



MEDICAL MARIJUANA TREATMENT CENTER (MMTC) Financial Assurance Reduction Request

An MMTC that has posted an initial Financial Assurance in the amount of \$5 million may reduce the Financial Assurance to \$2 million if the MMTC is serving at least 1,000 qualified patients. To reduce the Financial Assurance, the MMTC must submit this form to the Department of Health, Office of Medical Marijuana Use (OMMU).

Upon receipt of this form, the OMMU will verify, through the Medical Marijuana Use Registry (MMUR), that the MMTC submitting the request is serving at least 1,000 qualified patients. Following review of the MMUR information, the OMMU will send written notice to the MMTC either approving or denying the request. If the MMTC's request is approved by the OMMU, the MMTC may submit the reduced Financial Assurance subject to the requirements of Emergency Rule 64ER22-1.

MMTC Information			
MMTC Name		MMTC License Number	
MMTC Address			
Street	City	State	ZIP code
Contact Person Name		Contact Person Phone Number	
Contact Person Email Address			

Financial Assurance Reduction Information	
Is the MMTC serving at least 1,000 qualified patients? (Check Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of financial assurance is the MMTC seeking to reduce? (Check one of the boxes to the right)	<input type="checkbox"/> Bond <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Cash

ACKNOWLEDGMENT

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 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	Name of Signatory (Print or Type)	Date
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