

**Maine Medical Use of Marijuana Program Trip Ticket**

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

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| **SECTION 1: Transferring Registrant**  This section must be completed by the transferring registrant. | |
| Legal Name | Registry Identification Card Number |
| Legal Name of Registration Certificate Holder, if applicable | Registration Certificate Number, if applicable |
| **SECTION 2: Receiving Patient or Registrant**  This section must be completed anytime marijuana or marijuana products for medical use are transported, including patient delivery and when a registered caregiver, registered dispensary, marijuana testing facility, or manufacturing facility is transporting marijuana or marijuana 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) | |
| **OR** | |
| Legal Name | Registration Identification Card Number |
| Legal Name of Registration Certificate Holder, if applicable | Registration Certificate Number, if applicable |
| **SECTION 3: Description of Marijuana or Marijuana Products Transported**  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 marijuana or marijuana products.  This section must be completed by the transferring registrant. | |
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| **SECTION 4: Departure Information**  This section must be completed by the transferring registrant. | |

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| Start Date | | Start Time | | |
| Departure Address (Physical) | City | | State  Maine | ZIP |
| **SECTION 5: Destination Information**  This section must be completed by the transferring registrant. | | | | |
| Destination Address (Physical) | City | | State  Maine | ZIP |
| **SECTION 6: Receiving Registration Signature and Acknowledgment of Receipt**  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. | | | | |

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| Printed Name of Receiving Registrant | Email Address | | Phone Number |
| Date Received | | Time Received | |
| Signature | | | |