



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

Medical Marijuana Program Fingerprinting Instructions

Please note that fingerprinting instructions and other instructions may change. Please refer back to the Arizona Department of Health Services (ADHS) website for the most current information. Please **read these entire instructions carefully** before you begin the fingerprinting process.

GENERAL INFORMATION

In accordance with Arizona Revised Statutes (A.R.S.) § 36-2819, fingerprints are required to be submitted to conduct a state and federal criminal records check for the following individuals:

- A designated caregiver (*Arizona Administrative Code* (A.A.C.) [R9-17-202\(F\)\(6\)\(k\)](#));
- A custodial parent and/or legal guardian acting as a designated caregiver for a patient under 18 years of age ([A.A.C. R9-17-202\(G\)\(7\)](#));
- A dispensary agent individual ([A.A.C. R9-17-311\(7\)](#)) who
 - is serving as a principal officer or board member for the dispensary[†]
 - is employed by or contracted with the dispensary
 - is providing volunteer services at or on behalf of the dispensary
- A laboratory agent individual ([A.A.C. R9-17-405](#)) who
 - is serving as an owner for the laboratory^{††}
 - is employed by or contracted with the laboratory
 - is providing volunteer services at or on behalf of the laboratory

[†] Please note that if fingerprint cards were recently submitted to the Department as part of a Dispensary Registration Certificate Application or a Designated Caregiver Registry ID Card Application within the previous 6 months, the principal officers and board members that submitted fingerprint cards may not need to resubmit fingerprint cards with the Dispensary Agent Registry ID Card Application.

^{††} Please note that if fingerprint cards were recently submitted to the Department as part of a Laboratory Certificate Application or a Designated Caregiver Registry ID Card Application within the previous 6 months, the laboratory owners that submitted fingerprint cards may not need to resubmit fingerprint cards with the Laboratory Agent Registry ID Card Application.

The Arizona Department of Public Safety (DPS) may exchange this fingerprint data with the Federal Bureau of Investigation (FBI) without disclosing that the records check is related to the Medical Marijuana Act and acts permitted by it. When the results of the state and FBI records search are no longer needed, ADHS will destroy these records and related fingerprint cards.

Because one set of fingerprints may be illegible, ADHS requires submitting two sets of original fingerprints in order to expedite processing. Prints are to be taken by someone experienced in rolling fingerprints. Please be sure that the prints are legible. If they are smudged or blurred, the prints will be rejected.

DISCLOSURE STATEMENT TO APPLICANTS

Your fingerprints will be used to check the criminal history records of the FBI. If you have an FBI criminal history record, ADHS must provide you the opportunity to complete or challenge the accuracy of the information in the record. You would be afforded an opportunity, pursuant to the uniform administrative hearing procedures as provided in [A.R.S. § 41-1092](#) et al. (Title 41, Chapter 6, Article 10) before ADHS

takes final administrative action based on information in the FBI criminal history record.

The procedures for obtaining a change, correction, or for updating your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the DPS Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

WHERE TO OBTAIN FINGERPRINTING SERVICES AND FINGERPRINT VERIFICATION FORMS

Check with your local law enforcement agency to determine if they provide fingerprint cards and public fingerprinting services. You may also check for a private fingerprinting company to provide this service.

You may be charged a fee by the fingerprinting entity for the "rolling" of your fingerprints. You should have the individual rolling your fingerprints sign the card in the designated space. You must use the blue and white fingerprint card #FD-258. You should be provided with the appropriate fingerprint card by either the law enforcement agency or private company you use. *Please note that DPS will not provide the fingerprint card stock nor complete the fingerprinting.*

The Fingerprint Verification Form is to accompany the fingerprints when mailed to ADHS. This form can be found on the [Forms](#) page of the Medical Marijuana Program website. The envelope is to be properly sealed as described in this form.

HOW TO MAIL COMPLETED PACKAGE

Once you have completed your application on-line, the system will direct you to print out your application. The printed application will include a page titled "*Fingerprint Submission Information.*" Please include a copy of this page only from the application, along with the *two sets of original fingerprints* and the *Fingerprint Verification Form* into an envelope. The *fingerprint technician is to then properly seal the envelope* as described in the Fingerprint Verification Form and *sign his/her name* across the seal.

Please mail the packet to:

Arizona Department of Health Services
ATTN: Medical Marijuana Department
P.O. Box 19000
Phoenix, AZ 85005

Please mail cards in an envelope that will not cause the fingerprint card to be folded or creased. All cards must be mailed to ADHS. DO NOT send the fingerprint cards to the DPS or the FBI.

Sample Fingerprint Card and Required Information
 (The information may be typed or **legibly** printed)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| APPLICANT | | LEAVE BLANK | | TYPE OR PRINT ALL INFORMATION IN BLACK | | LEAVE BLANK | |
| SIGNATURE OF PERSON FINGERPRINTED | | ALIASES <u>AKA</u> | | LAST NAME <u>NAM</u> FIRST NAME <u>JANE</u> MIDDLE NAME <u>DENISE</u> | | FBI | |
| RESIDENCE <u>222 SKY WALKER DR WONDERFUL, AZ 87552</u> | | DOUGH, JANE D | | DATE OF BIRTH <u>05-05-55</u> | | Month <u>05</u> Day <u>05</u> Year <u>55</u> | |
| DATE | | CITIZENSHIP <u>CTZ</u> <u>USA</u> | | SEX <u>F</u> RACE <u>W</u> HGT <u>5'2</u> INCHES <u>120</u> PWD <u>BRO</u> BLK <u>BLK</u> HAIR <u>AZ</u> | | PLACE OF BIRTH <u>POB</u> | |
| EMPLOYER AND ADDRESS | | YOUR NO. <u>OC4</u> | | FBI NO. <u>FBI</u> | | LEAVE BLANK | |
| REASON FINGERPRINTED | | ARMED FORCES NO. <u>MNU</u> | | SOCIAL SECURITY NO. <u>SOC</u> | | CLASS _____ | |
| LEAVE BLANK | | SOCIAL SECURITY NO. <u>555-55-5555</u> | | MISCELLANEOUS NO. <u>MNU</u> | | REF. _____ | |
| LEAVE BLANK | | LEAVE BLANK | | LEAVE BLANK | | LEAVE BLANK | |
| 1. R. THUMB | | 2. R. INDEX | | 3. R. MIDDLE | | 4. R. RING | |
| 5. R. LITTLE | | 6. L. THUMB | | 7. L. INDEX | | 8. L. MIDDLE | |
| 9. L. RING | | 10. L. LITTLE | | 11. L. THUMB | | 12. L. INDEX | |
| 13. L. MIDDLE | | 14. L. RING | | 15. L. LITTLE | | 16. R. THUMB | |
| 17. R. INDEX | | 18. R. MIDDLE | | 19. R. RING | | 20. R. LITTLE | |
| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | | L. THUMB | | R. THUMB | | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY | |

SAMPLE ONLY

The following information **MUST** be completed on both cards:

- **Name:** The applicant's full name should be in the last name, first name, middle name sequence.
- **Date of Birth:** Date of birth should be in MM/DD/YYYY format.
- **Place of Birth:** Enter the two letter state abbreviation and if the Place of Birth is a foreign country, please spell the name out.
- The date the applicant was fingerprinted and the signature of the person taking the prints should be placed in the appropriate blocks.
- **Aliases/AKA:** Enter any known aliases, including maiden names.
- **Citizenship:** Enter the country of citizenship.

- **Residence of Person Fingerprinted:** List the street address, city, state and zip code of the person being fingerprinted. Enter the residence address, not mailing address.
- **Signature of Person Fingerprinted:** Applicant to sign in ink.
- **Social Security Number:** Enter the applicant's social security number.
- **Sex:** Use M for Male and F for Female.
- **Race:** Use the following letters:
 W – White
 H – Hispanic
 B – Black
 I – American Indian or Alaskan Native
 A – Asian or Pacific Islander
 U – Unknown
- **HGT (Height):** Enter height in feet and inches such as 5'7", not 71 inches. Do not use fractions.
- **WGT (Weight):** Enter weight in pounds as a whole number. For example, 180 pounds is 180.
- **Eyes:** Your eye color. Use the following abbreviations:
 BLK –Black BLU – Blue
 BRO – Brown GRY – Grey
 GRN – Green HAZ – Hazel
- **Hair:** Your hair color. Use the following abbreviations:
 BLK – Black BRO – Brown
 GRY – Grey RED –Red
 WHI – White BLD – Bald
 BLN – Blonde XXX – Unknown

Fingerprinting DOs and DON'Ts

| DO | DO NOT |
|---|---|
| Type or print all information in black. | Highlight any of the fingerprint portions of the card. |
| Indicate any amputations or missing fingers at birth in the correct finger blocks. | <u>DO NOT</u> complete any "Leave Blank" fields on the card |
| See instructions on the reverse of the card regarding other physical problems in taking a good set of fingerprints. | |
| Ensure two complete sets of fully rolled and inked fingerprint impressions are submitted. Fingerprints must be rolled from side of nail to side of nail. All impressions must be within the Blue Box, no overlapping, for each print. | |
| Ensure all impressions are taken in the proper order and are legible. | |