



Marijuana Program Fingerprint Verification Form

This form is to be *completed by the fingerprint technician* taking your fingerprints to submit as part of the Arizona Marijuana Program Dispensary Agent, Lab Agent, Facility Agent, Designated Caregiver, or Minor Caregiver (Custodial Parent/Legal Guardian) application.

Attention Fingerprint Technician

Please follow the instructions below for fingerprinting this applicant:

1. Please fill out or ensure that the applicant has filled out all of the required boxes on the fingerprint cards prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant’s photo ID to the applicant and to the information on the fingerprint cards.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken:
 - Place the **fingerprint cards and this form into the envelope** and seal it.
 - Please **sign your name across the edge of the seal**.
 - Return the sealed envelope to the applicant.

****DO NOT give the applicant the fingerprint card without first sealing it inside the envelope and signing across the edge of the seal.***

PRINT/TYPE the following information, and SIGN your name:

Applicant Information	
Date	First and Last Name of Applicant
Applicant ADHS Licensing Portal Email Address	
Type of Photo ID provided (check one) <input type="checkbox"/> Driver’s License/MVD Issued State ID # _____ <input type="checkbox"/> Passport # _____ <input type="checkbox"/> Other (please specify) _____	
Fingerprint Technician Information	
Fingerprint Technician Signature: _____	
Fingerprint Technician Name (Printed/Typed): _____	
Fingerprint Technician Agency/Company Name and Title: _____	



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. **Citizenship:** Enter the name of the country of which the applicant is a citizen
8. **Social Security Number:** Enter the Social Security number of the applicant in the XXX-XX-XXXX format.
9. **Date of birth (DOB):** The date of birth should be in MM/DD/YYYY format.
10. **Sex:** M for Male, F for Female; U for Unknown
11. **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
12. **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.
13. **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.
14. **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	
15. **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	
16. **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).
17. **Employer and Address and Reason Fingerprinted:** Leave blank.

All Information sourced from the Arizona Dept of Public Safety Noncriminal Justice Compliance Program document dated May 2021.