

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 _____ MI ID Verified <input type="checkbox"/> MMP #/Card Verified <input type="checkbox"/> Delivery Address Verified <input type="checkbox"/>
			_____ _____ _____ _____			Driver Signature _____ MI ID Verified <input type="checkbox"/> MMP #/Card 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 Registered Qualifying Patient by viewing a valid State of Michigan Identification Card with a photo and the Michigan Medical Marijuana Program Card, and that you verified the address of the delivery as being the address of the Registered Qualifying Patient