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 Building Nunavut Together
 Nunavut iuuqatigiingniq
 Bâtir le Nunavut ensemble

Cannabis Destruction Report

Date/Time of Cannabis Destruction:

Cannabis Retailer Licence Holder Name:

Cannabis Retailer Licence Holder Contact Information:

Phone number:

Email address:

Mailing address:

Licence Number:

Community and Physical Location of Destruction:

Method of Destruction:

Reason for Destruction:

As per section 21 of the *Cannabis Regulations*, I am destroying the cannabis listed below for the following reason:

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Description of Cannabis to be Destroyed:

As required under section 21 of the *Cannabis Regulations*, I have disposed of the following cannabis:

Cannabis Product Name/SKU	Unit Quantity	Weight



Cannabis Destruction Report

***Note: The cannabis amount destroyed must be reflected in your monthly cannabis inventory and tracking report submitted to the Superintendent.**

I have attached photographs of the cannabis prior to destruction.

Personal Declaration of Persons Present at Destruction:

As per section 21(1) of the *Cannabis Regulations*, no person has consumed cannabis or been exposed to cannabis smoke during the destruction of the above noted cannabis.

By signing this document, I certify that the foregoing information is true, correct and complete to the best of my knowledge, information and belief. I understand that falsification or omission of information is a criminal offence.

I understand that the *Access to Information and Protection of Privacy Act* applies to this application.

I understand that the Superintendent may also request additional information from me to enable them to evaluate this application.

On Behalf of the Cannabis Retail Licence Holder:	Cannabis Inspector/Peace Officer:
Name:	Name:
Title:	Title:
Signature:	Signature:
Date:	Date:

All Cannabis Destruction Reports must be submitted to the Superintendent of Licensing within 10 days of destroying cannabis under section 21(2) of the Cannabis Regulations.