

Exemption # \_\_\_\_\_

**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:	Street Address:
Telephone:	
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:  _____ Type Name  _____ Signature  _____ Date	California Prison Industry Authority Sales Manager or designee:  <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Signature  _____ Date
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**Submit form for signature to: CDCR**  
Department, Procurement & Contracting Officer Via  
email to: [BMB-HelpDesk@cdcr.ca.gov](mailto:BMB-HelpDesk@cdcr.ca.gov)