

**RETAILER DELIVERY LOG**

Driver Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Employee #: \_\_\_\_\_  
 Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ VIN \_\_\_\_\_ Plate \_\_\_\_\_ Route Manifest: Y/N  
 Retailer : 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 Customer	Verification of Identity and Delivery Address
			_____ _____ _____ _____			Driver Signature <hr/> ID Verified <input type="checkbox"/> Delivery Address Verified <input type="checkbox"/>
			_____ _____ _____ _____			Driver Signature <hr/> ID Verified <input type="checkbox"/> Delivery Address Verified <input type="checkbox"/>

**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 customer by viewing a valid driver’s license or government-issued identification bearing a photographic image of the customer to verify he or she is 21 years of age or older at the time of delivery and that you verified the address of the delivery as being the address of the residence of the customer or the designated consumption establishment provided by the customer at the time the order for the marijuana product was placed.