



**OKLAHOMA STATE BUREAU OF NARCOTICS
AND DANGEROUS DRUGS CONTROL
-SECURITY WAIVER-**

BUSINESS INFORMATION

Legal Business Name: _____

Registrant Name: _____
Last First MI

OBNDD Registration #: _____ **OMMA License #:** _____

Email Address: _____ **Phone:** _____

Business Physical Address:

Street Address City State Zip

If Business mailing address differs from physical address:

Street Address City State Zip

SECURITY RULE FOR WAIVER REQUEST

____ **475:20-1-4(4)(A)** - The entire outdoor or greenhouse facility shall be surrounded by a fence and entry gates. Acceptable fencing shall be a metal chain link fence with a wire diameter at least nine (9) gauge or larger, or another similarly secure material or wood. The fence shall measure at least eight (8) feet from the ground to the top of the fence. The fence may be at least six (6) feet of acceptable fencing with a top guard of fencing wire with sharp edges or points, such as barbed wire, to enhance the overall height of the fence to the minimum of eight (8) feet. All support posts shall be steel and securely anchored.

____ **475:20-1-4(4)(B)** - All entry gates shall measure at least eight (8) feet from the ground to the top of the entry gate and shall be constructed of acceptable fencing. The entry gate may be at least six (6) feet of acceptable fencing with a top guard of fencing wire with sharp edges or points, such as barbed wire, to enhance the overall height of the entry gate to the minimum of eight (8) feet.

____ **475:20-1-4(4)(C)** - The fence and entry gates shall be in good repair and obscure the outdoor or greenhouse facility so that it is not easily viewed from outside the fence or entry gates.

Prior to any security waiver approval, an OBN on-site inspection will be conducted. Approved security waivers expire at the same time as the underlying Registration.

Signature: _____

Date: _____

Applicants must provide required information for each security rule for which waiver is requested. Applicants are encouraged to attach supplemental and/or additional information (e.g. pictures, diagrams, construction plans, etc.) that the Bureau should consider in the review of the proposed alternative safeguard. Please copy and complete this page for each security rule waiver request.

REQUIRED SECURITY RULE INFORMATION

Select one rule for

waiver request: ___ 475:20-1-4(4)(A) ___ 475:20-1-4(4)(B) ___ 475:20-1-4(4)(C)

Reason for waiver: _____

Description of alternative safeguard: _____

Signature: _____ Date: _____

Please mail completed form(s) and any supporting documents to:
Oklahoma State Bureau of Narcotics
Attn: Director – Security Waiver Request
419 NE 38th Terrace
Oklahoma City, OK 73105

OBND OFFICE USE ONLY

Request: Approved Denied

Director Signature

Date Approved/Denied