CITY OF LOS ANGELES DEPARTMENT OF CANNABIS REGULATION

REQUEST TO DESTROY CANNABIS OR CANNABIS PRODUCT

ENF-3008-FORM

Instructions: This form must be completed by the Licensee whenever it elects to destroy and/or dispose of any cannabis or cannabis products in response to an inspection, investigation, or administrative action by the Los Angeles Department of Cannabis Regulation (DCR). It is the Licensee's responsibility to request destruction by providing all of the information in this form. DCR must review and approve this form in writing prior to any scheduled destruction. Please note that DCR may, in its discretion, reject any request if it contains information that cannot be independently verified. On any given line item, Licensee shall leave the column for "Batch # or UID" blank or state "none" or "N/A" where Licensee is unable to provide the source of the cannabis or cannabis products with a METRC Batch or UID number in the line item; and, Licensee understands that DCR will employ this construction when reviewing this form.

Notice No. ENF-_____ - NOV / NOS (if applicable)
Business Premises Location: _____
Licensee Legal Entity Name (Licensee): _____
DBA:_____

License Attestation (*check all boxes to acknowledge agreement*):

☐ Licensee hereby elects to destroy and/or dispose of the commercial cannabis or cannabis products identified in this form in accordance with applicable State and City laws and regulations, including, but not limited to California Code of Regulations (CCR), title 4, section 17223.

☐ Licensee agrees that no destruction shall occur until the Licensee schedules an appointment with DCR to witness the destruction.

☐ Licensee agrees to document the destruction of the items in this form in the State's track-and-trace system in accordance with all applicable State laws and regulations, including, but not limited to, 4 CCR sections 15049 and 15049.1.

#	Description of cannabis and cannabis products for destruction	Batch # or UID	Quantity

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Attach additional pages if necessary. Number of additional pages: _____

I attest that the information provided in this form is true, correct, and complete as of the date of my signature below. I have the authority to make the attestations contained within this form on behalf of the Licensee identified above. I understand that submission of false or misleading information or the failure to disclose material facts may result in denial of the application, denial of a renewal, the suspension or revocation of the license, and/or any other penalties allowed by law.

Please check one of the following and sign below.

I am: ☐ Owner ☐ Social Equity Individual Applicant ☐ Authorized Agent

Name / Title	Signature	Date

Signature instructions: This form may require a signature from the Authorized Agent designated on the Authorized Agent Acknowledgement (LIC-4009-FORM). If an Authorized Agent has not been designated, signatures are required from a sufficient number of Level 1 Owners to constitute a majority (51%) of the ownership of the Applicant or Licensee. “Level 1 Owners” are the natural persons or entities that own the Applicant or Licensee entity directly without any intervening entities or persons. If a Level 1 Owner is an entity, the CEO or President, or equivalent executive position, may sign on behalf of the entity

FOR DCR USE ONLY BELOW THIS LINE

DEPARTMENT ACTION: ☐ APPROVED ☐ REJECTED

Reviewed by: (Staff) (Print)	Sign	Date
Action taken by: (Supervisor) (Print)	Sign	Date

IF REJECTED, THE REASON(S) THEREFOR IS: _____