

Section 4 — Signature and recipient information *(required)*

I, _____, *(primary PRP)* authorize the above named individual to transfer my cannabinoid concentrate, extract, edible, transdermal patch, or suppository to the following registered **processing site or dispensary**:

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 MMPS)*: _____ / ____ / ____

I understand that 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.

_____ / ____ / ____

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.