

Transfer Authorization Form

Medical marijuana processing site to processing site or dispensary

(To be completed by and signed by the **primary PRP**.)

Note: Use this form to authorize transfer of your cannabinoid concentrate, extract, edible, transdermal patch, or suppository to a registered dispensary or processing site.

Only one transfer to one registrant location can be authorized per form.

Section 1 — Processing site	authorizing t	ransfer					
Name of processing site: MMPS number:			Phone number:				
			MMPS expiration date:				
Section 2 — Registrant repre	esentative aut	horized to ma	ake tran	sfer			
Name:			Phone number:				
Section 3 — Product transfe	r (required)						
Note: Use this table to note ea	ach product tra	nsferred.					
Product description/name	Product type	Weight (metr	ic unit)	Quantity	Process lot number		
Example Choc Delite Brownie	edible	100 grams		12	56789		

Section 4 — Signature and recipient information	(required)			
I,, (primary PRP) au cannabinoid concentrate, extract, edible, transderm processing site or dispensary:	thorize the abovenamed i al patch, or suppository to	ndividua the folk	l to t owing	ransfer my g registered
Processing site or dispensary name:				
MMPS or MMD number:				
Processing site or dispensary physical address:				
City/State/ZIP:				
Date authorization expires (if different than expiration	on on MMPS):	/		/
I understand that the product will no longer be my p be returned to me if tests are positive for pesticides	•	mplete.	The	product will
		/		/
Transferring processing site primary PRP signature	(required)	Date		

Note: The dispensary or processing site receiving the transfer must keep the original copy of this form on file. Other parties should also keep a copy for their records.