



Marijuana Enforcement Division

Audited Product Attestation of compliance with Rules M/R 607(C), 607(G), and 607(H)

Business Information

Legal Business Name: _____ Business License Number(s): _____

Contact Person Name: _____ Contact Person License Number: _____

Email: _____ Phone: _____

Business Physical Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Business Mailing Address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Attestation of Compliance with Rules M/R 607 (C), 607 (G), & 607 (H)

Name of Audited Product: _____

Description of Audited Product: _____

By checking the boxes and signing this document I certify compliance with Rules M and/or R 607 (C), 607 (G), and 607 (H):

- 607 (C)- I have obtained products liability insurance providing coverage for liability arising from manufacture Transfer of Audited Product **(Include copy of un-redacted certificate of product liability insurance).**
- 607 (G)- Audited Product will be packaged and labeled in accordance with all requirements of the Rule R 1000-1 Series.
- 607 (H) Will maintain a record of all complaints it receives, which may include concerns or reports on the quality or possible adverse reactions to a specific Audited Product. Adverse events will be reported directly to the Colorado Department of Public Health and Environment and the Division within forty-eight (48) hours of receipt.

I understand that full compliance with Rule M/R 607 is required by July 1, 2019.

Please scan and email this form and any attachments to dor_medchanges@state.co.us or submit the form by mail or in person at the MED Lakewood office at 1707 Cole Blvd., Lakewood, CO 80401

Signature:(Must be Assoc. Key License)_____ Date:_____