
EXTERNAL TRANSFER REQUEST

Licensee Name: _____

License Number: _____

Date of Request: _____

I attest, the items which are the subject of this Request, comply with The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act, Rhode Island Cannabis Act and the Rules and Regulations Related to the Medical Cannabis Program and Cannabis Establishments Administered by the Cannabis Control Commission.

Please select the category of this Request:

☐ ***Non-psychoactive/Non-synthetic Cannabinoids***

I hereby certify that the cannabinoids identified in this Request for External Transfer into Metrc, the cannabis seed-to-sale tracking system, are not synthetically produced/manufactured and are not known to produce a psychoactive effect. Additionally, the cannabinoids and/or terpenes were tested by a licensed cannabis testing facility as evidenced by the Certificate of Analysis(es) included with this Request.

☐ ***Cannabis/Hemp Derived Terpenes***

I hereby certify that the terpenes identified in this Request for External Transfer into Metrc, the cannabis seed-to-sale tracking system, are not synthetically produced/manufactured and are not known to produce a psychoactive effect. Additionally, the cannabinoids and/or terpenes were tested by a licensed cannabis testing facility as evidenced by the Certificate of Analysis(es) included with this Request.

☐ ***Clones***

I hereby certify that the clones identified within this Request for External Transfer into Metrc, the cannabis seed-to-sale tracking system, do not exceed the allowable limit for adult-use possession, which for the purposes of this request is six (6) total clones. I understand that a request for clones may not be submitted more than four (4) times per month, with no more than 24 clones being brought in via an external transfer in total per month.



I understand that the only items that may be transferred into Metrc at this time are the ones identified in this request. In the event that I wish to transfer product into Metrc from an external source at a future date, I am required to submit another External Transfer Request.

Signature: _____

Title: _____

Name (Printed): _____

Date: _____