



<b>PURPOSE:</b>			
<p>This application form may only be used by a non-licensee to apply for the return of seized cannabis. Applications will not be accepted from individuals who hold a provincial retail license from the Liquor and Cannabis Regulation Branch. Sections 105(4) and (6) of the <i>Cannabis Control and Licensing Act</i> (CCLA) provide that if a claim is made to the Director within 30 days after the date of the seizure, and the Director is satisfied that the seized cannabis (or a portion of the seized cannabis) was not possessed in contravention of the CCLA or its regulations, the cannabis will be returned, or compensation will be provided to the applicant.</p>			
<b>INSTRUCTIONS:</b>			
<ul style="list-style-type: none"> <li>• Application forms must be received by the Community Safety Unit within thirty (30) days from the date of seizure.</li> <li>• Application forms must be completed in full and signed by the applicant.</li> <li>• The applicant must provide enough information to satisfy the Director that the cannabis seized was not possessed by the applicant in contravention of the CCLA or the regulations.</li> <li>• If the cannabis is the subject of a prosecution of an offence under the CCLA, including a violation ticket, the Director is not required to make a decision on an Application for the Return of Seized Cannabis until the proceedings are complete.</li> </ul>			
<b>Part 1: Applicant Information</b>			
Legal Name of Applicant		Position (if applicable)	
Telephone		Fax	
Email			
Mailing Address		City	Province
			Postal Code
<b>Part 2: Cannabis Seizure Details</b>			
Date Cannabis was Seized (mm/dd/yy)		Approximate Time of Cannabis Seizure (hh:mm)	
Name of Agency that Seized the Cannabis (e.g., Community Safety Unit, local police agency)		Agency File Number	
Name of Officer who Seized the Cannabis		Badge Number of the Officer who Seized the Cannabis	
Name of Establishment or Premises from where the Cannabis was Seized (if applicable)			
Address of Seizure Location (if applicable)		City	Province
			Postal Code



Item(s) seized (please be as specific as possible, including type, quantity, and exhibit number of cannabis seized):

**Note:** Please include a copy of the seizure receipt with your application if possible.

**Part 3: Circumstances**

Please describe the circumstances surrounding the cannabis seizure and the reasons you believe that you did not possess the cannabis in contravention of the CCLA or the regulations. You may also wish to submit evidence of the value of the cannabis seized.



**Note:** Add additional pages and documentation if required.

**Part 4: Signature**

Signature of Applicant or authorized signatory of the Applicant	Date (mm/dd/yy)
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**This form must be signed by an individual with the appropriate authority.**

The information requested on this form is collected by the Community Safety Unit under Section 26(b) and (c), of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of compliance and enforcement matters in accordance with the *Cannabis Control and Licensing Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.

Mail, email or fax this completed form to:

Director,  
 Community Safety Unit  
 PO Box 9060 Stn Main  
 Surrey BC  
 V3T 0N4

Email [CSU@gov.bc.ca](mailto:CSU@gov.bc.ca)

Fax number 604-591-5611