

**CANNABIS COMPLIANCE BOARD  
STATE OF NEVADA**



JOE LOMBARDO  
*Governor*

ccb.nv.gov  
1550 College Parkway, Suite 142  
Carson City, Nevada 89706  
Phone: (775) 687-6299

LAS VEGAS OFFICE  
700 East Warm Springs Road, Suite 100  
Las Vegas, Nevada 89119

HON. MICHAEL DOUGLAS  
*Chair*

TYLER KLIMAS  
*Executive Director*

**Application for Reinstatement of Agent Card**

**Instructions:** Pursuant to NCCR 4.100, this form must be completed by a cannabis establishment agent seeking to have his or her cannabis establishment agent registration card (“Agent Card”) reinstated subsequent to revocation. All sections must be completed. Additional information may be submitted on additional pages attached to this form. This form and supporting documents must be submitted for each Agent Card considered for reinstatement; multiple requests will not be considered on a single form. If additional space is needed to answer a question, please attach additional pages referencing the number of the response. Upon completion, the completed form and attachments must be submitted to:

Cannabis Compliance Board, State of Nevada  
700 East Warm Springs Road, Suite 100  
Las Vegas, NV 89119

CCB staff may contact the requesting cannabis agent to seek further clarification on the information provided and/or documents supporting this request. The CCB may require the requesting cannabis agent to make an appearance before the CCB to answer further questions or provide additional information.

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1. Name of requesting cannabis agent:  
\_\_\_\_\_
  2. Current address, email and telephone number of requesting cannabis agent:  
\_\_\_\_\_  
\_\_\_\_\_
  3. If the requesting cannabis agent is represented by counsel, the name and contact information for the requesting cannabis agent’s attorney:  
\_\_\_\_\_  
\_\_\_\_\_
  4. Cannabis Agent Registration Card Number Prior to Revocation, with valid dates:  
\_\_\_\_\_
  5. Category of Cannabis Agent Registration Card (independent testing laboratory, cannabis cultivation facility, cannabis production facility, cannabis retail store, or cannabis distributor):  
\_\_\_\_\_
  6. Form of Cannabis Agent Registration Card (owner, officer, board member, employee, volunteer of a cannabis establishment, or independent contractor):  
\_\_\_\_\_

7. Date of Revocation: \_\_\_\_\_
8. Reason for Revocation (attach copies of the order of revocation and other pertinent documents regarding revocation):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Provide a narrative, with supporting documentation, demonstrating the requesting cannabis agent currently satisfies all the current requirements for the issuance of an Agent Card.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Provide a narrative, with supporting documentation, demonstrating the efforts and actions the requesting cannabis agent has undertaken to rehabilitate himself or herself since the revocation.  
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\_\_\_\_\_
11. In the past 10 years, if you have ever been arrested, investigated for, charged with, convicted of , or plead guilty or nolo contendere to any offense or violation of federal, state, or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances, please provide all the details of each such actions against you, including the dates of each such action and an explanation of the facts surrounding each such action.  
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12. For each action described in question No. 11, above, please provide documentation of the final result of each such action.
13. Provide any additional information and/or supporting documents requesting cannabis agent would like the CCB to consider in determining whether to grant this request for Agent Card reinstatement:  
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The following statement must be executed under penalty of perjury by the requesting cannabis agent:

I, \_\_\_\_\_, have reviewed the foregoing Application for Reinstatement of Agent Card. I declare that the statements contained herein and the attachments hereto are true and correct according to my own personal knowledge

I further affirm and attest that I have not, during the period of revocation, violated any state or federal law relating to cannabis, and no criminal or civil action involving such a violation is pending against me; and that no other regulatory body has, during the period of revocation, taken disciplinary action against me, and no such disciplinary action is pending against me.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name