

Transfer Authorization Form Medical marijuana caregiver or grower to DISPENSARY

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

Note: Use this form to authorize transfer of your usable marijuana, immature plants and seeds. 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 grower

Is authorized to transfer (*check all that apply*): usable marijuana immature plants seeds

Section 2 — Person authorized to make transfer

Name: _____ Phone number: _____

OMMP card number: _____ OMMP card expiration date: _____

Section 3 — Signature and dispensary information (*required*)

I, _____, (*patient*) authorize the above named individual to transfer my usable marijuana, immature plants and seeds to the following registered **dispensary**:

Dispensary name:	MMD number:
Dispensary 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 dispensary must keep the original copy of this form on file. Other parties should also keep a copy for their records.