

PROVISIONING CENTER HOME DELIVERY LOG

Driver Name: _____ Driver License #: _____ Employee #: _____
 Vehicle: Make _____ Model _____ Color _____ VIN _____ Plate _____ Route Manifest: Y/N
 Provisioning Center: Name/Address _____ License # _____ Phone _____
 Date: _____ Page _____ of _____

Start Time	End Time	Total Amount of Product	Metric Tag Number(s) of Marijuana Product(s)	Name of Strain of Marijuana Product	Signature of Patient	Verification of Identity and Delivery Address
						Driver Signature
						ID Verified MMP #/Card Verified Delivery Address Verified
						Driver Signature
						MI ID Verified MMP #/Card Verified Delivery Address Verified

NON-DELIVERY STOPS

Start Time	End Time	Address	Reason

***Driver – by completing and signing this form you are attesting to the fact that you verified the identity of the Registered Qualifying Patient by viewing a valid driver’s license or government issued identification bearing a photographic image of the marijuana patient along with his or her marijuana registry card, or temporary marijuana registry card, to verify that he or she is the patient or, if the registered qualifying patient is a minor, the registered primary caregiver and that you verified the address of the delivery as being the residential address of the Registered Qualifying Patient