



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation - Medical Cannabis Unit**

## OUT-OF-STATE FINGERPRINT CONSENT FORM

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 (IDFPR) 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 6-404. 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 driver's 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/applicant in order to authorize the release of criminal history record information that may exist.** (See Page 2). The results of the criminal history background check will be forwarded to the IDFPR, Medical Cannabis Unit for review. The applicant 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 IDFPR 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 IDFPR, Medical Cannabis Unit along with any additional application or required documentation.

**Section 1 | Applicant Information (All fields mandatory)**

FULL NAME:		SOCIAL SECURITY NUMBER:
MAIDEN NAME/GIVEN SURNAME:		DATE OF BIRTH (mm/dd/yyyy):
GENDER:	RACE:	PHONE NUMBER:
DL / STATE ID #:	ISSUING STATE OF DL / ID:	DISPENSARY'S REGISTRY ID #:

**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:



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:

**Section 3 | Illinois Live Scan Fingerprint Vendor Information**

FINGERPRINT VENDOR AGENCY NAME:

FINGERPRINT VENDOR AGENCY ADDRESS:

REQUESTING AGENCY ORI IDENTIFIER: IL920711Z	PURPOSE CODE: CDA Cannabis Dispensing Agent
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REQUESTING AGENCY NAME AND ADDRESS:  
Illinois Department of Financial and Professional Regulation  
Medical Cannabis Unit, 100 West Randolph Street, 9th floor, Chicago, Illinois 60601

CONTACT PERSON NAME: Deputy Director of Medical Cannabis	CONTACT E-MAIL AND PHONE #: <a href="mailto:FPR.MedicalCannabis@Illinois.gov">FPR.MedicalCannabis@Illinois.gov</a> (312) 814-1690
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FACILITY COST CENTER: (IF ANY) Cost Center of the Live Scan Fingerprint Vendor	DATE FINGERPRINTS SUBMITTED TO ISP:
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**Section 4 | Privacy Statement**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Section 5 | Applicant Consent**

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

APPLICANT'S PRINTED NAME:	DATE:
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APPLICANT'S SIGNATURE:	DATE:
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