

**Driver and Vehicle Information Verification Form**

**Business Name:** \_\_\_\_\_

**Operating Permit Number:** \_\_\_\_\_

\_\_\_\_\_ **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 (initial each section):**

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

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

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

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

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_