



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation - Cannabis Control Section**

## FINGERPRINT CONSENT FORM

Pursuant to the Cannabis Regulation and Tax (Act) and Regulations, 410 ILCS 705, applicants for an Adult Use Cannabis Dispensing Agent Identification Card must have a fingerprint-based criminal history record information background check. The Illinois Department of Financial and Professional Regulation (IDFPR) will comply with the rules and regulations concerning a criminal background check in connection with the Act, UCIA and applicable federal statutes. Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 requires fingerprint vendors to confirm the identity of the individual seeking to be fingerprinted. This identity verification form must be completed for individuals applying for consideration for licensure in the State of Illinois. The out-of-state fingerprint vendor or Illinois live scan vendor chosen to take the out-of-state resident's fingerprints must complete this form as written confirmation that a valid government issued driver's license or State ID was presented and that the identification provided belongs to the individual being fingerprinted. The vendor must fill in the TCN on this form. The TCN is verification fingerprints were taken. **The form must be signed by the applicant in order to authorize the release of criminal history record information that may exist.** (See Page 2). The results of the criminal history background check will be forwarded to the IDFPR, Cannabis Control Section for review.

### Section 1 Applicant Information (All fields mandatory)

FULL NAME:		SSN OR ITIN:
MAIDEN NAME/GIVEN SURNAME:		DATE OF BIRTH (mm/dd/yyyy):
HOME ADDRESS:		
GENDER:	RACE:	PHONE NUMBER:
DL / STATE ID #:	ISSUING STATE OF DL / ID:	DISPENSARY'S LICENSE#:

### Section 2 Certifying Agency Taking Fingerprints

AGENCY NAME:	TCN: FRM
DATE FINGERPRINT TAKEN:	CONTACT PHONE NUMBER:
PRINTING AGENT'S NAME: LAST:	FIRST:

I have compared the government issued identification presented by the applicant and attest that to the best of my ability, I certify I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

