

## Transfer Authorization Form Medical marijuana caregiver or grower to PROCESSING SITE

(To be completed by and signed by the **OMMP patient**.)

**Note:** Use this form to authorize transfer of your usable marijuana. Only one individual can be authorized per form.

### Section 1 — Patient authorizing transfer

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

OMMP card number: \_\_\_\_\_ OMMP card expiration date: \_\_\_\_\_

My (*check one*):  caregiver or  grower is authorized to transfer my usable marijuana.

### Section 2 — Person authorized to make transfer

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

OMMP card number: \_\_\_\_\_ OMMP card expiration date: \_\_\_\_\_

### Section 3 — Signature and processing site information (*required*)

I, \_\_\_\_\_, (*patient*) authorize the above-named individual to transfer my usable marijuana to the following registered **processing site**:

Processing site name:	MMPS number:
Processing site physical address:	
City/State/ZIP:	

Date authorization expires (*if different than expiration on patient's OMMP card*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I understand the product will no longer be my property after transfer is complete. The product will be returned to me if tests are positive for pesticides.

Patient signature (*required*): \_\_\_\_\_ Date: \_\_\_\_\_

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