



**CANNABIS COMPLIANCE BOARD
STATE OF NEVADA**

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

**CANNABIS ESTABLISHMENT RECEIVER
CERTIFICATE OF QUALIFICATION APPLICATION FORM
(NCCR 5.195(2))**

Please note the following:

Prior to submitting this form, the applicant for a Certificate of Qualification must complete an application for a cannabis establishment agent card for a cannabis receiver via the CCB's Accela portal. This will require a full set of fingerprints. You may also be required to provide any additional information or documents to the Board to complete an investigation into your background and if so, the CCB will contact you for this information and/or documents.

Name of person who wishes to obtain a Certificate of Qualification:

Mailing address: _____

Date of birth (mm/dd/yyyy): _____

I attest that I have not previously had a cannabis establishment agent registration card for a cannabis receiver revoked.

I affirm that I do not hold an ownership interest in any cannabis establishment in Nevada and that I will not hold a cannabis receiver agent card for more than 10 percent of the cannabis establishments allocable in any one county.

I affirm that I am fully independent and will not retain counsel who has represented the subject cannabis establishment(s) or any of its owners within the past five years.

I affirm that the curriculum vitae or resume I have attached hereto has been updated within the last 30 days and that its contents are true and accurate.

I have previously been approved as a cannabis receiver over the following cannabis establishments:

<u>Cannabis Establishment (“CE”) Name and Date of CCB Approval & Date of Termination (if applicable)</u>	<u>CE Identification Nos.</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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)

The applicant for a Certificate of Qualification must provide with this application the following documents:

1. A resume or curriculum vitae, which has been updated within 30 days of this submission, describing and detailing:
 - Your experience as a court appointed receiver.
 - Your experience in or knowledge of the cannabis industry in Nevada and/or any other state.

- Your knowledge and skills necessary to make reasonable financial decisions with respect to the finances of a cannabis establishment subject to a receivership.
- 2. Proof of liquid assets in at least the amount of \$250,000, proof of professional and/or E & O liability insurance covering the acts and/or omissions of the receiver for his duties as a cannabis establishment receiver, or proof of ability to finance the receivership through receivership certificates or other secure sources of funding.
- 3. If the CCB approves an applicant for a Certificate of Qualification, and said applicant later applies to be a cannabis receiver for a particular cannabis establishment, the applicant shall complete the form for an Application for a Cannabis Receiver with Certificate of Qualification and include his or her Certificate of Qualification with that. The Board shall then consider that application under the procedures set forth in NCCR 5.195(6) & (7).