IMPORTANT NOTICE: In lieu of providing and consenting to annual fingerprint-based background checks, completion and submission of this form is required to accomplish requirements outlined in Part 1290 Rules for Administration of the Compassionate Use of Medical Cannabis Program.

AFFIDAVIT NO SUBSEQUENT CONVICTIONS

AGENT: For license <u>renewals</u> only. This form shall be used for all agent types including: Principal Officer, Agent-in-Charge and Agent renewal applications. No exceptions. Must be notarized. Please ensure notary stamp is legible when submitted. Email <u>FPR. MedicalCannabis@illinois.gov</u> for assistance or questions.

1. NAME	LAST	LAST FIRST MIDE		.E	2. DATE OF BIRTH	3. SOCIAL SECURITY NO.
4 AGENT'S CLI	RRENT CANNABIS LICE	NSE NUMBER (e.g.	281 282 283)	5 AGE	I NT'S REGISTERED DISPENSAF	Y NAME AND LICENSE NO
1 4. AGENT 0 00	TITLINI OANNADIO LIOL	INOL NOMBER (c.g. /	201,202, 200)	0. AGE	IN O REGIOTERED DIOI ENOAI	THAME AND EIGENGE NO.
						280
6. ADDRESS		CITY			STATE/COUNTRY	ZIP CODE
7. GIVEN SURNAME/BIRTH NAME (if different from above #1)						
I hereby certify to the following:						
a) There has NOT been a change in my criminal record since my last fingerprint submission to the IDFPR; or						
b) There has been a change in my criminal record since my last fingerprint submission and I reported the change to IDFPR; and						
c) If I am convicted of an offense subsequent to the submission of this affidavit, I will report the conviction to IDFPR with my name, license number, the criminal charge(s), case number and the prosecuting county promptly, within 24 hours, of the conviction through email to						
FPR.MedicalCannabis@illinois.gov.						
		<u></u> -				
	Signature of Licensed Agent				Date	
	Signature of Notary				Date	
	Seal					