

Driver and Vehicle Information Verification Form

Business Name: _____ **OP#:** _____

Distribution

Applicants must submit a copy of the registration and proof of auto insurance (if not covered under the distribution business' General Liability insurance) for ALL vehicles that will be used to transport cannabis and cannabis products

Delivery-only dispensary

Microbusiness with delivery

Delivery as add-on to storefront dispensary

If vehicle is company-owned, applicant must submit a copy of the registration and proof of auto insurance (if not covered under the business' General Liability insurance) for ALL vehicles that will be used to transport cannabis and cannabis products

CERTIFICATIONS:

I, the applicant, certify that I have reviewed and verified the following information:

All drivers who will transport cannabis and cannabis products have a valid driver's license retained by business.

All drivers who will transport cannabis and cannabis products have a proof of insurance coverage retained by business.

All vehicles that will be used in the transport of cannabis and cannabis products have a valid and current vehicle registration retained by business.

All vehicles that will be used in the delivery of cannabis and cannabis products have a proof of insurance coverage retained by business.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____