

PACKAGE REVIEW FORM – CRA ENFORCEMENT
(Facility/Establishment Submission)

This form is for those licensed under the Medical Marihuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marihuana Act (MRTMA) that are submitting one of the following situations as stated in the Supporting Documents Checklist:

Supporting Documents Checklist

If submitting proposed packaging, provide:

- All potential drafts

If submitting a multi-dose package with more than 1 serving, provide:

- Documentation that the packaging is compliant with R 420.403(10)
 - Supporting Documentation could include information from the packaging company showing compliance

***If documentation does not exist, provide a detailed explanation stating why the documentation is not available.**

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General Information	
Licensee Legal Name:	Licensee Number (e.g., AU-R-000000):
Packaging applies to: <input type="checkbox"/> Medical (MMFL) Only <input type="checkbox"/> Adult-Use (AU) Only <input type="checkbox"/> Both MMFL and AU	Date of packaging implementation:
Email contact (this is where your response will be sent)	
Item(s) Being Submitted	
<input type="checkbox"/> Proposed packaging <input type="checkbox"/> Documentation that the packaging is compliant with R 420.403(10) Supporting Documentation could include information from the packaging company showing compliance.	
Provide a Detailed Description of the Packaging Being Submitted	
Signature & Declaration	
I attest the information I provided on this form is true and accurate and that I will comply with the requirements of the Medical Marihuana Facilities Licensing Act (MMFLA) and/or the Michigan Regulation and Taxation of Marihuana Act (MRTMA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA, MRTMA, and associated rules, up to and including license revocation.	
Printed Name: _____	Date: _____
Affiliation to Licensee: _____	