



**CANNABIS COMPLIANCE BOARD  
STATE OF NEVADA**

Website: [ccb.nv.gov](http://ccb.nv.gov)  
Main Line: (775) 687-6299

**Cannabis Establishment (CE) Point of Contact Change Request Form**

Point of Contact (POC) is the individual authorized to receive information regarding the licensee from the Nevada Cannabis Compliance Board (CCB). Change of Designee for Agent Cards requires a different form. Changes to the POC may be requested by the current POC, a majority owner, or a combination of owners that constitute a majority on record with the CCB. Attach a photocopy of a government-issued identification.

**This form must be hand-signed. Electronic signatures will not be accepted.** Submissions may be e-mailed; however, it is not recommended as email may not be secure: [CCBLicensing@ccb.nv.gov](mailto:CCBLicensing@ccb.nv.gov)

Hard copy submissions may be mailed to:  
Cannabis Compliance Board, Attn: Licensing, P.O. Box 1948, Carson City, NV 89701

Cannabis Establishment ID #(s): \_\_\_\_\_ (Exp: D026) 20-Digit License #(s): \_\_\_\_\_

Cannabis Establishment Official Name: \_\_\_\_\_

Current Point of Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

New Point of Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I approve changing the current Point of Contact to the new Point of Contact to receive communication from the CCB and disseminate information to the licensee for required action.**

Licensee Current Point of Contact Name (Print): \_\_\_\_\_

Signature (hand-signed required): \_\_\_\_\_ Date: \_\_\_\_\_

If current POC is unavailable, majority owner/combination of owners constituting majority may request change:

1. Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
3. Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
4. Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
5. Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have attached required government-issued ID for all persons signing document.