



MEDICAL MARIJUANA

Transfer Authorization Form

I, _____, authorize myself to transfer _____ amount of usable marijuana
 my caregiver _____ immature plants
 my grower

to _____ facility, located at _____. This authorization is valid until _____, or until my OMMP card expires on _____, or until this authorization is revoked by me, whichever is sooner. I understand that the product will no longer be my property after transfer is complete, and that it may be returned to me if it tests positive for pesticides, mold, or mildew.

Contact Information

	Name	Phone Number	OMMP or registration #	Expiration Date
Patient				
Caregiver				
Grower				

Patient Signature

Date

