

Technical Assistance Session:

FACILITY AGENT APPLICATIONS

Including Fingerprinting Instructions

Please mute your lines and utilize the chat feature for questions.

August 29, 2022
Marijuana Department | Bureau of Special Licensing



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

AGENDA

- Best Practices: Rolled Fingerprint Cards (Fingerprint Verification Form & Cards) and Level 1 Fingerprint Clearance Card ID
- Dispensary Agent (DA) Cards vs Facility Agent (FA) Cards vs Laboratory Agent (LA) Cards
- How To: FA Card Applications
- Linking an FA card to a Facility
- Manuals
- Q & A



How to make fingerprint selection in the Application

Fingerprint Information *

--Select--

Fingerprint Verification Form & Card

Level 1 Fingerprint Clearance ID

Level 1 Fingerprint Clearance ID: By selecting this option I will provide an image of my Level 1 State of Arizona Fingerprint Clearance ID card on the next page of this application.

Fingerprint Verification Form & Cards: By selecting this option I will complete the Marijuana Program Fingerprint Verification form and mail in two copies of my fingerprint cards, processed by a state-approved Fingerprint Agency (see instructions).

This option will be displayed in a Facility Agent Application.

DA and LA applications do not allow applicants to select a fingerprint option. If using a Level 1 Fingerprint Clearance Card ID, applicants can upload an image of the L1FPCC under any of the document upload headers on page 2 of the application.



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Level 1 Fingerprint Clearance Card ID

- Ensure first and last names on L1FPCC **exactly** match first and last names on ID
- To use this option, upload an image of the L1FPCC in the documents section (page 2) of the application



Fingerprint Verification Form and Cards

APPLICANT <small>*See Primary Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV. 12-19-07)		SIGNATURE OF PERSON FINGERPRINTED <i>Jane Dough</i>		LAST NAME FIRST NAME MIDDLE NAME DOUGH, JANE ALICE							
RESIDENCE OF PERSON FINGERPRINTED 555 BASELINE ROAD PHOENIX, AZ 85007		ALIASES AKA		O R I		DATE OF BIRTH DOB Month Day Year 01/01/2000					
DATE 08/29/2022		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		CITIZENSHIP CTZ US		SEX RACE F W		HTGT WGT 505 120		EYES HAIR GRN BRO	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS		REF.	
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC 123-45-6789		MISCELLANEOUS NO. MNU							



APPLICANT <small>*See Primary Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV. 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED <i>Jane Dough</i>		LAST NAME FIRST NAME MIDDLE NAME DOUGH, JANE ALICE							
RESIDENCE OF PERSON FINGERPRINTED 555 BASELINE ROAD PHOENIX, AZ 85007		ALIASES AKA		O R I		DATE OF BIRTH DOB Month Day Year 01/01/2000					
DATE 08/29/2022		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		CITIZENSHIP CTZ US		SEX RACE F W		HTGT WGT 505 120		EYES HAIR GRN BRO	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS		REF.	
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC 123-45-6789		MISCELLANEOUS NO. MNU							

- Use the correct form: FD-258 1110-0046.
- Use black ink. DO NOT use erasable ink; it disappears when exposed to heat.
- White correction tape is acceptable.



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Fingerprint Verification Form and Cards

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK
FD-258 (REV.12-10-07)		
SIGNATURE OF PERSON FINGERPRINTED 		
RESIDENCE OF PERSON FINGERPRINTED 555 BASELINE ROAD PHOENIX, AZ 85007		
DATE 08/29/2022	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 	
EMPLOYER AND ADDRESS		
REASON FINGERPRINTED		

1. Signatures from applicant and FP technician, date must include month, day and year
2. Residential Address
 - Cannot be a UPS store, business, P.O. Box, etc.
 - Must include house number, street name, city, state, and zip code- do not abbreviate the city (PHX)
 - Does not need to be an AZ address, but must be **where applicant actually resides**
3. Employer and Address/Reason Fingerprinted- **LEAVE BLANK. No stickers, no stamps**



Fingerprint Verification Form and Cards

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM	FIRST NAME MIDDLE NAME	FBI				
DOUGH, JANE	ALICE					
ALIASES AKA	O R I					
CITIZENSHIP CTZ	SEX	RACE	HGT.	WGT.	EYES	HAIR
US	F	W	505	120	GRN	BRO
YOUR NO. OCA	LEAVE BLANK					
FBI NO. FBI	CLASS _____					
ARMED FORCES NO. MNU	REF. _____					
SOCIAL SECURITY NO. SOC						
123-45-6789						
MISCELLANEOUS NO. MNU						

1. Last name(s), First name
 - First and last names should match ID EXACTLY
 - Middle names/initials, jr, sr, not required
2. Aliases: list any maiden name, previous last names or nicknames. Ex. Michael goes by Mike
3. Citizenship: Must list country of which applicant is a citizen.
 - Proper country abbreviations are acceptable
 - “Yes” or “American” is **not** acceptable
4. Include Social Security number
5. Demographic information is required
 - “X” is not acceptable except in the *HAIR* field



Fingerprint Verification Form and Cards

LEAVE BLANK

DATE OF BIRTH		DOB	
Month	Day	Year	
01	01	2000	

PLACE OF BIRTH		POB	
State	City	Country	
AZ			

1. Date of Birth
 - Must be in Month/Day/Year format
2. Place of Birth
 - **If born in the US, you must list the state in which applicant was born**
 - State abbreviations are acceptable (AZ, MI, CA)
 - POB Nebraska is a special case; most fingerprinting locations use "NB" which is incorrect for the Department of Public Safety. Please spell out Nebraska or ensure the technician uses "NE".
 - **If applicant was born outside the US, you must spell out the country in which they were born**
 - Country abbreviations are **not** acceptable (MX, CN, GE)
 - Cities are **not** acceptable



Fingerprint Verification Form and Cards

APPLICANT
Last Name: DOUGH, JANE ALICE

CITIZENSHIP: US

DATE OF BIRTH: 01/01/2004

PLACES OF BIRTH: AZ

REASON FINGERPRINTED: [Blank]

Fingerprint slots: 15 slots in a 3x5 grid. Slot 2, Row 2 contains 'XX'.

Labels for fingerprint groups: LEFT FOUR FINGER THUMB SWEEP QUALITY, L THUMB, R THUMB, RIGHT FOUR FINGER THUMB SWEEP QUALITY.

Missing Digits/Prints

You must list a reason for the missing print.

Acceptable Examples include:

- Amputated, bandaged, stroke, missing at birth, etc.

This information can be hand-written in.



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Fingerprint Verification Form & Card Checklist

1. **Applicant's full name:** The name should be in the order of: last name(s), first name, middle name.
2. **Signature:** This is the applicant's signature. Please ensure that the applicant has signed the card in INK.
3. **Date:** This is the date the applicant was fingerprinted. Include month, day, and year.
4. **Signature of Official Taking Prints:** The signature of the person at the agency or office taking the prints should be placed in this box.
5. **Residence Address:** This is the applicant's physical residential address, NOT the mailing address.
6. **Aliases (AKA):** Enter any known aliases, including maiden names.
7. **Social Security Number:** Enter the Social Security number of the applicant in the XXX-XX-XXXX format.
8. **Date of birth (DOB):** The date of birth should be in MM/DD/YYYY format.
9. **Sex:** M for Male, F for Female; U for Unknown
10. **Race:** Enter the one-letter abbreviation for race.
 - a. A Asian/ Pacific Islander
 - b. B Black
 - c. I American Indian or Alaskan Native
 - d. W White or Hispanic
 - e. U Unknown
11. **Height:** Enter the height in feet and inches. Example: An applicant who is 5 feet 7 inches tall should be entered as 507, not 67 inches. An applicant who is 5 feet 10 inches tall should be entered as 510.
12. **Weight:** Enter the weight in pounds as a whole number. Numbers under 100 should be entered as three numbers with a leading zero. Example: 95 pounds should be entered as 095.
13. **Eye Color:** Enter the three-letter abbreviation for the applicant's eye color.

a. BLK Black	f. HAZ Hazel
b. BLU Blue	g. MAR Maroon
c. BRO Brown	h. MUL Multi Colored
d. GRN Green	i. PNK Pink
e. GRY Gray	
14. **Hair Color:** Enter the three-letter abbreviation for the applicant's hair color.


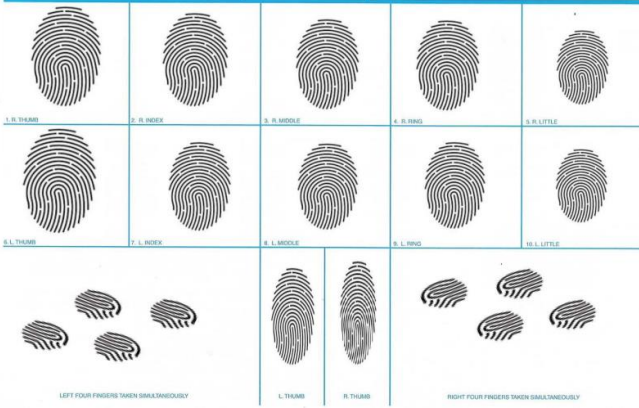
a. BLK Black	h. PLE Purple
b. BLN Blond or Strawberry	i. PNK Pink
c. BLU Blue	j. RED Red or Auburn
d. BRO Brown	k. SDY Sandy
e. GRN Green	l. WHI White
f. GRY Gray or Partially Gray	m. XXX Unknown or Completely Bald
g. ONG Orange	
15. **Place of Birth:** If born in the United States, enter the two-letter state abbreviation (e.g., AZ for Arizona). If the place of birth is a foreign country, enter the full name of the country (do not abbreviate).
16. **Employer and Address and Reason Fingerprinted:** Leave blank.

Fingerprint Verification Form and Cards Checklist

Available on our website:

[Fingerprinting Verification
Form & Card Checklist](#)

Fingerprint Verification Form and Cards

APPLICANT FD-256 (REV 10-10-00) SIGNATURE OF PERSON FINGERPRINTED 		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: DOUGH, JANE ALICE FIRST NAME: ALICE		FBI		LEAVE BLANK					
ALIAS: AKA		D R I		DATE OF BIRTH: 01/01/2000		DOB					
RESIDENT ADDRESS: 555 BASELINE ROAD PHOENIX, AZ 85007		CITIZENSHIP: US		SEX: F	RACE: W	HT: 505	WT: 120	EYES: GRN	HAIR: BRO	PLACE OF BIRTH: POR	PCB
DATE: 08/29/2023		IDENTITY OF OFFICIAL TAKING FINGERPRINTS: AKA		FOUR NO.: DCA		CLASS:		LEAVE BLANK			
EMPLOYER AND ADDRESS:		FBI NO.: FBI		ARMED FORCES NO.: MNU		REF:					
READER FINGERPRINTED:		SOCIAL SECURITY NO.: 123-45-6789		BIOGENEALOGUE NO.: MNU							
											

Any questions on how to fill out a fingerprint card?



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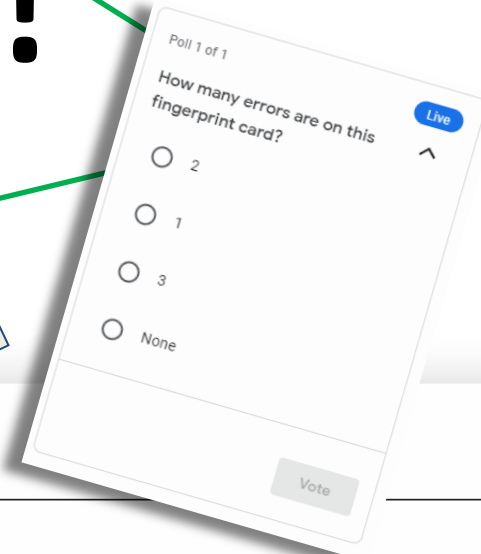
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Fingerprint Verification Form and Cards

POP QUIZ!

Find what is incomplete or incorrect on each card. Select your answers on the pop-up poll!

Answers follow each slide.



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Fingerprint Verification Form and Cards QUIZ

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK										FBI		LEAVE BLANK			
FD-258 (REV 12-10-07)				LAST NAME NAM	FIRST NAME			MIDDLE NAME											
SIGNATURE OF PERSON FINGERPRINTED <i>Barbara J</i>				ALIASES AKA				OR I						DATE OF BIRTH DOB <small>Month Day Year</small>					
RESIDENCE OF PERSON FINGERPRINTED 1315 Walnut St Phoenix, AZ 85022				CITIZENSHIP CTZ Yes		SEX F	RACE W	HT 5'7"	WT 120	EYES Bl	HAIR Red	PLACE OF BIRTH POB IL							
DATE 7-15-22	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		LEAVE BLANK														
EMPLOYER AND ADDRESS		FIRM NO. FBI		ARMED FORCES NO. MNU		CLASS													
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC 310-92-7169		MISCELLANEOUS NO. MNU		REF													



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Fingerprint Verification Form and Cards QUIZ

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK										FBI		LEAVE BLANK			
FD-258 (REV 12-10-07)				LAST NAME	FIRST NAME	MIDDLE NAME							DATE OF BIRTH	DOB					
SIGNATURE OF PERSON FINGERPRINTED				Gordon			Barbara							Month	Day	Year			
RESIDENCE OF PERSON FINGERPRINTED														10	11	92			
1315 Walnut St Phoenix, AZ 85022																			
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS			CITIZENSHIP	CTZ	SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH	POB						
7-15-20				Yes		F	W	5'7"	120	Bl	Red	IL							
EMPLOYER AND ADDRESS				OCA															
REASON FINGERPRINTED				FBI															
				ARMED FORCES NO.															
				MNU															
				SOCIAL SECURITY NO.															
				310-92-7169															
				MISCELLANEOUS NO.															
				MNU															



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Fingerprint Verification Form and Cards QUIZ

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED <i>Maria Hernandez</i>		LAST NAME NAM KAHLO		FIRST NAME FRIDA		MIDDLE NAME		DATE OF BIRTH DOB 08 th 29 th 1980	
RESIDENCE OF PERSON FINGERPRINTED 602 W BASELINE RD TEMPE, AZ 85236		ALIASES AKA		CITIZENSHIP CTZ MX		SEX F		RACE W		HEIGHT 410	
DATE 08/20/2022		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		YOUR ID OCA		WEIGHT 105		EYES BR		HAIR BR	
EMPLOYER AND ADDRESS		FBI NO FBI		ARMED FORCES NO MNU		PLACES OF BIRTH MX		POB		LEAVE BLANK	
REASON FINGERPRINTED		SOCIAL SECURITY NO 456-78-9123		MISCELLANEOUS NO MNU		CLASS		REF		LEAVE BLANK	



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Fingerprint Verification Form and Cards QUIZ

APPLICANT <small>See Fingerprint Act/Title on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		RESIDENCE OF PERSON FINGERPRINTED		ALIASES - AKA		DATE OF BIRTH		DOB	
<i>Maria Hernandez</i>		602 W BASELINE RD TEMPE, AZ 85236				08 29		1980	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP	CTZ	SEX	RACE	HAIR	EYES	HAIR	POB
08/20/2022	<i>[Signature]</i>	MX	MX	F	W	BR	BR	BR	MX
EMPLOYER AND ADDRESS		YOUR ID		FBI NO.		CLASS		REF	
		OCA		FBI					
REASON FINGERPRINTED		ARMED FORCES NO.		SOCIAL SECURITY NO.		MISCELLANEOUS NO.			
		MNU		456-78-9123		MNU			



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Fingerprint Verification Form and Cards QUIZ

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK		
FD-258 (REV 12-10-07)		LAST NAME NAM		FIRST NAME HOMER		MIDDLE NAME J					
SIGNATURE OF PERSON FINGERPRINTED <i>H. Simpson</i>		ALIASES AKA		O R I				DATE OF BIRTH Month Day Year		DOB 5 12 1956	
RESIDENCE OF PERSON FINGERPRINTED 742 EVERGREEN TERRACE SPRINGFIELD, AZ 85701		CITIZENSHIP US		SEX M		RACE W		HT 5'8"		WT 268	
DATE 7/22		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		EYES BLU		HAIR XXX		PLACE OF BIRTH PHX		POB	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		CLASS		LEAVE BLANK			
REASON FINGERPRINTED		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC 555-55-5555		REF					
		MISCELLANEOUS NO. MNU									



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Fingerprint Verification Form and Cards QUIZ

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)				LAST NAME	FIRST NAME	MIDDLE NAME				
SIGNATURE OF PERSON FINGERPRINTED <i>H Simpson</i>				LAST NAME FIRST NAME MIDDLE NAME SIMPSON HOMER J						
RESIDENCE OF PERSON FINGERPRINTED 742 EVERGREEN TERRACE SPRINGFIELD, AZ 85901				ALIAS AKA			OR I		DATE OF BIRTH DOB Month Day Year 5 12 1956	
DATE OF FINGERPRINTING 7/22		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		CITIZENSHIP US			SEX RACE HGT WGT EYES HAIR M W 5'8 268 BLK XXX		PLACE WITH FINGERPRINTS PHX	
EMPLOYER AND ADDRESS				YOUR NO. OCA			LEAVE BLANK			
REASON FINGERPRINTED				FBI NO. FBI			CLASS			
				ARMED FORCES NO. MNU			REF			
				SOCIAL SECURITY NO. SOC 555-55-5555						
				MISCELLANEOUS NO. MNU						



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Fingerprint Verification Form and Cards QUIZ

APPLICANT <small>Use Primary FBI Section only</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK								FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED <i>Kevin Conroy</i>		LAST NAME NAM <i>Conroy</i>		FIRST NAME <i>Kevin</i>		MIDDLE NAME		O R I		DATE OF BIRTH DOB <i>1955 11 30</i>		PLACE OF BIRTH POB <i>NY</i>	
RESIDENCE OF PERSON FINGERPRINTED <i>111 W 5th Ave Manhattan Beach, CA 90266</i>		CITIZENSHIP <i>USA</i>		SEX <i>M</i>		RACE <i>W</i>		HEIGHT <i>6'00"</i>		WEIGHT <i>170</i>		EYES <i>BR</i>		HAIR <i>BR</i>	
DATE <i>7-21-22</i>		SIGNATURE OF SPECIAL AGENT FINGERPRINTING <i>Well Fox</i>		YOUR NO. <i>OCA</i>		FBI NO. <i>FBI</i>		ARMED FORCES NO. <i>MNU</i>		SOCIAL SECURITY NO. <i>SOC</i>		MISCELLANEOUS NO. <i>MNU</i>		LEAVE BLANK	
EMPLOYER AND ADDRESS		FBI NO.		ARMED FORCES NO.		SOCIAL SECURITY NO.		MISCELLANEOUS NO.		CLASS		REF			
FINGERPRINTED															



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Fingerprint Verification Form and Cards QUIZ

FD-258 (REV 12-10-07)

APPLICANT LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED
Kevin Conroy

ALIAS/AKA OR I

RESIDENCE OF PERSON FINGERPRINTED
111 W 5th Ave
Manhattan Beach, CA 90266

CITIZENSHIP/CITY
USA

SEX M RACE W HGT 6'00" WGT 170 EYES BR HAIR BR

DATE OF BIRTH DOB
1955 11 30

SIGNATURE OF SPECIAL INVESTIGATOR
F. J. R. Well Fox

YOUR NO. OCA

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

REF

TEASER FINGERPRINTED

SOCIAL SECURITY NO. SOC

NET NO. NUMBER NO. 54411

LEAVE BLANK



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Fingerprint Verification Form and Cards QUIZ

APPLICANT <small>Form FD-258 (Rev. 11-1-2011) 1110-0046</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
				LAST NAME NAM	FIRST NAME	MIDDLE NAME					
				Perez	Maddy						
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I							
Maddy Perez											
RESIDENCE OF PERSON FINGERPRINTED								DATE OF BIRTH DOB			
626 E Highland St Phx, AZ 85008								MM/DD/YYYY			
								1/31/2001			
DATE		SIGNATURE OF OFFICER TAKING FINGERPRINTS		CITIZENSHIP CTZ	SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH POB
7/21/22	None Valdez			US	F	H	501	110	Br	Bl	CA
EMPLOYER AND ADDRESS		YOUR NO. OCA		UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNI		CLASS		REF	
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNI							
		200-20-2000									



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Fingerprint Verification Form and Cards QUIZ

The form is titled "APPLICANT" and includes the following fields and handwritten entries:

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI					
LEAVE BLANK		LAST NAME	FIRST NAME	LEAVE BLANK					
© 258 (Rev. 11-1-2011) 1110-0040		Perez	Maddy						
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I					
Maddy Perez									
RESIDENCE OF PERSON FINGERPRINTED		DATE OF BIRTH		DOB					
626 E Highland St Phx AZ 85008		MM/DD/YY		1/31/2001					
CITIZENSHIP/CTZ		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH	POB
US		F	H	501	110	Br	Bl	CA	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		LEAVE BLANK					
7/21/22		Nick Valdez							
EMPLOYER AND ADDRESS		UNIVERSAL CONTROL NO. UCN		CLASS					
REASON FINGERPRINTED		ARMED FORCES NO. MNI		REF					
		SOCIAL SECURITY NO. SOC							
		200-20-2000							
		MISCELLANEOUS NO. MNI							



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APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED <i>Mark Ruffalo</i>		LAST NAME NAM		FIRST NAME MARK		MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED 123 N HOME ST BURBANK, CA 91510		ALIASES AKA		CITIZENSHIP GTZ US		RACE MU		DATE OF BIRTH 05 05 1990	
DATE 8-21-22		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Official</i>		YOUTH NO. OCA		HEIGHT 507		WEIGHT 110	
EMPLOYER AND ADDRESS		FBI NO. FBI		ARMED FORCES NO. MNU		EYES HAZ		HAIR BLK	
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC 010-10-1010		MISCELLANEOUS NO. MNU		CLASS		PLACE OF BIRTH CA	
						REF		POB	
						LEAVE BLANK			



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APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK										FBI		LEAVE BLANK					
FD-258 (REV 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME		FIRST NAME		MIDDLE NAME		CITIZENSHIP		RACE		HAIR		EYES		DATE OF BIRTH		DOB	
123 N HOME ST BURBANK, CA 91510		Mark Ruffalo		RUFFALO		MARK				US		M U		507 110		HAZ BLK		05 05 1990		CA	
8-21-22		Official		ALIASES AKA		O R I															
EMPLOYER AND ADDRESS		FBI NO.		ARMED FORCES NO.		SOCIAL SECURITY NO.		MISCELLANEOUS NO.		CLASS		REF									
		FBI		MNU		010-10-1010		MNU													



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Fingerprint Verification Form and Cards QUIZ

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK										FBI		LEAVE BLANK					
FD-558 (REV 10-10-97)		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME		CITIZENSHIP CTZ		SEX	RACE	HT	WT	EYES	HAIR	DATE OF BIRTH	DOB	PLACE OF BIRTH	POB
				DAVIDSON		PETER				USA		M	W	603	140	Br	Br	11/16/1993	11/16/1993	KC	
EVIDENCE OF ADDRESS FINGERPRINTED		P.O. BOX 621 Los Angeles, CA 90504		YOUR ID		OCA		LEAVE BLANK													
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		FBI NO - FBI		ARMED FORCES NO - MNJ		SOCIAL SECURITY NO - SOC		111-42-1010		MISCELLANEOUS NO - MNJ		DATE				REF			
7/23/22																					
EMPLOYER AND ADDRESS																					
READ OR PAGE REFERRED																					



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Fingerprint Verification Form and Cards QUIZ



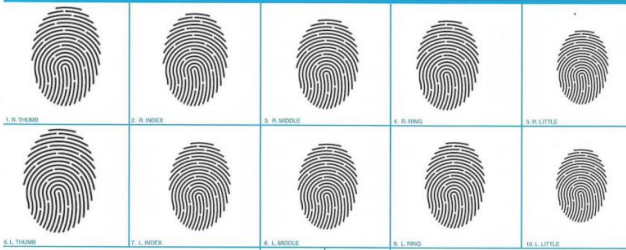



APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
FD-558 (REV 10-10-07)		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME	
SIGNATURE OF PERSON FINGERPRINTED		DAVIDSON, PETER		ALIAS/ AKA		O		P	
DATE OF FINGERPRINTING		ADDRESS		CITIZENSHIP CTZ		SEX		RACE	
7/23/22		PO. BOX 621 LOS ANGELES, CA 90504		USA		M		W	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR ID		AGE		WEIGHT	
7/23/22		KMK		OCA		603		140	
EMPLOYER AND ADDRESS		FBI NO - FBI		ARMED FORCES NO - ARMY		EYES		HAIR	
						Br		Br	
READ OR PAGE REPRINTED		SOCIAL SECURITY NO - SOC		DATE		PLACE OF BIRTH		DOB	
		111-42-1010				KC		M 16 7993	
		MISCELLANEOUS NO - MNU		REF					



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Fingerprint Verification Form and Cards

APPLICANT FD-258 (REV 10-10-00) SIGNATURE OF PERSON FINGERPRINTED 		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: DOUGH, JANE ALICE FIRST NAME: ALICE MIDDLE NAME: ALICE		FBI LEAVE BLANK		
ALIAS: AKA		D I		DATE OF BIRTH: 01/01/2000 MO: 01 DAY: 01 YEAR: 2000		
RESIDENT ADDRESS: 555 BASELINE ROAD PHOENIX, AZ 85007		CITIZENSHIP: US		SEX: F RACE: W HT: 505 WT: 120 EYES: GRN HAIR: BRO PLACE OF BIRTH: POR PCIB: AZ		
DATE: 08/29/2023 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: 		FOUR NO.: DCA		LEAVE BLANK		
EMPLOYER AND ADDRESS:		FBI NO.: FBI		CLASS:		
FINGER FINGERPRINTED:		ARMED FORCES NO.: MNU		REF.:		
SOCIAL SECURITY NO.: 123-45-6789		MISCELLANEOUS NO.: MNU				
						
						
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			L. THUMB R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

Any questions on how to fill out a fingerprint card?



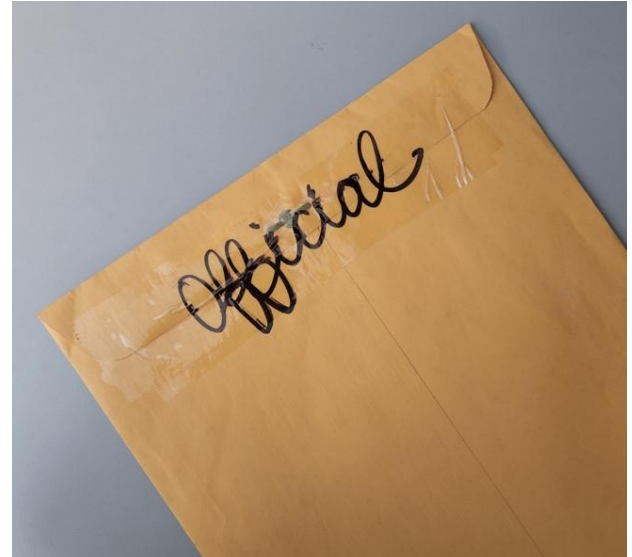
ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Fingerprint Verification Form and Cards

(Rolled Fingerprint Cards)

- Please prepare two (2) original rolled fingerprint cards and the Fingerprint Verification Form
- Once the prints have been taken
 - Place the **TWO** (not 1, not 3) fingerprint cards and the Fingerprint Verification Form into the envelope and seal it
 - Sign your name across the edge of the seal
 - DO NOT give the applicant the fingerprint card without first sealing it inside the envelope and signing across the edge of the seal



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Fingerprint Verification Form and Cards

(Rolled Fingerprint Cards)

- Rolled fingerprint cards should be submitted to the Department a **minimum of 5 business days** before an application is submitted
- Options for **submitting** fingerprint verification form and cards: Mail or Drop-Off

By US Postal Service Mail:

AZDHS

Attn Marijuana Dept

P.O. Box 19000

Phoenix, AZ 85005

If Mailing by Fedex, UPS, or anything OTHER than US Postal Service:

AZDHS SUITE 410

Attn Marijuana Dept

150 N 18th Ave

Phoenix, AZ 85007

In-Person Drop-Off M-F 8a-5p:

AZDHS, Suite 400

150 N 18th Ave

Phoenix, AZ 85007

Visitor parking is on the lower level of the parking garage, on the east side of 18th avenue. You will be sent up to the 4th floor to submit your fingerprints.

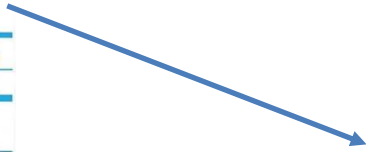


ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Fingerprint Verification Form and Cards

APPLICANT <small>*See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED <i>Jane Dough</i>		LAST NAME FIRST NAME MIDDLE NAME DOUGH, JANE ALICE		ALIASES AKA		O R I			
RESIDENCE OR PERSON FINGERPRINTED 555 BASELINE ROAD PHOENIX, AZ 85007		CITIZENSHIP CTZ US		SEX RACE HGT. WGT. EYES HAIR F W 505 120 GRN BRO		DATE OF BIRTH DOB Month 01/01/2000		PLACE OF BIRTH POB AZ			
DATE 08/29/2022		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS	
EMPLOYER AND ADDRESS		SOCIAL SECURITY NO. SOC 123-45-6789		MISCELLANEOUS NO. MNU		REF.					
REASON FINGERPRINTED											
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			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					



APPLICANT <small>*See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)		SIGNATURE OF PERSON FINGERPRINTED <i>Jane Dough</i>		LAST NAME FIRST NAME MIDDLE NAME DOUGH, JANE ALICE		ALIASES AKA		O R I			
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DATE 08/29/2022		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS	
EMPLOYER AND ADDRESS		SOCIAL SECURITY NO. SOC 123-45-6789		MISCELLANEOUS NO. MNU		REF.					
REASON FINGERPRINTED											

Questions?



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

DA Cards VS. FA Cards VS. LA Cards

What's the difference?

Dispensary Agent Card	Facility Agent Card	Lab Agent Card
Applied for and owned by the Facility's Principal Officer/Board Member(s) (PO/BM)	Applied for and owned by the agent	Applied for and owned by the Laboratory's Owner(s)
\$500 Non-Refundable Application fee	<ul style="list-style-type: none"> \$300 Non-refundable application fee if processed with Fingerprint Verification Form & Cards. \$150 Non-refundable application fee if processed with a Level 1 Fingerprint Clearance Card (L1FPCC) 	\$500 Non-Refundable Application fee
Automatically attached to the Facility (as it is owned by the facility)	Must be linked to every facility in which the agent will be working; Can be linked to multiple facilities simultaneously	Automatically attached to the Laboratory (as it is owned by the laboratory)
Only functions for the singular facility location which owns the card	All-Purpose Card	Only functions for the singular laboratory location which owns the card
Will not enable agents to work in cultivation/manufacture facilities with Adult-Use or Dual licenses	Cannot be used for Medical Marijuana Lab Employees	Will not enable agents to work in any facility with Adult-Use or Dual licenses

AZDHS Licensing Portals

- **Do not create new accounts for an applicant** with a company issued/created email address if the applicant has an existing account. This will cause issues in processing times as each person is only permitted to have one (1) account.
 - If completing applications for your employees in their account, on their behalf, be sure the account holder is checking their email for NOD/RFI messages from AZDHS to ensure faster processing times



How To:

Facility Agent Application

Individual Licensing Portal Demo



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Portal Selection > My Programs > Marijuana

Marijuana

My Licenses



Applications

-  Application Status
-  New Caregiver Application
-  New Minor Patient Application
-  New Patient Application
-  New Facility Agent Application



THANK YOU

Kacey & Rachel | Agent Card Specialists

Gina & Dan | AZDHS Consultants

marijuana@azdhs.gov | 602-364-0857 option 2

azhealth.gov



[@azdhs](https://twitter.com/azdhs)



facebook.com/azdhs



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