

State of California, Department of Cannabis Control

Cannabis Advisory Committee Application

The Medicinal and Adult-Use Cannabis Regulation and Safety Act provides for the Cannabis Advisory Committee to advise the Department of Cannabis Control on the development of standards and regulations necessary to protect public health and safety without creating barriers that would perpetuate, rather than reduce and eliminate, the illicit cannabis market.

The Department intends for the Cannabis Advisory Committee to reflect the diversity of California and the communities impacted by commercial cannabis activity. This includes, but is not limited to, representatives listed in Business and Professions Code section [26014](#).

Please send your completed application and resume to CAC@cannabis.ca.gov. All questions must be answered honestly and fully. Incomplete or dishonest applications may result in disqualification or removal from the Committee.

SECTION 1 – PERSONAL INFORMATION

LEGAL NAME (LAST, FIRST, MIDDLE)

PHYSICAL ADDRESS CITY COUNTY ZIP

MAILING ADDRESS (IF DIFFERENT) CITY COUNTY ZIP

EMAIL ADDRESS DAYTIME TELEPHONE NUMBER

CHECK APPROPRIATE BOX:

Yes, I am a resident of the State of California.

No, I am not a resident of the State of California.

SECTION 2 – EMPLOYMENT INFORMATION

BUSINESS NAME

BUSINESS ADDRESS

CITY

COUNTY

ZIP

JOB TITLE

JOB DUTIES

SECTION 3 – PERSONAL BACKGROUND

PLEASE EXPLAIN YOUR INTEREST IN PARTICIPATING IN THE CANNABIS ADVISORY COMMITTEE.

PLEASE LIST ALL CURRENT AND FORMER LICENSE NUMBERS FOR WHICH YOU HAVE BEEN AN “OWNER” AND/OR “FINANCIAL INTEREST HOLDER”, AS DEFINED BY CALIFORNIA CODE OF REGULATIONS, TITLE 4, SECTIONS [15003](#) AND [15004](#).



PLEASE LIST YOUR CURRENT PARTICIPATION IN ANY ADVISORY BODIES, BOARDS, ORGANIZATIONS, AND SOCIETY MEMBERSHIPS.

PLEASE IDENTIFY ANY RELEVANT COMMUNITIES, INSTITUTIONS, OR PERSPECTIVES YOU REPRESENT (E.G., THE CANNABIS INDUSTRY, MEDICINAL CANNABIS, LABOR ORGANIZATIONS, STATE AND LOCAL AGENCIES, PUBLIC HEALTH ORGANIZATIONS, ETC.).

PLEASE DESCRIBE ANY AFFILIATIONS OR EXPERIENCES THAT HAVE CONTRIBUTED TO YOUR SUBJECT MATTER EXPERTISE RELEVANT TO THE WORK OF THE CANNABIS ADVISORY COMMITTEE. ADDITIONALLY, IF APPLICABLE, PLEASE SHARE ANY EXPERIENCE WORKING WITH DIVERSE POPULATIONS, INCLUDING THOSE FROM DIFFERENT RACIAL, ETHNIC, AND ECONOMIC BACKGROUNDS.



PLEASE DESCRIBE IF YOU ARE CURRENTLY OR HAVE PREVIOUSLY BEEN AFFILIATED AS AN OFFICER, OWNER, DIRECTOR, TRUSTEE, PARTNER, ADVISOR, OR CONSULTANT WITH ANY INSTITUTIONS (CORPORATIONS, FIRMS, PARTNERSHIPS, BUSINESS ENTERPRISES, NON-PROFIT ORGANIZATIONS, ETC.) THAT MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST, OR THE APPEARANCE OF A CONFLICT OF INTEREST, WITH THE WORK OF THE CANNABIS ADVISORY COMMITTEE.

PLEASE DESCRIBE IF YOU ARE CURRENTLY OR HAVE PREVIOUSLY BEEN A REGISTERED LOBBYIST, OR ARE CURRENTLY OR HAVE PREVIOUSLY LOBBIED AT ANY LEVEL OF GOVERNMENT.

PLEASE DESCRIBE IF YOU HAVE EVER BEEN DISCIPLINED OR CITED FOR ANY BREACH OF ETHICS OR UNPROFESSIONAL CONDUCT OR BEEN THE SUBJECT OF A COMPLAINT TO ANY COURT, ADMINISTRATIVE AGENCY, PROFESSIONAL ASSOCIATION, DISCIPLINARY COMMITTEE, OR OTHER PROFESSIONAL GROUP.



SECTION 4 – VOLUNTARY INFORMATION

APPLICANTS ARE ASKED TO VOLUNTARILY SELF-IDENTIFY THEIR RACE/ETHNICITY, GENDER, AND DISABILITY STATUS. THIS INFORMATION WILL ONLY BE USED FOR DATA GATHERING PURPOSES AND WILL NOT BE USED IN SELECTION DECISIONS.

GENDER:

Male Female Non-binary
Choose not to identify

RACE AND ETHNICITY:

African American or Black Cambodian Guamanian
American Indian or Alaska Native Chinese Native Hawaiian
Hispanic or Latino Filipino Samoan
White Indian Other Pacific Islander
Japanese
Korean
Laotian
Vietnamese
Choose not to identify Other Asian

DISABILITY:

Yes, I have a disability No, I do not have a disability
Choose not to identify

NAME

SIGNATURE

DATE

