

General State Agency Exemption Request

Use this form to request a purchase exemption for CALCTRA products and/or services. This form does not apply to California Department of Corrections (CDCR) facilities or Modular Systems Furniture orders. CALCTRA exemption letters must be maintained in the department's purchasing file as proof of exemption approval.

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

| | | | |
|---|--|--|---------------------------------|
| AGENCY: | | | |
| Department Contact Information | | | |
| CONTACT NAME: | STREET ADDRESS: | | |
| TELEPHONE: | | | |
| FAX: | MAILING ADDRESS: | | |
| E-MAIL: | | | |
| Vendor Information | | | |
| VENDOR NAME: | | | |
| VENDOR ADDRESS: | | | |
| EXEMPTION ITEM TOTAL: | PURCHASE ORDER NUMBER: | QUANTITY FOR EACH ITEM REQUESTED: | REQUESTED DELIVERY DATE: |
| <p>Provide a description of items requested in the exemption request including all goods and/or services the contractor will provide. (Attach additional information if necessary (i.e. catalog photocopy))</p> | | | |
| <p>Justification for Exemption Request: (To expedite your request, please provide a detailed explanation of the reason for your request.) *Medical exemptions require the CALCTRA Medical 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 | | | |

Note: CDCR Customers
Please use form SAL-F010

Remit completed form to California Correctional Training and Rehabilitation Authority
Sales Branch
2125 19th Street
Sacramento CA 95814
salesinfo@calctr.ca.gov