**Marijuana Vapor Product Ingredient Disclosure**

This disclosure form is required to be completed by an individual within the licensed entity for each processor location in response to the emergency rule (WAC 314-55-1055) effective October 16, 2019. One form must be completed **per vapor product** in current inventory and for all future products. Forms must be updated whenever there is any change in product composition. Attach additional pages as necessary using the headings and numeration listed on the form.

Email completed forms to [mjdisclosureform@lcb.wa.gov](mailto:mjdisclosureform@lcb.wa.gov) with your license number in the subject line. Save the form using the file name LicenseNumber-ProductName-Date.docx, where LicenseNumber is your license number, etc. For additional attachments, add a number in sequence to the filename above. Alternatively, you can mail to the LCB address listed above with “Attention: MJ Ingredient Disclosure” on the envelope. Forms must also be maintained onsite, either electronically or in hard copy.

In addition to the form, please submit and maintain the following:

* Safety Data Sheets (SDSs) from manufacturers of any of the products listed below.
* The name and contact information for the distributor for any products listed below.

For more information, please visit [lcb.wa.gov](http://www.lcb.wa.gov).

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| **Vapor Products** |
| 1. Do you process or manufacture vapor products? |
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| **If yes**, please complete the rest of the form, attest at the bottom of page 4 and submit. |
| **If no**, please attest at the bottom of page 4 and submit. |
| **Additives** |
| 1. Do you perform your own cannabinoid extractions or do you contract with another licensee? If contracted through another licensee, please include their trade name and license number. |
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| If yes, what cannabinoid extraction methods are used? |
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| 1. What viscosity adjusters and/or diluents are used? For example: Vegetable Glycerin (VG), Medium Chain Triglycerides (MCT), Propylene Glycol (PG), Polyethylene Glycol (PEG). If known, specify distributor, brand name, product name, and ingredients. |
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| 1. What types of thickeners are used? For example: Clear Cut, Honey Cut, Vitamin E Acetate. If known, specify distributor, brand name, product name, and ingredients. |
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| 1. Do you flavor your vapor product with terpenes derived directly and solely from marijuana, as defined by RCW 69.50.101(y) or hemp plants that have been grown and tested by state law? If known, specify distributor, brand name, product name, and ingredients. |
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| If yes, what extraction method was used? Include all solvents used in the initial extraction and post processing. |
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| 1. Do you use stabilizers? If known, specify distributor, brand name, product name, and ingredients. |
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| If yes, what is the base or carrier used? For example; ethanol, VG, PG, PEG, or Glycol. |
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| 1. Do you add any additional cannabinoids during processing of vapor products? If known, specify type of cannabinoid and distributor and brand name. |
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| If yes, where is it sourced from and in what form? For example, I-502 source or Washington State hemp sourced, international hemp sourced and CBD distillate or isolate. |
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| 1. Do you add any other preservatives, colorings, or compounds to your vapor product, not disclosed above? If known, specify distributor, brand name, product name, and ingredients. |
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| 1. What quality control testing do you conduct on additives in this section that you either purchase from third parties or produce yourself? |
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| **Additives currently prohibited** by State Board of Health’s emergency rule amending WAC 246-80 |
| 1. Do you flavor your vapor products with terpenes, synthetic or botanically-derived other the above, or essential oils? If known, specify distributor, brand name, product name, and ingredients. |
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| 1. Do you flavor your vapor products with natural flavoring? If known, specify distributor, brand name, product name, and ingredients. |
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| If yes, what extraction method was used? Include all solvents used in the initial extraction and post processing. |
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| 1. Do you flavor your vapor products with food flavoring? For example: menthol or mint. If known, specify distributor, brand name, product name, and ingredients. |
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| If yes, what is the base or carrier used? For example: ethanol, VG, PG, PEG, or Glycol. |
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| 1. Do you use any artificial flavoring? For example cotton candy. If known, specify distributor, brand name, product name, and ingredients. |
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| 1. Do you use any flavored vapor juice? If known, specify distributor, brand name, product name, and ingredients. |
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| If yes, what is the base or carrier used? For example; ethanol, VG, PG, PEG, or Glycol. |
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| 1. Do you add any vitamin mixes to your vapor products? If known, please specify distributor, brand name, product name, and ingredients. |
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| 1. Do you fortify your vapor products with any nutraceuticals,vitamins, herbal preparations, caffeine or other compounds? For example: B-12, Vitamin C, Kava Kava extract mixes. If known, please specify distributor, brand name, product name, and ingredients. |
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| 1. Do you add any other preservatives, colorings, or compounds to your vapor product, not disclosed in this section? If known, specify distributor, brand name, product name, and ingredients. |
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| 1. What quality control testing do you conduct on additives in this section that you either purchase from third parties or produce yourself? |
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| **Vapor product cartridges (complete if device comes with product)** |
| 1. What type and/or brand of vapor pens and cartridges do you use? Include the distributor, brand name and product name. |
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| 1. What is the recommended wattage (in watts) and resistance of the cartridge (in ohms)? |
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| 1. What is the suggested serving size (draw amount)? |
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The undersigned herby certifies to the Washington State Liquor and Cannabis Board that the above information is accurate and complete.

*Instructions: In Word, double click the box below to sign within this document.*



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Name/Title ­­­­­ Date

Reminder: Save the form using the file name LicenseNumber-ProductName-Date.docx, where LicenseNumber is your license number, etc. For additional attachments, add a number in sequence to the filename above.