



**STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
Office of Cannabis Regulation
560 Jefferson Blvd. Ste. 204
Warwick, Rhode Island 02886**

EXTERNAL TRANSFER REQUEST

Licensee Name: _____

License Number: _____

Date of Request: _____

I hereby certify that the cannabinoids and/or terpenes identified in this Request for an External Transfer into Metrc, The Cannabis Program Tracking System, are not synthetically produced/manufactured and are not known to contain psychoactive substances. 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.

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

Furthermore, the cannabinoids and/or terpenes which are the subject of this Request, comply with The Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act and the Rules and Regulations Related to the Medical Marijuana Program Administered by the Office of Cannabis Regulation at the Department of Business Regulation.

Signature: _____

Title: _____

Name (Printed): _____

Date: _____