The contingency manifest is to be used if CCRS is unable to produce the required manifest for movement of cannabis products within the I-502 market. When you complete the contingency manifest, the manifest must be sent to [manifest@lcb.wa.gov](mailto:manifest@lcb.wa.gov). Once CCRS is working again, the license will need to submit the exact same information on a regular CCRS manifest. Any contingency manifest that is completed, requires the license to still complete a regular CCRS manifest, the contingency manifest is primarily to assist with the transportation of cannabis and should not be used in place of the primary CCRS manifest.

This contingency manifest can be used to transport Cannabis products to their destination. Completion and use of the contingency manifest meets the expectations as laid out in [WAC 314-55-085](https://app.leg.wa.gov/wac/default.aspx?cite=314-55-085). This does not meet a license’s reporting responsibilities as outlined in [WAC 314-55-083](https://app.leg.wa.gov/wac/default.aspx?cite=314-55-083). To maintain those requirements, it is expected that the origin license will submit a Manifest.CSV to CCRS **with the same information** provided on the contingency manifest as soon as reasonably allowed by CCRS.

If a contingency manifest is used, the expectation is a primary CCRS will be completed as soon as possible, with the same Manifest ID. The LCB will perform checks to ensure any contingency manifest has a primary manifest uploaded to CCRS.

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| **Transportation Type:** Click or tap here to enter text. | | | |
| **Origin License Information** | | | |
| **Date:** | Click or tap here to enter text. | **License #:** | Click or tap here to enter text. |
| **Origin License Name:** | Click or tap here to enter text. | **Licensee Phone:** | Click or tap here to enter text. |
| **Licensee**  **Address:** | Click or tap here to enter text. | **Licensee E-mail Address:** | Click or tap here to enter text. |
|  | | | |
| **Transportation License Information (complete only if using a Transporter)** | | | |
| **License Name:** | Click or tap here to enter text. | **Licensee #:** | Click or tap here to enter text. |
| **Licensee E-mail:** | Click or tap here to enter text. | **Licensee Phone:** | Click or tap here to enter text. |
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| **Estimated Departure / Arrival** | | | |
| **Departure Date/Time:** mm/dd/yyyy hh:mm AM/PM | Click or tap here to enter text. | **Arrival Date/Time:** mm/dd/yyyy hh:mm AM/PM | Click or tap here to enter text. |
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| **Driver & Vehicle Information** | | | |
| **Driver Name:** | Click or tap here to enter text. | **VIN #:** | Click or tap here to enter text. |
| **Vehicle License Plate:** | Click or tap here to enter text. | **Vehicle Color** | Click or tap here to enter text. |
| **Vehicle Make:** | Click or tap here to enter text. | **Vehicle Model** | Click or tap here to enter text. |
|  | | | |
| **Destination License Information** | | | |
| **Destination License Name:** | Click or tap here to enter text. | **Licensee Phone:** | Click or tap here to enter text. |
| **Licensee**  **Address:** | Click or tap here to enter text. | **Licensee E-mail Address:** | Click or tap here to enter text. |
|  | | | |
| **Travel Reminders** | | | |
| Per [RCW 69.50.342](https://app.leg.wa.gov/RCW/default.aspx?cite=69.50.342) you must plan your route so that you remain within the State of Washington at all times.  Per [WAC 314-55-085(f)](https://app.leg.wa.gov/WAC/default.aspx?cite=314-55-085) vehicle transporting cannabis or cannabis 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. | | | |
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| **Transported Items**  For Description, if InventoryExternalIdentifier, enter the following information related to the inventory:   * ProductType * InventoryType * Description * IsMedical * WeightPerUnit * ServingsPerUnit * ExternalIdentifier (optional)   For Description, if PlantExternalIdentifier, then enter the following information related to the inventory:   * Strain * ExternalIdentifier (optional) | | | |
| **Inventory ID / Plant ID** | **Description** | **Quantity** | **UoM** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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