MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**
Division of Cannabis Regulation

Administrative Hold Product Transfer 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 transfer the marijuana product listed in the
request to the destination licensee.

Licensees are required to immediately notify DCR through CannabisCompliance@health.mo.gov and
their assigned compliance officer when the transfer is complete. Notification must include the manifest
number(s) of the transfer(s).

Requesting Licensee Information

License Number:	
License Name:	

Destination Licensee Information

Transferee License Number:	
Transferee License Name:	

Package Tag Numbers for Transfer

Attach additional pages if required.

Tag Number

Tag Number

Attestation

The Licensee attests that marijuana product on administrative hold will remain in the designated quarantine location until the transfer is to be completed and that staff are aware that the marijuana product shall not be sold to consumers, further processed or used in any way 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 transferee is aware that the marijuana product to be transferred to their facility is on administrative hold and authorized only for storage, and that no other activity pertaining to the transferred marijuana product may be completed.

The Licensee attests that they are aware of the transfer and follow-up requirement, including the timeframe for transfer, 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: