

# **Recalled Product Transfer Request**

#### **Instructions**

This request must be completed and submitted to <u>CannabisCompliance@health.mo.gov.</u> Incomplete requests will be denied and will require resubmission for consideration. Transfers to multiple destinations and transfers to the same destination on multiple dates will each require a separate request.

Approved licensees will have five (5) days from approval to transfer the marijuana product to the destination licensee. Requesting licensees will be required to immediately notify DCR through <u>CannabisCompliance@health.mo.gov</u> after the transfer is complete, including the manifest number of the transfer(s).

## **Requesting Licensee Information**

License Number:	
License Name:	

## Transferee Licensee Information

Transferee License Number:	
Transferee License Name:	

# Package Tag Numbers for Transfer

Attach additional pages if required.

Tag Number	
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Tag Number

#### **Attestation**

The Licensee attests that recalled marijuana product 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 recalled 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 recalled 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: