

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration of licensure under provisions set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.</p>	<p>Illinois Department of Financial and Professional Regulation</p> <p>OUT-OF-STATE</p> <p>FINGERPRINT CONSENT FORM</p> <p>MEDICAL CANNABIS</p>	<p>MC-FCF</p>
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Pursuant to Compassionate Use of Medical Cannabis Pilot Program Act (Act) and Regulations, 410 ILCS 130 and 68 IAC 1290, applicants for a Medical Cannabis Dispensing Organization and Dispensary Agents must have a UCIA, 20 ILCS 2635, fingerprint-based criminal history record information background check. The Illinois Department of Financial and Professional Regulation will comply with the rule and regulations concerning a criminal background check in connection with the Act, UCIA and applicable federal statutes. Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 requires fingerprint vendors to confirm the identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for consideration for licensure in the State of Illinois. This form will be used to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant Card, form number ISP-404. The out-of-state police department chosen to take the out-of-state resident's fingerprints must complete this form as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided belongs to the individual being fingerprinted. A transaction control number (TCN) is listed on the ISP Fee Applicant Card assigned to the individual. The TCN is verification fingerprints were taken. The vendor must fill in the TCN on this form. The form must be signed by the out-of-state resident in order to authorize the release of criminal history record information that may exist. The results of the criminal history background check will be forwarded to the Illinois Department of Financial and Professional Regulation, Medical Cannabis Division (DFPR) for review. The out-of-state resident has the right to challenge any information disseminated in the results of the criminal history background that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation Section 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act. Accordingly, the applicant waives any rights to confidentiality between himself or herself and DFPR for the limited purpose of verifying the information contained in the criminal background checks.

Instructions: This form must be submitted, along with a manual Fee Applicant Card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant Card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant Card and submitted to an Illinois licensed live scan fingerprint vendor. An additional copy of this form must be submitted to DFPR along with any additional application or required documentation.

Section 1 Applicant Information (All fields mandatory)			
LAST NAME:	FIRST:	MIDDLE:	PHONE NUMBER:
MAIDEN NAME/GIVEN SURNAME:		PURPOSE CODE: CDA Cannabis Dispensing Act	
GENDER/RACE/REGISTRY ID:		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Section 2 Police Department (Include TCN from Fee Applicant Card)			
POLICE DEPARTMENT:		TCN: FRM	
DATE FINGERPRINT TAKEN:	POLICE DEPARTMENT CONTACT NAME:	POLICE DEPARTMENT PHONE NUMBER: () -	
PRINTING AGENT'S NAME: LAST:		FIRST:	
<input type="checkbox"/> I have compared the government issued identification presented by the applicant and attest that to the best of my ability, I certify I have fingerprinted the same individual. (Must be checked to certify)			
PRINTING AGENT'S SIGNATURE:			

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name	
REQUESTING AGENCY ORI IDENTIFIER:	IL920711Z
REQUESTING AGENCY NAME AND ADDRESS: Illinois Department of Financial and Professional Regulation Medical Cannabis Division, 100 West Randolph Street, 9th floor, Chicago, Illinois 60601	
CONTACT PERSON NAME:	CONTACT E-MAIL AND PHONE #:
Deputy Director of Medical Cannabis	FPR.MedicalCannabis@Illinois.gov (312) 814-1690
FACILITY COST CENTER: (IF ANY)	DATE FINGERPRINTS SUBMITTED TO ISP:
Cost Center of the Livescan Fingerprint Vendor	