

Table of Contents

SECTION 01: INTRODUCTION	2
I. PURPOSE OF THE MARIJUANA FILE	2
II. PURPOSE OF THE MEDICAL MARIJUANA RECOGNITION CARD (MMRC) FILE	2
III. PURPOSE OF THE MARIJUANA MANIFEST FILE	2
IV. AGENCY RESPONSIBLE FOR THE MMRC FILE	2
V. AGENCY RESPONSIBLE FOR THE MARIJUANA MANIFEST FILE	3
VI. CONFIDENTIALITY REQUIREMENTS	3
SECTION 02: MESSAGE KEYS, FIELD CODES, AND EDITS FOR MMRC	4
I. MESSAGE KEY (MKE) CODES FOR THE MMRC FILE	4
II. MESSAGE FIELD CODES AND EDITS	4
SECTION 03: MESSAGE KEYS, FIELD CODES, AND EDITS FOR MARIJUANA MANIFEST 6	
I. MESSAGE KEY (MKE) CODES FOR THE MARIJUANA MANIFEST FILE	6
II. MESSAGE FIELD CODES AND EDITS	6
SECTION 04: INQUIRY TRANSACTIONS MMRC	8
I. MESSAGE FIELD CODES FOR MMRC INQUIRY	8
II. GUIDELINES FOR MMRC INQUIRY	8
III. SECURITY FEATURES OF THE MMRC	9
IV. EXAMPLE OF A MMRC	9
V. EXAMPLE OF MMRC INQUIRY RESPONSE	9
SECTION 05: INQUIRY TRANSACTIONS FOR MARIJUANA MANIFEST	11
I. MESSAGE FIELD CODES FOR MARIJUANA MANIFEST INQUIRY	11
II. GUIDELINES FOR MARIJUANA MANIFEST INQUIRY	11
III. EXAMPLE OF MARIJUANA MANIFEST INQUIRY RESPONSE	12



CHAPTER 17: MARIJUANA FILE
SECTION 01: INTRODUCTION

Procedure #: 17.01.000

Effective Date: October 1, 2016

Supersedes:

See Also:

Applies To: All ACCESS Users

CALEA:

I. PURPOSE OF THE MARIJUANA FILE

A. The Marijuana File contains information on Medical Marijuana Recognition Cards and Marijuana Manifests.

II. PURPOSE OF THE MEDICAL MARIJUANA RECOGNITION CARD (MMRC) FILE

A. The Medical Marijuana Recognition Card was developed to identify qualifying patients and designated providers. Medical marijuana patients with a valid authorization form may join the medical marijuana authorization database and receive a medical marijuana recognition card. Joining the authorization database is voluntary and isn't required in order to be a medical marijuana patient unless the patient is under the age of 18.

B. A person can only have one active patient and one active designated provider card assigned to them at a time. You could be a patient and also serving as someone else's designated provider.

III. PURPOSE OF THE MARIJUANA MANIFEST FILE

A. The Marijuana Manifest File was developed for the transporting of any marijuana or marijuana product. A producer, processor, retailer, or certified third-party testing lab shall notify the Washington State Liquor and Cannabis Board (WSLCB) of the type and amount and/or weight of marijuana and/or marijuana products being transported, the name of transporter, information about the transporting vehicle, times of departure and expected delivery. This information must be reported in the traceability system described in WAC [314-55-083\(4\)](#).

B. A complete printed transport manifest on a form provided by the WSLCB containing all information required by the WSLCB must be kept with the product at all times.

IV. AGENCY RESPONSIBLE FOR THE MMRC FILE

A. The Department of Health (DOH) is responsible for all records contained in the Medical Marijuana Card File.

B. For further information contact Department of Health Support Monday through Friday 8:00 am – 5:00 pm 360-236-4819
medicalmarijuana@doh.wa.gov or www.doh.wa.gov/medicalmarijuana

V. AGENCY RESPONSIBLE FOR THE MARIJUANA MANIFEST FILE

- A. The Washington State Liquor and Cannabis Board (WSLCB) is responsible for all records contained in the Marijuana Manifest File.
- B. For further information contact the program office Monday through Friday 8:00 am – 5:00 pm 360-664-1614 or mjexaminer@lcb.wa.gov

VI. CONFIDENTIALITY REQUIREMENTS

- A. Marijuana data provided through ACCESS is intended to be used only by official governmental agencies for enforcement and arrest, prosecutor, sentencing, and probation monitoring data in the field of criminal justice.
- B. Marijuana records are NOT to be provided to other agencies, public works, etc. and are not to be shared in community policing activities (i.e., neighborhood watches).



CHAPTER 17: MARIJUANA FILE
SECTION 02: MESSAGE KEYS, FIELD CODES, AND EDITS FOR MMRC

Procedure #: 17.02.000	Effective Date: October 1, 2016
Supersedes:	See Also:
Applies To: All ACCESS Users	CALEA:

I. MESSAGE KEY (MKE) CODES FOR THE MMRC FILE

	Inquiry	Entry	Modify	Locate	Clear	Cancel
Marijuana Card	MJA	N/A	N/A	N/A	N/A	N/A

II. MESSAGE FIELD CODES AND EDITS

Code	Field	Edits
CARD EFFECTIVE DATE	Card Effective Date	The date the card became effective.
CARD EXPIRATION DATE	Card Expiration Date	The date the card expires.
CARD ID	Card ID	Unique Card ID
CARD STATUS	Card Status	V – Valid N – Not Valid
CONCENTRATES AMOUNT	Concentrates Amount	G – Concentrates (21 grams maximum)
DOB	Date of Birth	Date of birth of the patient or the designated provider.
LIQUID INFUSION AMOUNT	Liquid Infusion Amount	OZ – Liquid Infusion (216 ounces maximum)
NAME	Name	The card holders name will be listed as the Last name, First name Middle Initial.
PATIENT NAME	Name	For the designated provider only, the name of patient the designated provider is authorized to assist. The name will be listed as the Last name, First name Middle Initial.
PHOTOGRAPH	Photograph	A photograph of the card holder.
PLANT LIMITATIONS	Plant Limitations	The number of plants the patient is allowed to grow.
SEX	Gender	F – Female M – Male (does not show on up on card) U - Unknown
SOLID INFUSION AMOUNT	Solid Infusion Amount	OZ – Solid Infusion (48 ounces maximum)
TYPE	Card Type	P – Patient D – Designated Provider
USABLE MARIJUANA	Usable Marijuana	OZ – Usable Marijuana (3 ounces

AMOUNT	Amount	maximum)
--------	--------	----------



**CHAPTER 17:
SECTION 03:**

**MARIJUANA FILE
MESSAGE KEYS, FIELD CODES,
AND EDITS FOR MARIJUANA
MANIFEST**

Procedure #: 17.03.000	Effective Date: October 1, 2016
Supersedes:	See Also:
Applies To: All ACCESS Users	CALEA:

I. MESSAGE KEY (MKE) CODES FOR THE MARIJUANA MANIFEST FILE

	Inquiry	Entry	Modify	Locate	Clear	Cancel
Marijuana Manifest	MJM	N/A	N/A	N/A	N/A	N/A

II. MESSAGE FIELD CODES AND EDITS

Code	Field	Edits
ADDRESS	Address (Delivery Stop)	Receiver address.
ADDRESS	Address (Manifest Information)	Shipping/processing company address.
ARRIVE	Arrival Date and Time	This is the date and time the arrival of the shipment is supposed to take place.
CITY	City (Delivery Stop)	Receiver city.
CITY	City (Manifest Information)	Shipping/processing city.
COMPANY	Company (Delivery Stop)	Receiver of shipment.
COMPANY	Company (Manifest Information)	Shipping/processing company name.
DATE/TIME	Date and Time	The date and time the manifest was established.
DEPART	Departure Date and Time	This is the date and time the departure of the shipment is supposed to take place.
DESCRIPTION	Description	A description of the product. <ul style="list-style-type: none"> - Bubble hash - Capsule - CO2 hash oil - Flower pot - Food grade solvent extract - Hash - Hydrocarbon wax - Infused dairy butter or fat in solid form - Infused cooking oil - Kief - Liquid marijuana infused edible - Marijuana extract for inhalation

		<ul style="list-style-type: none"> - Marijuana infused topicals - Marijuana mix - Marijuana mix infused - Marijuana mix packaged - Other material lot - Sample jar - Solid marijuana infused edible - Suppository - Tincture - Transdermal patch - Usable marijuana
DOB	Date of Birth	Date of birth of the driver transporting.
DRIVER NAME	Driver Name	Name of the driver transporting.
ID	ID Number	16 digit ID number assigned by the traceability system to the marijuana product.
LICENSE	License	Liquor and Cannabis Board issued license number of the retailer.
MID	Manifest ID Number	Manifest number of shipment.
PHONE	Phone (Delivery Stop)	Receiver phone number.
PHONE	Phone (Manifest Information)	Shipping/processing company phone number.
QUANTITY	Quantity	The quantity of items being transported. The measurement will always be in units. Units are individual packages for sale and each should bear the 16 digit ID number assigned by the traceability system.
ROUTE	Route	Detailed description of route of travel for the transport vehicle.
STATE	State (Delivery Stop)	Receiver state.
STATE	State (Manifest Information)	Shipping/processing state.
VEHICLE	Vehicle	Year, color, make, model and license plate of the transporting vehicle.
VIN	Vehicle Identification Number	Vehicle Identification Number of the transporting vehicle.
ZIP	Zip (Delivery Stop)	Receiver zip.
ZIP	Zip (Manifest Information)	Shipping/processing zip.



CHAPTER 17: MARIJUANA FILE
SECTION 04: INQUIRY TRANSACTIONS MMRC

Procedure #: 17.04.000

Effective Date: October 1, 2016

Supersedes:

See Also:

Applies To: All ACCESS Users

CALEA:

I. MESSAGE FIELD CODES FOR MMRC INQUIRY

Field Name	Required?	Message Field Code	Field Length	Data Type
Header	Mandatory	HDR	9-19	Alphabetic, numeric, special characters
Message Key	Mandatory	MKE	3-3	Alphabetic
Originating Agency Identifier	Mandatory	ORI	9-9	Alphabetic, numeric
Identification Card Number	Mandatory	IDN	16-16	Numeric

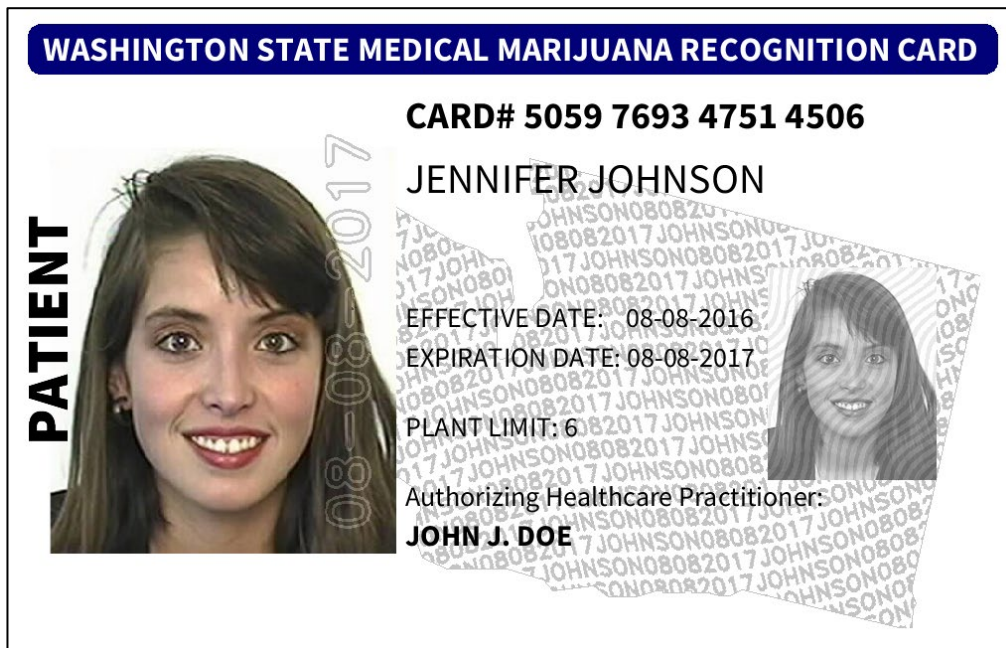
II. GUIDELINES FOR MMRC INQUIRY

- A. Patient
 1. The patient may possess up to 15 plants and 16 ounces of usable marijuana, as authorized.
 2. The patient may participate in a cooperative garden. Refer to [RCW 69.51A.250](#).
- B. Designated Provider
 1. Is a person who is twenty-one years of age or older.
 2. Is the parent or guardian of a qualifying patient who is under the age of eighteen and holds a recognition card.
 3. The person has been designated in writing by a qualifying patient to serve as the designated provider for that patient.
 4. The person has an authorization from the qualifying patient's health care professional.
- C. For a complete list of qualifying possession amounts refer to the Department of Health's website <http://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana/PossessionAmounts>

III. SECURITY FEATURES OF THE MMRC

- A. A minor card's, those under 18, expiration date cannot be greater than six months.
- B. An adults card, those 18 and over, expiration date cannot be greater than twelve months.
- C. There is watermark of the card expiration date placed on the right side of the photo. The mark color changes according to background (light on dark, dark on light).
- D. Background image of Washington State has an integrated wave pattern of the cardholder's last name and expiration date.
- E. Ghost image of photo has integrated wave pattern which is difficult to duplicate.
- F. The left hand side of the image will indicate if the card is for a patient or a designated provider.
 - 1. If the card is for the designated provider the corresponding patient card number will be located under the image.
 - 2. If the card is for a minor, the card will indicate they must be accompanied by a designated provider.

IV. EXAMPLE OF A MMRC



V. EXAMPLE OF MMRC INQUIRY RESPONSE

- A. Positive response to a Medical Marijuana Recognition Card number
WASHINGTON STATE DEPARTMENT OF HEALTH QUERY
RESPONSE

AUTHORIZATION QUERY. IDN/4910011493010670

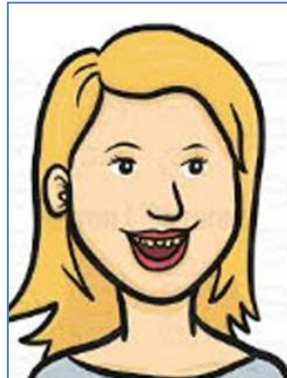
STATUS/VALID

RECOGNITION CARD
CARD ID/4910 0114 9301 0670
TYPE/PATIENT
EFFECTIVE DATE/2016-06-30
EXPIRATION DATE/2017-05-30

CARD HOLDER INFORMATION
NAM/DOHADMIN, TEST
DOB/1950-01-01
SEX/FEMALE

PATIENT INFORMATION
NAME/

PRODUCT INFORMATION
USEABLE MARIJUANA AMOUNT/3 (OUNCES)
SOLID INFUSION AMOUNT/48 (OUNCES)
LIQUID INFUSION AMOUNT/21 (OUNCES)
CONCENTRATES AMOUNT/216 (GRAMS)
PLANT LIMITATIONS/10 (NUMBER OF PLANTS)



- B. Negative response to a Medical Marijuana Recognition Card number
WASHINGTON STATE DEPARTMENT OF HEALTH QUERY
RESPONSE

AUTHORIZATION QUERY. IDN/4910011493010671
There were no Medical Marijuana Recognition Cards found with the
specified identifier: 4910 0114 9301 0671



CHAPTER 17: MARIJUANA FILE
SECTION 05: INQUIRY TRANSACTIONS FOR MARIJUANA MANIFEST

Procedure #: 17.05.000

Effective Date: October 1, 2016

Supersedes:

See Also:

Applies To: All ACCESS Users

CALEA:

I. MESSAGE FIELD CODES FOR MARIJUANA MANIFEST INQUIRY

Field Name	Required?	Message Field Code	Field Length	Data Type
Header	Mandatory	HDR	9-19	Alphabetic, numeric, special characters
Message Key	Mandatory	MKE	3-3	Alphabetic
Originating Agency Identifier	Mandatory	ORI	9-9	Alphabetic, numeric
Manifest Number	Mandatory	MID	16-16	Numeric

II. GUIDELINES FOR MARIJUANA MANIFEST INQUIRY

- A. Marijuana or marijuana products that are being transported must meet the following requirements:
1. Only the marijuana licensee, an employee of the licensee, a transportation licensee, or a certified testing lab may transport product and/or occupy a transporting vehicle.
 2. Drivers and/or occupants of a transporting vehicle must be twenty-one years of age or older.
 3. Marijuana or marijuana products must be in a sealed package or container approved by the WSLCB pursuant to WAC [314-55-105](#).
 4. Sealed packages or containers cannot be opened during transport.
 5. Marijuana or marijuana products must be in a locked, safe and secure storage compartment that is secured to the inside body/compartments of the vehicle transporting the marijuana or marijuana products.
 6. Any vehicle transporting marijuana or marijuana products must travel directly from the shipping licensee to the receiving licensee and must not make any unnecessary stops in between except to other facilities receiving product.

7. Live plants may be transported in a fully enclosed, windowless locked trailer, or in a secured area within the inside body/compartment of a van or box truck.
 - a. A secured area is defined as an area where solid or locking metal petitions, cages, or high strength shatterproof acrylic can be used to create a secure compartment in the fully enclosed van or box truck. Live plants may not be transported in the bed of a pickup truck, a sports utility vehicle, or passenger car.
- B. Any vehicle assigned for the purposes of transporting marijuana, usable marijuana, marijuana concentrates, or marijuana-infused products shall be considered an extension of the licensed premises. Transport vehicles are subject to inspection by enforcement officers of the WSLCB. Vehicles assigned for transportation may be stopped and inspected by a WSLCB enforcement officer at any licensed location, or while en route during transportation.
- C. All marijuana plants, clones, seeds, lots, batches, intermediate products, end products, vendor samples, and sample jars must remain physically tagged during transport.
- D. Refer to WAC [314-55-085](#) for further information.

III. EXAMPLE OF MARIJUANA MANIFEST INQUIRY RESPONSE

- A. Positive response to a Marijuana Manifest number

WASHINGTON STATE LIQUOR AND CANNABIS BOARD QUERY
RESPONSE

MANIFEST QUERY. MID/9065917676149460

MANIFEST INFORMATION

ID/9065917676149460 DATE/TIME 04/30/2016 12:32 AM

COMPANY/MR. NICE GUY

PHONE/5092184619

ADDRESS/5805 E SHARP AVE

CITY/SPOKANE VALLEY STATE/WA ZIP/

TRANSPORTER INFORMATION

DRIVER NAME/SETH SNIPER

DOB/11/15/1980

VEHICLE/2004 BLUE PONTIAC AZTEC ABC123

VIN/12345678987654321

DELIVERY STOP 1

COMPANY/BIOTRACKTHC RETAILER 1

LICENSE/9970001

PHONE/8007974711

ADDRESS/

CITY/OLYMPIA STATE/ WA ZIP/ 98501

ITEMS 1
ID/6033330070000006
QUANTITY/1000
DESCRIPTION/USABLE MARIJUANA

DEPART 05/01/2016 1:02 AM ARRIVE 05/01/2016 5:52 AM
ROUTE Head east on E Sharp Ave toward N Fancher Rd. Take
the 1st right onto N Fancher Rd. Take the ramp on the left onto I-90
W. Keep left to stay on I-90 W. Take exit 25 for WA-18 W toward
Auburn/Tacoma. Turn left onto WA-18 W. Take the Interstate 5 S
exit. Merge onto I-5 S. Take exit 107 for Pacific Ave. Turn right onto
Pacific Ave SE

B. Negative response to a Marijuana Manifest number

WASHINGTON STATE LIQUOR AND CANNABIS BOARD QUERY
RESPONSE

MANIFEST QUERY. MID/9065917676149455

There were no manifests found with the specified identifier: 9065
9176 7614 9455.