



Adult Use Cannabis Transportation Manifest

SECTION 1: ORIGINATING ENTITY DETAILS

Form with fields: License #, Licensee Name, Licensee Address, Licensee Phone, Date Created, Certificate of Analysis Attached?, Is this transport to a laboratory?, Contact Name and Phone number Law Enforcement Can Call with Questions: Name, Phone, Departure Date, Departure Time, Yes/No options.

SECTION 2: TRANSPORTATION DETAILS

Form with fields: Company Name, Company Phone, Vehicle Make, Vehicle Model, License Plate #, State on License Plate, Pre-determined Travel Route, Employee #1 Name, Signature & Date, Driver's License Issuing State, Employee #2 Name, Signature & Date, Driver's License Issuing State, Details of any Existing Circumstances.

SECTION 3: DESTINATION DETAILS

Form with fields: License #, Licensee Name, Licensee Address, Licensee Phone, Stop Number, Arrival Date, Arrival Time, of.

SECTION 4: PRODUCT DETAILS (If Any Portion of Shipment is Rejected, Circle the Product Description and Notate Amount Received)

Table with 4 columns: Product Description (Cannabis or Cannabis Product), Finished or Intermediate Product, Lot or Batch ID, Amount Shipped (weight/count). Rows 1-6.

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**If more lines are needed, attach Manifest Attachment to include all additional products and check the box:**

**SECTION 5: PRODUCT RECEIPT CONFIRMATION**

I attest that the contents of this shipment match the records entered in Section 4 above, and I agree to take custody of those portions of this shipment not circled above. Those portions circled were returned to the individual delivering this shipment.

Signature and Date #1

Signature and Date #2

**SECTION 6: PRODUCT REJECTION DISCLAIMER**

Name of Person Taking  
Receipt of Rejected  
Portion of this Shipment:

Signature  
and Date:

Description of  
reason/justification for  
rejection: