

Alternative Security Provision Request Form

Instructions

Pursuant to 935 CMR 500.110(2) and/or 501.110(2), an individual, entity, applicant, or licensee (Requestor) may submit to the Cannabis Control Commission (Commission) an Alternative Security Provision (ASP) request, for adequate substitutions of security safeguards stated in 935 CMR 500.110(1), (5) through (7) and 935 CMR 501.110(1), (5) through (7). **Please note, this process is now separate from general waiver requests pursuant to 935 CMR 500.850 and/or 501.850. Waiver requests for requirements other than the security requirements specified in this form must be submitted through the General Waiver Request Form.**

The Requestor must submit this form for each individual request proposing an ASP. However, if the Requestor seeks consideration of an ASP pertaining to both their medical- and adult-use operations, and the ASP also concerns the same regulatory requirement, then the Requestor may use one form to present its proposal. Similarly, the Commission will accept one request form from a Requestor pursuing the same ASP for multiple licenses.

The Requestor may submit additional documentation along with this form in support of the proposed alternative safeguards.

All requests must be filled out electronically and signed. If the Requestor is an entity, the form must be signed by an individual who has authority to act on behalf of the entity (“Requestor’s Representative”). Once the Commission receives signed documentation pertaining to the request, they will evaluate it.

Under the regulations, the Commission must notify the Chief Law Enforcement Officer of the Requestor’s host community of any ASP proposal and provide a 30-day period for the Chief Law Enforcement Officer to respond. The Commission will consider the Chief Law Enforcement Officer’s opinion as part of its evaluation of the request, but that opinion will not be the single determinative factor in the agency’s decision.



Please note: Due to the Commission's need to give serious consideration to requests that seek an alternative to regulatory security requirements, considerable time may be needed for the Commission to complete its due diligence review. The Requestor or the Requestor's Representative will be notified once the Commission has completed its evaluation and made its determination.

Failure of the Requestor or its Representative to fully complete this form may result in denial of the ASP request. When completing the form below, the Requestor should use additional documents **and/or** pages if needed and reference addendum appropriately. **Once complete, this waiver request form and all supplemental documentation should be combined into a single PDF document and emailed to Inspections@CCCMass.com.**

I. Requestor Information

1. Requestor's name (*if an entity, please state the legal name of the entity*):

2. Requestor's status:

- Applicant (MTC, ME, CMO)
- Licensee (MTC, ME, CMO)
- Registered Agent Applicant (ME, MTC, CMO)
- Registered Agent (ME, MTC, CMO)
- Qualifying Patient
- Personal Caregiver
- Certifying Healthcare Provider
- Caregiving Institution
- Institutional Caregiver
- Other—please specify:

3. Requestor's application/license/registration number(s) (*if applicable*):



4. Requestor's contact information (*address, phone number, and email address*):

5. Requestor's Representative's name, relationship to Requestor, and contact information (*if applicable*):

II. ASP Request Information

6. List the specific regulation(s), and associated regulatory cite(s), you are proposing an alternative security safeguard for:



7. Please describe in detail the proposed ASP and why it is an adequate substitute for the cited regulation:



By signing this document, I affirm that all the information provided above is true and accurate. I understand that all requirements listed in 935 CMR 500.000 and/or 501.000(*where applicable*) must be complied with unless otherwise notified by the Commission.

Incomplete submissions may not be processed. Failure of the Requestor or its Representative to fully complete this form may result in therequest being administratively closed.

Signed under pains and penalties of perjury:

Requestor or Requestor's Representative printed name:

Requestor or Requestor's Representative signature:

Date of request:

