



Pursuant to the 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 rules and regulations concerning your criminal background check in connection with the Act, UCIA and applicable federal statutes. This form captures the information required by licensed livescan fingerprint vendors to ensure your fingerprints are submitted properly. A transaction control number (TCN) will be issued by the livescan fingerprint vendor at the time of transmission of fingerprints. The TCN is verification your prints were taken and the vendor must fill in the TCN on this consent form. The livescan vendor will use the applicant information to help confirm your identification documentation before the fingerprints are taken. This document also serves as your consent form. The form must be signed by you in order to authorize the release of any 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 for review.

Facility Information

REQUESTING AGENCY ORI IDENTIFIER: IL920711Z
PURPOSE CODE: CDA Cannabis Dispensing Agent
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: Deputy Director of Medical Cannabis
CONTACT E-MAIL AND PHONE #: FPR.MedicalCannabis@Illinois.gov (312)814-1690
FACILITY COST CENTER: (IF ANY) Cost Center of the Livescan Fingerprint Vendor
TRANSACTION CONTROL NUMBER (TCN):

Applicant Information

NAME: GENDER: RACE: DATE OF BIRTH (mm/dd/yyyy):
SSN: DRIVERS LICENSE #: DRIVERS LICENSE STATE:

Live Scan Vendor/Appointment Information

LIVE SCAN FINGERPRINT VENDOR NAME: DMMAZ CORPORATION
ADDRESS: 1301 N. LINCOLN AVE STE 150, LINCOLNWOOD, IL 60712
PHONE NUMBER: (224) 534-7665
APPOINTMENT DATE & TIME:

Privacy Statement

I, the undersigned, 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 where permitted by law. 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 Section 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Consent

APPLICANT NAME: (printed) DATE:
APPLICANT NAME: (signature) DATE: