



OKLAHOMA STATE BUREAU OF NARCOTICS
AND DANGEROUS DRUGS CONTROL
-EMPLOYEE WAIVER-

Criteria to Determine the Requirement of a Waiver Pursuant to OAC 475:20-1-5

SCHEDULE 1 MEDICAL MARIJUANA

Has your tentative employee been convicted, plead guilty, or nolo contendere, or otherwise ordered to complete a period of probation or supervision for the following:

- **Nonviolent Felony** in the past two years (from the conviction date)?
In this state, any other state, or the United States.
- **Violent Felony** in the past five years (from the conviction date)?
In this state, any other state, or the United States.

If the answer is **“YES”** to any of the above criteria, then this waiver must be completed.

Reference: [Title 63 Okl. St. Ann. §420A et seq.](#)

ALL OTHERS:

Has your tentative employee been convicted, plead guilty, or nolo contendere, or otherwise ordered to complete a period of probation or supervision for the following:

- **Misdemeanor** relating to any controlled dangerous substances?
As defined by the Uniform Controlled Dangerous Substances Act in this state, any other state, or the United States.
- **Felony** relating to any controlled dangerous substances?
In this state, any other state, or the United States.
- **ANY Felony** of this state, any other state, or the United States?

If the answer is **“YES”** to any of the above criteria, then this waiver must be completed.

Reference: [OAC 475:20-1-5](#)

BUSINESS INFORMATION/REQUESTING REGISTRANT INFORMATION:

Legal Business Name: _____

Registrant Name: _____
Last First MI

OBN #: _____ **OMMA # (If applicable):** _____ **DEA # (If applicable):** _____

Email Address: _____ **Phone:** _____

Business Physical Address:

Street Address City State Zip

If Business mailing address differs from the physical address:

Street Address City State Zip

INFORMATION ON EMPLOYEE SEEKING WAIVER:

Employee's Name: _____
Last First MI (Maiden Name if applicable)

Employee's DOB (MO/DY/YR): _____

***Employee's SSN:** _____

Driver's License or State Issued ID #: _____
Number State

*Inclusion of your social security number (SSN) is optional. Failure to provide your complete 9-digit SSN will not constitute grounds for denial. OBNDCC requires a minimum of the last 4 digits of your SSN to verify identity and ensure you have no arrests, convictions, or warrants that would make you ineligible for an employment waiver. Failure to include your complete 9-digit SSN may delay processing of your application.

Anticipated role of employee (i.e. job title/brief job description): _____

Employee CDS access: _____

Employee Conviction Information:

- Case #: _____
- Investigating Agency (Name & State): _____
- Date of Violation: _____
- Date of Conviction: _____

I certify under penalty of perjury that the foregoing is true and correct.

Business representative submitting waiver:

Print **Signature** **Date**

Employee seeking waiver:

Print **Signature** **Date**

Upon completion, return Waiver Request to:
Oklahoma State Bureau of Narcotics
Attn: Director - Waiver Request
419 NE 38th Terrace
Oklahoma City, OK 73105

OBNDD OFFICE USE ONLY

Request: Approved Denied

Director Signature

Date Approved/Denied