

TEMPORARY LICENSE PRODUCT TRANSFER / TRANSPORT DOCUMENTATION

CCTT-Metrc – Introduction to California Cannabis
Track-and-Trace System Workshops
January and February 2018

California Cannabis Track-and-Trace (CCTT) System

Temporary licensees WILL NOT use or have access to the CCTT system.

- Hardcopy documentation is required for all transfers of cannabis and cannabis products between temporary licensees.
- Hardcopy documentation must be made available to any state or local law enforcement officer upon request.

Documentation Requirement

California Department of Food & Agriculture

- § 8401 – “The licensee shall prepare a sales invoice or receipt for every sale, transport, or transfer of cannabis or nonmanufactured cannabis product to another licensee....”
- § 8405 – (e) “Temporary Licensees. A licensee operating under a temporary license, issued by the department pursuant to section 8100 of this chapter, is not required to record commercial cannabis activity in the track-and-trace system as otherwise required by this chapter. Temporary licensees shall record all commercial cannabis activity in accordance with section 8401 of this chapter.”



Documentation Requirement
Bureau of Cannabis Control

- § 5314 (d) “A shipping manifest shall accompany every transport of cannabis goods.”
- § 5314 (e) “Notwithstanding subsection (a) of this section, if a transporting distributor has not obtained access to the track and trace system, the distributor shall complete the shipping manifest outside of the track and trace system and transmit it to the Bureau and the licensee receiving the shipment by electronic mail.”



Documentation Requirement
California Department of Public Health

- § 40515 (a) “A licensee operating under a temporary license issued pursuant to Section 40126 is not required to record commercial cannabis activity in the track-and-trace system as otherwise required by this article. Temporary licensees shall track all commercial cannabis activities on a paper sales receipt or invoice....”

SAMPLE - Sales Invoice/Shipping Manifest – PAGE 1

- This is a **SAMPLE** form – You are NOT mandated to use this form
- This form contains ALL of the required data fields to be compliant with the law and regulations
- This form is available for use as a print-and-fill PDF
- Completed copies shall be retained by all licensees (electronically or hardcopy)

SALES INVOICE/ SHIPPING MANIFEST

PLEASE USE PERMANENT INK FOR ALL ITEMS

INVOICE/MANIFEST NUMBER:		ACTUAL DATE AND TIME OF DEPARTURE:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTACHED PAGE(S)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	ESTIMATED DATE AND TIME OF ARRIVAL:		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# OF ATTACHED PAGES:				<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHIPPER INFORMATION				RECEIVER INFORMATION			
STATE LICENSE #		STATE LICENSE #		STATE LICENSE #		STATE LICENSE #	
TYPE OF LICENSE		TYPE OF LICENSE		TYPE OF LICENSE		TYPE OF LICENSE	
BUSINESS NAME		BUSINESS NAME		BUSINESS NAME		BUSINESS NAME	
BUSINESS ADDRESS		BUSINESS ADDRESS		BUSINESS ADDRESS		BUSINESS ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
PHONE NUMBER		PHONE NUMBER		PHONE NUMBER		PHONE NUMBER	
CONTACT NAME		CONTACT NAME		CONTACT NAME		CONTACT NAME	

DISTRIBUTOR INFORMATION							
STATE LICENSE #		DRIVER'S NAME		ACTUAL DATE AND TIME OF ARRIVAL:		<input type="text"/>	<input type="text"/>
BUSINESS NAME		CA DRIVER'S LICENSE#				<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		VEHICLE MAKE					
CITY, STATE, ZIP		VEHICLE MODEL					
PHONE NUMBER		VEHICLE LIC. PLATE #					
CONTACT NAME							

PRODUCT SHIPPED DETAILS							
<small>SHIPPER COMPLETES: ALL THE UNSHADED COLUMNS BELOW. RECEIVER COMPLETES ONLY THE SHADED COLUMNS BELOW</small>				<small>(Please attach additional pages, if needed)</small>			
UID TAG NUMBER (if applicable)	ITEM NAME AND PRODUCT DESCRIPTION (INCLUDE WEIGHT OR COUNT)	QTY ORDERED	QTY RECD	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE

PRODUCT REJECTION	
<small>IF PRODUCTS ARE REJECTED, PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE</small>	
REASON FOR REJECTION:	

PRODUCT RECEIPT CONFIRMATION	
<small>I CONFIRM THAT THE CONTENTS OF THIS SHIPMENT MATCH IN WEIGHT AND COUNT AS INDICATED ABOVE. I AGREE TO TAKE CUSTODY OF ALL ITEMS AS INDICATED RECEIVED ABOVE – AND WHICH ARE NOT CIRCLED. THE PRODUCTS CIRCLED ABOVE ARE REJECTED FOR DELIVERY AND REMAIN IN THE CUSTODY OF THE DISTRIBUTOR FOR RETURN TO THE SHIPPER AS INDICATED ON THIS FORM AND ALL ATTACHED PRODUCT DETAILS SHEET(S).</small>	
NAME OF PERSON RECEIVING AND/OR REJECTING PRODUCT:	PHONE NUMBER:
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT:	DATE SIGNED:

Sample Sales Invoice/Shipping Manifest – PAGE 2

- This is a second page (attachment page) to the form and is only needed when the Product Shipped Details exceeds allowable space on PAGE 1

- Link to fill-and-print PDF:
<https://static.cdfa.ca.gov/MCCP/document/2017%201221%20FINAL%20Sample%20Sales%20Invoice%20-%20Shipping%20Manifest%20-%20Fillable%20PDF.pdf>

**SALES INVOICE / SHIPPING MANIFEST
PRODUCT DETAILS ATTACHMENT PAGE**

PLEASE USE PERMANENT INK FOR ALL ITEMS

INVOICE/MANIFEST NUMBER		ATTACHED PAGE	<input type="text"/>	OF	<input type="text"/>	TOTAL PAGES	<input type="text"/>
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PRODUCT SHIPPED DETAILS							
SHIPPER COMPLETES: ALL THE UNSHADED COLUMNS BELOW. RECEIVER COMPLETES: ONLY THE SHADED COLUMNS BELOW (Please attach additional pages, if needed)							
UID TAG NUMBER (if applicable)	ITEM NAME AND PRODUCT DESCRIPTION	QTY ORDERED (Weight or Count)	QTY RECD (Weight or Count)	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE

PRODUCT REJECTION	
IF A PRODUCT(S) ARE REJECTED, PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE	
REASON FOR REJECTION:	<input style="width: 100%;" type="text"/>

PRODUCT RECEIPT CONFIRMATION	
I CONFIRM THAT THE CONTENTS OF THIS SHIPMENT MATCH IN WEIGHT AND COUNT AS INDICATED ABOVE. I AGREE TO TAKE CUSTODY OF ALL ITEMS AS INDICATED RECEIVED ABOVE – AND WHICH ARE NOT CIRCLED. THE PRODUCTS CIRCLED ABOVE ARE REJECTED FOR DELIVERY AND REMAIN IN THE CUSTODY OF THE DISTRIBUTOR FOR RETURN TO THE SHIPPER AS INDICATED ON THIS FORM.	
THIS PRODUCT DETAILS ATTACHMENT PAGE IS ATTACHED TO INVOICE # <input style="width: 100%;" type="text"/>	
NAME OF PERSON RECEIVING AND/OR REJECTING PRODUCT:	PHONE NUMBER:
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT:	DATE SIGNED: