

Natural Medicine Division (NMD) Product Transfer Manifest

Name

I,

hereby attest that I am authorized to transport Regulated Natural Medicine and Regulated Natural Medicine Product between Licensees, in accordance with the laws and provisions within the Natural Medicine Code and Rules.

Natural Medicine Owner/Handler License Number

My license number is:

I am at least 21 years old. I will retain and record the necessary documentation, comply with all applicable laws and regulations, and follow any additional safety protocols. Failure to comply may result in disciplinary action. By signing this attestation, I acknowledge and accept the responsibilities and obligations to comply with the Natural Medicine Rules at 1 CCR 213-1, including but not limited to safely handling, storing, and transporting Regulated Natural Medicine and Regulated Natural Medicine Product. I understand that the originating license must separately report this transfer to the Division.

Transporter Information

Transporter License Number	Vehicle Make	Vehicle Model	License Plate Number
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Planned Route

Street Address

Duration of Overnight Stop

City

State ZIP Code

Originating License Information

Date (MM/DD/YY)	Estimated Departure Time	Originating License Number
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Originating License Name

Originating License Street Address

Phone Number

City

State ZIP Code

Destination License Information

Date (MM/DD/YY)

Estimated Arrival Time

Destination License Number

Destination License Name

Destination License Street Address

Phone Number

City

State ZIP Code

Product Information

If more than three products will be transferred, print additional page 2's as needed.

Product 1

Harvest Lot/Production Lot

Strain Type

Product Type

Transfer Weight (g)

Transfer Date

Product 2

Harvest Lot/Production Lot

Strain Type

Product Type

Transfer Weight (g)

Transfer Date

Product 3

Harvest Lot/Production Lot

Strain Type

Product Type

Transfer Weight (g)

Transfer Date

Transporter Signature

Date (MM/DD/YY)

Name

Natural Medicine Owner/Handler License Number