Website: ccb.nv.gov Main Line: (775) 687-6299

E-filed & hard copy in establishment folder: Yes/No

Inspection Required: Yes / No

Facility, Menu, Equipment Modification Request

This request should be submitted through the facility's **Accela Account** as an amendment. These requests will not be processed via email for established accounts. If you do not have an established account, you may email this form to **Auditinspections@ccb.nv.gov**.

This form is for changes to menu, equipment, infrastructure, hydroponics, lighting technology, pods or other contained growing methods; expansion, demolition, new construction, plumbing, electrical, heating, ventilation, air conditioning; changes that affect operating capability including the installation or removal of an extraction device. Some changes require inspection and approval prior to operation per NCCR 6.060. Replacements of pods that are identical to previously approved pods do not require approval. Failure to notify the Cannabis Compliance Board may be a Category III violation leading to civil penalties and/or license revocation. (NCCR 6.060; 4.050).

Date:	Establishment ID	#s (ex: C901)	:	
Establishment Name:				
Point of Contact (POC) Name	<u> </u>			
The cannabis establish	nment will not make ce	rtain modifica	tions without CCB approval.	
POC Signature (hand-signatur	e required):		Date:	
Please check the type of modification(s) and include the required do	cumentation when	submitting this form.	
Facility: Include floor plan with	n changes highlighted. Describ	e how product will	be protected if active construction.	
Cultivation expansion: Current	square footage:	e	expanding to:	_sf
Menu: Include new menu, stan	dard operating procedure, ingr	redient list.		
Equipment change: Include equ Additional description if necessary:	ipment specification sheets, lo	cations of equipme	ent. Cleaning/sanitizing procedures.	
	For Internal U	Ise Only		
Received by/date:		Approved: V	Ves / No	

Approval/Denial date:

CCB Agent Signature: