TRANSPORTATION MANIFEST

SRMT - Cannabis Control Office
71 Margaret Terrance Memorial Way Akwesasne NY 13655
Tel: 518-358-2272 x 2298 ♦ Cell: 518-603-2345
cannabiscontroloffice@srmt-nsn.gov

NAME OF LICENSEE SHIPPING FROM:	SRMT-CCO LICENSE NUMBER:	DATE OF TRANSPORT:
CONTACT NAME:	PHONE:	START TIME OF TRANSPORT:
ADDRESS:	EMAIL (for CORRESPONDANCE):	END TIME OF TRANSPORT:
MAKE, MODEL & COLOR OF VEHICLE:	INSURANCE CO. & POLICY# OF VEHICLE:	LICENSE PLATE OF VEHICLE:

TYPE OF PRODUCT							
HARVESTED PLANTS	DRIED PLANTS	CURED FLOWER	CONCENTRATES	EDIBLES	VAPES	TOPICALS	SECURED

TYPE LICENSE
☐ Grow ☐ Retail
☐ Process ☐ Other

DRIVER NAME:

PASSENGER NAME(S):

NAME OF LICENSEE SHIPPING TO:	**SRMT-CCO LICENSE NUMBER:**	**PRINT NAME OF EMPLOYEE RECIPIENT:**
CONTACT NAME:	**PHONE:**	**SIGNATURE OF RECIPIENT EMPLOYEE:**
ADDRESS:	**EMAIL (for CORRESPONDANCE):**	

NO.	ITEM NAME	TOTAL # UNITS	SUPPLIER / BRAND	STRAIN	TYPE	BATCH SIZE (lb/g/mg/P)	BATCH ID	NOTES
1								
2								
3								
4								
5								

RELINQUISHED BY DRIVER PRINT NAME:	DATE / TIME	RELINQUISHED BY DRIVER SIGNATURE:	TITLE:	NOTES:

(SRMT - CCO) RECEIVED BY PRINT NAME:	DATE / TIME	(SRMT- CCO) RECEIVED BY (SIGNATURE)	TITLE:	NOTES:

SPECIAL REQUIREMENTS / INFORMATION: **PRODUCT MUST BE SECURED IN A LOCKABLE COMPARTMENT NOT VISIBLE TO THE PUBLIC.**

Submit manifest to CCO - two (2) business days prior to transportation to:
cannabiscontroloffice@srmt-nsn.gov
Transportation must occur between 8am and 6pm, Monday - Friday.

MANIFEST NUMBER

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TYPE LICENSE
☐ Grow ☐ Retail
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DRIVER NAME:

PASSENGER NAME(S):

NAME OF LICENSEE SHIPPING TO:	**SRMT-CCO LICENSE NUMBER:**	**PRINT NAME OF EMPLOYEE RECIPIENT:**
CONTACT NAME:	**PHONE:**	**SIGNATURE OF RECIPIENT EMPLOYEE:**
ADDRESS:	**EMAIL (for CORRESPONDANCE):**	

NO.	ITEM NAME	TOTAL # UNITS	SUPPLIER / BRAND	STRAIN	TYPE	BATCH SIZE (lb/g/mg/P)	BATCH ID	NOTES
6								
7								
8								
9								
10								

RELINQUISHED BY DRIVER PRINT NAME:	DATE / TIME	RELINQUISHED BY DRIVER SIGNATURE:	TITLE:	NOTES:

(SRMT - CCO) RECEIVED BY PRINT NAME:	DATE / TIME	(SRMT- CCO) RECEIVED BY (SIGNATURE)	TITLE:	NOTES:

SPECIAL REQUIREMENTS / INFORMATION: **PRODUCT MUST BE SECURED IN A LOCKABLE COMPARTMENT NOT VISIBLE TO THE PUBLIC.**

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