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

<u>Cannabis Establishment - Failed Cannabis Batch/Lot</u> <u>Request to Send to Extraction or Remediation</u>

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.ny.s

If y	you do not have an established account, you may em	ail this form to Auditinspections@ccb.nv.gov.	
Request to:	Extract		
ALL REQU	UESTS MUST INCLUDE LABORATO	ORY TESTING RESULTS	
Date: CE ID Number (ex: RC901):			
Requester Int	formation y Name:		
Reques	ster's Name:	Number of Batches/Lots:	_
Email:		Phone:	_
Additional In		Testing Laboratory:	
		Weight of Product:	
		8.0 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0.1 0	
1104001			_
Facility	Where Product Will Be Sent:		_
Metho	d(s) of Extraction or Remediation:		_
Internal Use O	nly:		
Approved to S	Send to Extraction or Remediation: Yes	s No	
Cannabis Com	npliance Board Agent Signature	Date	_
Notes:			7