



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

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 or 36-2854, as applicable, fingerprints are required to be submitted to conduct a state and federal criminal record checks 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
- A facility agent individual ([A.R.S. § 36-2855\(B\)\(2\)](#)) who:
 - is serving as a principal officer or board member for the marijuana establishment
 - is employed or contracted with the marijuana establishment
 - is providing volunteer services at or on behalf of the marijuana establishment

Please note that if fingerprint cards that were recently submitted to the Department within the previous 6 months as part of the following applications, may not need to be resubmitted:

- *Designated Caregiver Registry ID Card*
- *Dispensary Registration Certificate Application*
- *Laboratory Certificate Application*
- *Marijuana Establishment License Application*
- *Dispensary Agent Registry ID Card Application*
- *Laboratory Agent Registry ID Card Application*
- *Facility 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 CriminalHistory 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. The envelope is to be properly sealed as described in this form. The form can be found on the:

- [Forms](#) page of the Medical Marijuana Program website, or
- [Facility Agents](#) page of the Adult Use of Marijuana website.

HOW TO MAIL COMPLETED PACKAGE

Please include 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: 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>		O R I		FBI	
RESIDENCE <u>222 SKY WALKER DR WONDERFUL, AZ 87552</u>		LAST NAME <u>NAM</u> FIRST NAME <u>JANE</u> MIDDLE NAME <u>DENISE</u>		DOUGH, JANE D		DATE OF BIRTH <u>POB</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>		PLACE OF BIRTH <u>POB</u> <u>AZ</u>	
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>		LEAVE BLANK			
REASON FINGERPRINTED		FBI NO. <u>FBI</u>		CLASS _____			
LEAVE BLANK		ARMED FORCES NO. <u>MNU</u>		REF. _____			
LEAVE BLANK		SOCIAL SECURITY NO. <u>SOC</u> <u>555-55-5555</u>		LEAVE BLANK			
LEAVE BLANK		MISCELLANEOUS NO. <u>MNU</u> <u>LEAVE BLANK</u>		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		SAMPLE ONLY			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB					

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 I – American Indian or Alaska Native
 - H – Hispanic A – Asian or Pacific Islander
 - B – Black 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.	

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018