



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation - Medical Cannabis Section

FINGERPRINT CONSENT FORM

Pursuant to Compassionate Use of Medical Cannabis 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 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 individuals applying for consideration for licensure in the State of Illinois. The out-of-state fingerprint vendor or Illinois live scan vendor 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. The vendor must fill in the TCN on this form. The TCN is verification fingerprints were taken. **The form must be signed by the 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 Section for review.

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 LICENSE#:

Section 2 Certifying Agency Taking Fingerprints

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN:	CONTACT 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

LIVE SCAN FINGERPRINT VENDOR NAME:

LIVE SCAN FINGERPRINT VENDOR 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
Cannabis Control Section, 100 West Randolph Street, 9th floor, Chicago, Illinois 60601

CONTACT PERSON NAME: Cannabis Control Section	CONTACT E-MAIL AND PHONE #: FPR.MedicalCannabis@illinois.gov
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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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