

REQUEST FOR REGULATORY RELIEF

MANUFACTURED CANNABIS SAFETY BRANCH



This form can be used to request regulatory relief, as allowed by the Disaster Relief provisions outlined in Section 40182 of the [CDPH regulations for cannabis](#). Email your completed form to MCSB@cdph.ca.gov for consideration.

BUSINESS INFORMATION

Business Name:

License Number:

Premises Address:

REQUEST INFORMATION

What section of CDPH regulations are you requesting relief from?

Please describe why you need relief from this requirement, and how that need is tied to the circumstances of the declared disaster.

How long are you requesting this relief last?

CONTACT INFORMATION

Name of Owner Submitting Request:

Email Address:

Phone Number:

Signature of Owner:

Date:

**This form is optional and is intended to assist you with providing the information required for review and to allow us to process your request in an efficient and timely manner. If you would prefer not to use this form, you can type the information requested in the form directly into an email.*