



Bureau of Medical Cannabis Regulation
1625 North Market Blvd, Suite S- 202, Sacramento, CA
95834 P (916) 574-8557 | www.bmcr.ca.gov

Cannabis Advisory Committee Application

1. Applicant information:

Prefix (Mr. / Mrs. / Ms. / Miss / Dr., etc.):

First Name:

Middle Name:

Last Name:

Suffix (Jr. PhD, etc.):

Residential Address:

City:

County:

State:

Zip:

Mobile:

Phone:

E-mail:

2. Representative of:

Cannabis Industry

Cultivators

Environmental Expert

Labor Organization

Local or State Law Enforcement

Patient Advocate

Physician

Public Health Expert

Social Justice Advocate

State or Local Agency

Other: _____

3. Describe any relevant work history related to the cannabis industry*:

**Attach additional pages as necessary*

Work History 1:

Professional Title:

Business/Firm/Office:

Date of Employment:

From: To:

Address:

City:

County:

State:

Zip:



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Brief summary of job duties:

Work History 2:

Professional Title:

Business/Firm/Office:

Date of Employment:

From: **To:**

Address:

City:

County:

State:

Zip:

Brief summary of job duties:

5. Military Service:

Have you ever served in the United States military? Yes No

6. List your professional licenses and certificates.

Type of license or certificate:

Received on:

Expires on:

Type of license or certificate:

Received on:

Expires on:

Type of license or certificate:

Received on:

Expires on:

7. List any associations or organizations you are or have been affiliated with.

Name:

Title:

Membership dates:

From: **To:**

Current Member: **Yes** **No**

Name:

Title:

Membership dates:

From: **To:**

Current Member: **Yes** **No**

Name:

Title:

Membership dates:

From: **To:**

Current **Yes** **No**

8. Have you ever served on a board, committee, or council for an entity within the Department of Consumer Affairs or any other California state agency?

Yes **No**

If Yes, please complete the following:

Agency:

Title:

Service Dates:

From: **To:**

Additional Information:

9. Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor, consultant, etc.) with any cannabis businesses (corporations, firms, partnerships, business enterprises, non-profit organizations, etc)? If yes, please explain.

10. Describe your relevant qualifications to serve on the Bureau's advisory committee.

11. Explain why you wish to serve on the Bureau's advisory committee.

12. Do you own real property, personal property, financial holdings, or receive income from any source which might present a potential conflict of interest, or appearance of conflict of interest, with your requested appointment? If yes, please explain.

13. Provide four references that the Bureau may contact regarding your interest in this appointment.

Name:
Title:
Business/Firm/Office Name:
Office Phone:
Cell Phone:
E-mail:
Your relationship to this person?

Name:
Title:
Business/Firm/Office Name:
Office Phone:
Cell Phone:
E-mail:
Your relationship to this person?

Name:
Title:
Business/Firm/Office Name:
Office Phone:
Cell Phone:
E-mail:
Your relationship to this person?

Name:
Title:
Business/Firm/Office Name:
Office Phone:
Cell Phone:
E-mail:
Your relationship to this person?

I hereby submit my name for consideration to serve in an advisory capacity to the Director of the Department of Consumer Affairs. In doing so, I understand that:

1. Persons serving on the Bureau of Medical Cannabis Regulation's Cannabis Advisory Committee shall be volunteers and shall serve without per diem.
2. Persons serving on the Bureau of Medical Cannabis Regulation's Cannabis Advisory Committee are entitled to travel reimbursement for approved advisory committee meetings.
3. Persons serving on the Bureau of Medical Cannabis Regulation's Cannabis Advisory Committee may be required to complete a Fair Political Practices Commission (FPPC) Form 700, Statement of Economic Interest disclosing their personal assets and income.
4. Persons serving on the Bureau of Medical Cannabis Regulation's Cannabis Advisory Committee as an appointee of the Director of the Department of Consumer Affairs serve at his or her pleasure.

I declare, under penalty of perjury, under the laws of the State of California, that the information in this application and all information submitted with this application are true and correct.

Signature

Date

All persons interested in an appointment to the Bureau of Medical Cannabis Regulation Advisory Committee need to submit the following:

- 1) Completed and signed Bureau of Medical Cannabis Regulation's Cannabis Advisory Committee application
- 2) Current resume/curriculum vitae
- 3) Letters of recommendation

Please submit to:

Bureau of Medical Cannabis Regulation
1625 N. Market Street, Suite S-202 Sacramento, CA 95834
Attention: Natosha Tamantini, or
via email to: Natosha.Tamantini@dca.ca.gov

NOTICE ON COLLECTION OF PERSONAL INFORMATION

The Bureau of Medical Cannabis Regulation (Bureau) of the Department of Consumer Affairs collects the personal information requested on this advisory committee application in accordance with Section 3363.5 of the Labor Code, the Information Practices Act, and Business and Professions Code section 19300, et al. The Bureau uses this information to identify and evaluate applicants seeking appointment to the Bureau's Advisory Committee and to maintain official records of volunteers. Submission of the requested information is voluntary; however, the Bureau cannot consider your application unless you provide all of the requested information.

We make every effort to protect the personal information you provide us. The information you provide may be disclosed in response to a Public Records Act request (Government Code section 6250, et al), to another government agency as required by State or Federal law, or in response to a subpoena, search warrant, court or administrative order.

Pursuant to the Information Practices Act, you may review the records maintained by the Bureau that contain your personal information. For questions about this notice or access to your records, you may contact the Custodian of Records, Bureau of Medical Cannabis Regulation at 1625 North Market Boulevard, Suite S-202, Sacramento, CA 95834, by phone at (916) 574-8557, or by e-mail at bmcr@dca.ca.gov.