



# 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](http://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](http://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.**



- **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**

<b>DO</b>	<b>DO NOT</b>
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.	

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).