

## Maine Medical Use of Cannabis Program Trip Ticket

The following information is required as proof of authorized conduct anytime a registered caregiver, registered dispensary, cannabis testing facility, or manufacturing facility transports cannabis or cannabis products for medical use. This form must accompany the cannabis or cannabis products. For more information: <https://www.maine.gov/dafs/ocp/medical-use/applications-forms>.

<b>SECTION 1: Transferring Registrant</b>			
This section must be completed by the transferring registrant.			
Caregiver's Legal Name		Caregiver (CRG) Registry Identification Card Number	
Legal Name of Dispensary Registration Certificate Holder, if applicable		Dispensary (DSP) Registration Certificate Number, if applicable	
<b>SECTION 2: Receiving Patient or Registrant</b>			
This section must be completed anytime cannabis or cannabis products for medical use are transported, including patient delivery and when a registered caregiver, registered dispensary, cannabis testing facility, or manufacturing facility is transporting cannabis or cannabis products from one of its registered locations to a different registered location.			
This section must be completed by the transferring registrant.			
Patient Identification Number/Medical Certification Number (DO NOT LIST NAME)			
<b>OR</b>			
Caregiver's Legal Name		Caregiver (CRG) Registry Identification Card Number	
Legal Name of Dispensary Registration Certificate Holder, if applicable		Dispensary (DSP) Registration Certificate Number, if applicable	
<b>SECTION 3: Description of Cannabis or Cannabis Products Transported</b>			
For each item transported, provide the amount (weight or units), product type (flower, wax, cartridges, etc.), and strain or other further identifying information of the cannabis or cannabis products.			
This section must be completed by the transferring registrant.			
<b>SECTION 4: Departure Information</b>			
This section must be completed by the transferring registrant.			
Start Date		Start Time	
Departure Address (Physical)		City	State Maine
			ZIP
<b>SECTION 5: Destination Information</b>			
This section must be completed by the transferring registrant.			
Destination Address (Physical)		City	State Maine
			ZIP
<b>SECTION 6: Receiving Registration Signature and Acknowledgment of Receipt</b>			
This form is incomplete without a signature by the receiving registrant listed in Section 2. If the person listed in Section 2 is a patient, no signature is required.			
This section must be completed by the receiving registrant.			
Printed Name of Receiving Registrant		Email Address	Phone Number
Date Received		Time Received	
Signature			