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 LIC	ENSEE SHIPPING FROM:		SRMT-CCO LICENSE NUMBER:	DATE OF TRANSPORT:	TYPE OF PRODUCT] MONAWK TRIBLE		
CONTACT NA	AME:		PHONE:		START TIME OF TRANSPORT:	HARVESTED PLANTS	DRIED PLANTS	CURED FLOWER	CONCENTRATES	EDIBLES	VAPES	TOPICALS	SECURED	TYPE LICENSE	
ADDRESS:			EMAIL (for CORRESPONDANCE):		END TIME OF TRANSPORT:	HARVEST	DRIED	CURED	CONCE	EDI	4/	TOF	SEC	PASSENGER NAME(S):	
MAKE, MODE	EL & COLOR OF VEHICLE:		INSURANCE CO. & POLICY# OF VEHICLE:		LICENSE PLATE OF VEHICLE:								+		
NAME OF LIG	ENSEE SHIPPING TO:		SRMT-CCO LICENSE NUMBER:		PRINT NAME OF EMPLOYEE RECIPIEN	T:									
CONTACT N	AME:		PHONE:		SIGNATURE OF RECIPIENT EMPLOYEE:										
ADDRESS:			EMAIL (for CORRESPONDANCE):		1										
NO.	ITEM NAME	TOTAL # UNITS	SUPPLIER / BRAND	STRAIN	ТҮРЕ		BATCI (lb/g/r	BATCH ID					NOTES		
1															
2															
3															
4															
5															
RELINQUI	SHED BY DRIVER PRINT NAME:		DATE / TIME	RELINQUISHED BY DRIVE	R SIGNATURE:	TITL	.E:					NO	TES:		
(SRMT - CCO) RECEIVED BY PRINT NAME:			DATE / TIME	(SRMT- CCO) RECEIVED B	BY (SIGNATURE)	TITLE: NOTE:						TES:			
SPECIAL REQUIREMENTS / INFORMATION: PRODUCT MUST BE SECURED IN A LOCKABLE COMPARTMENT NOT VISIBLE TO THE PUBLIC.					LE TO THE PUBLIC.	MANIFEST NUMBER									
Submit manifest to CCO - two (2) business days prior to transportation to: <u>cannabiscontroloffice@srmt-nsn.gov</u>															
Transportation must occur between 8am and 6pm, Monday - Friday.						SRMT-CCO Version 10/2025									

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						Z								TYPE LICENSE	
CONTACT NAME:			PHONE:		START TIME OF TRANSPORT:	HARVESTED PLANTS	NTS	CURED FLOWER	CONCENTRATES	"		ς,		Grow Retail	
							PLA	FLO	NTR	EDIBLES	VAPES	TOPICALS	SECURED	Process Other DRIVER NAME:	
ADDRESS:			EMAIL (for CORRESPONDANCE):		END TIME OF TRANSPORT:	VEST	DRIED PLANTS	JRED	ONCE	E	>	TOF	SEC		
						HAR		ರ	S					PASSENGER NAME(S):	
MAKE, MODE	EL & COLOR OF VEHICLE:		INSURANCE CO. & POLICY# OF VEHICLE:	LICENSE PLATE OF VEHICLE:	1								1		
NAME OF LIC	CENSEE SHIPPING TO:		SRMT-CCO LICENSE NUMBER:		PRINT NAME OF EMPLOYEE RECIPIENT:										
CONTACT NA	AME:		PHONE:		SIGNATURE OF RECIPIENT EMPLOYEE:										
ADDRESS:			EMAIL (for CORRESPONDANCE):												
				T		Т.			l						
NO.	ITEM NAME	TOTAL # UNITS	SUPPLIER / BRAND	STRAIN	TYPE		(lb/g/r		BATCH ID					NOTES	
6															
7															
						-									
8															
9															
10															
RELINQUI	SHED BY DRIVER PRINT NAME:		DATE / TIME	RELINQUISHED BY DRIVER SIGNATURE:			TITLE: NOTES								
(SRMT - C	CO) RECEIVED BY PRINT NAME:		DATE / TIME	(SRMT- CCO) RECEIVED B	Y (SIGNATURE)	TITLE:						NOTES:			
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