.					
I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty is a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, Florida Statutes.					
Signature				Date	<del>)</del>
Name of Signatory (Print or Type)					