

# General State Agency Exemption Request

Use this form to request a purchase exemption for CALPIA products and/or services. This form does not apply to California Department of Corrections (CDCR) facilities or Modular Systems Furniture orders. CALPIA 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.

<b>Agency:</b>			
<b>Department Contact Information</b>			
<b>Contact Name:</b>		<b>Street Address:</b>	
<b>Telephone:</b>		<b>Mailing Address:</b>	
<b>FAX:</b>			
<b>E-Mail:</b>			
<b>Vendor Information</b>			
<b>Vendor Name:</b>			
<b>Vendor Address:</b>			
<b>Exemption item Total:</b>	<b>Purchase Order Number:</b>	<b>Quantity for Each Item Requested:</b>	<b>Requested Delivery Date:</b>
<b>Provide a description of items requested in the exemption request including all goods and/or services the contractor will provide:</b> (Attach additional information if necessary (i.e. catalog photocopy))			
<b>Justification for Exemption Request:</b> (To expedite your request, please provide a detailed explanation of the reason for your request.) *Medical exemptions require the CALPIA Medical Authorization Form to be attached.			
<b>Required Approvals</b>			
<b>Procurement and Contracting Officer (PCO) or designee:</b>		<b>California Prison Industry Authority Sales Manager or Designee:</b>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name/Title		Approved <span style="margin-left: 100px;">Denied</span>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature/Date		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature/Date	

Note: CDCR Customers  
Please use form SAL-F010

Remit completed form to: California Prison Industry Authority  
Sales Branch  
2125 19th Street  
Sacramento CA 95814  
[salesinfo@calpia.ca.gov](mailto:salesinfo@calpia.ca.gov)