

EXEMPTION NUMBER

# CDCR Use Only

Attachment A

## California Department of Corrections and Rehabilitation Exemption Request Form



Use this form to request an exemption from CALCTRA for all products and/or services provided by CALCTRA.



All **highlighted** information must be provided to complete your request.

Institution/Department Contact Information		
<b>Procurement Officer/Program Manager Name:</b>	<b>Institution/Program:</b>	
<b>Signature:</b>		
<b>Telephone:</b>	<b>Street Address:</b>	
<b>FAX:</b>		
<b>E-mail:</b>		
Vendor Information		
<b>Vendor Name:</b>		
<b>Vendor Address:</b>		
<b>Exemption Request Total Price (Pre-Tax):</b>	<b>Requested Delivery Date:</b>	<b>Attach Copy of Quote:</b>
<b>Provide a brief description of the items requested in this Exemption Request</b> (attach additional information if necessary).		
Justification		
<b>Justification for Exemption Request:</b> Provide an explanation as to why CALCTRA cannot provide the goods and/or services needed. Attach additional information if necessary (i.e., catalog photocopy). Medical exemptions require the CALCTRA Medical Exemption Authorization form to be attached.		
Required Approvals		
<b>Procurement and Contracting Officer (PCO) or Designee:</b>	California Training and Rehabilitation Authority Sales Manager or Designee:	
_____	Approved	Denied
Printed Name/Title		
_____	_____	_____
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)