

Administrative Hold Product Voluntary Destruction Request

Instructions

Licensee's designated contact must complete and submit this request document to CannabisCompliance@health.mo.gov and their assigned compliance officer. The Division of Cannabis Regulation (DCR) will deny incomplete requests. Denied requests will require resubmission for consideration.

Licensees will have five (5) days from request approval to voluntarily destroy the marijuana product listed in the request. Additionally, licensees must ensure the statewide track and trace system (Metrc) is updated to reflect the voluntary destruction.

Licensees use package adjustments to waste the marijuana product in Metrc. Licensees completing voluntary destruction must use the following information:

- Adjustment reason: "Waste"
- Adjustment note: "Voluntary destruction of product on administrative hold"

Licensees should **not** use the following adjustment reasons; because the marijuana product is being voluntarily destroyed:

- "Mandatory State Destruction", or
- "Recall"

Licensees are required to notify DCR through <u>CannabisCompliance@health.mo.gov</u> and their assigned compliance officer within two (2) days of completing destruction. Notification must include the waste log and the actual date and time of destruction.

Licensee Information

License Number:	
License Name:	

Package Tag Numbers for Voluntary Destruction

Attach additional pages if required.

Tag Number		Tag Number
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Attestation

The Licensee attests that marijuana product on administrative hold will remain in the designated quarantine location until the authorized destruction is to be completed and that licensee staff are aware that the marijuana product shall not be sold to consumers or further processed after the administrative hold is lifted. The Licensee understands that it if unauthorized actions are completed with product, the licensee will be subject to penalties, including fines, suspension, or revocation.

The Licensee attests that the marijuana product will be disposed of in accordance with waste SOPs.

The Licensee attests that they are aware of the voluntary destruction and follow-up requirement, including the timeframe for destruction and will comply with the requirements.

I hereby certify that the above information is true and correct.
Agent Printed Name (Last, First):
Agent Business Title:
Agent Signature:
Date: