

EXEMPTION NUMBER

CDCR Use Only

Attachment A

California Department of Corrections and Rehabilitation Exemption Request Form



Use this form to request an exemption from CALPIA for all products and/or services provided by CALPIA.
All **highlighted** information must be provided to complete your request.



Institution/Department Contact Information

Procurement Officer/Program Manager Name:	Institution/Program:
Signature:	
Telephone:	Street Address:
FAX:	
E-mail:	

Vendor Information

Vendor Name:		
Vendor Address:		
Exemption Request Total Price (Pre-Tax):	Requested Delivery Date:	Attach Copy of Quote:

Provide a brief description of the items requested in this Exemption Request (attach additional information if necessary).

Justification

Justification for Exemption Request: Provide an explanation as to why CALPIA cannot provide the goods and/or services needed. Attach additional information if necessary (i.e., catalog photocopy). Medical exemptions require the CALPIA Medical Exemption Authorization form to be attached.

Required Approvals

Procurement and Contracting Officer (PCO) or Designee:		California Training and Rehabilitation Authority Sales Manager or Designee:	
<hr/> Printed Name/Title		<div> <div>Approved</div> <div>Denied</div> </div>	
<hr/> Signature	<hr/> Date	<hr/> Signature	<hr/> Date

Remit completed form to: CDCR
Department, Procurement and Contracting Officer via email:
BMB-HelpDesk@cdcr.ca.gov