



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		
<p><b>Justification for Exemption Request:</b> 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.</p>		
Required Approvals		
Procurement and Contracting Officer (PCO) or Designee:	California Training and Rehabilitation Authority Sales Manager or Designee:	
Printed Name/Title	Approved	Denied
Signature	Date	Signature
		Date

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