

A list of frequently asked questions relating to the 2022 Application for Transporter Licenses is available on the Department's Adult Use webpage [at this link](#). Additional questions may be submitted to: [AGR.AdultUse@illinois.gov](mailto:AGR.AdultUse@illinois.gov). Please put "2022 Transporter Application Question" in the subject line. Please check the Department's website for updates to the FAQs. Questions must be received no later than 12:00 p.m. on April 3, 2022 to be answered.

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An Applicant for an Adult Use Transporter License must complete this application and submit it to the Illinois Department of Agriculture, Division of Cannabis Regulation ("Department"). If an Applicant submitted an application for a Transporter License in 2020, the Applicant has the option of using part or all of that application. See number three below for further information.

Applicants are strongly encouraged to review the Cannabis Regulation and Tax Act ("Act"), [410 ILCS 705](#), and the Department's administrative rules ("Rules"), [8 IAC 1300](#). Links to both can be found on the Department's [website](#).

1. **Fee.** The non-refundable application fee must be submitted with this application. The fee is \$5,000 or, if the Applicant qualifies as a Social Equity Applicant, \$2,500. The application fee must be in the form of cashier's check or money order and made payable to the Illinois Department of Agriculture. Personal checks, cash, and other forms of payment will not be accepted.
2. **Applications must be on a USB.** Applicants must submit two copies of the application on separate USB drives. Each USB shall include a completed application, including all exhibits the Applicant wants to submit for scoring and review. Each USB should have an external label with the Applicant's name. Exhibits must be saved as separate files on the USB and each file must be clearly labeled as "Exhibit A," "Exhibit B," etc. Each Exhibit must include page numbers.
3. **Previously Submitted Application.** An Applicant that previously submitted a Transporter application may choose to use part or all of that application for this round of licenses.
  - a. Previously submitted exhibits will not be re-scored.
  - b. For any previously submitted exhibit that the Applicant chooses to use, the Department will award the same score to that exhibit. The score will include any points awarded for previously submitted responses to deficiency notices (if applicable).
  - c. If a previously submitted exhibit was deemed untimely by the Department and awarded zero points, the Applicant should submit a new exhibit as part of its application to be scored by the Department.
  - d. If an Applicant chooses to use a previously submitted application for consideration in this round, that Applicant's cover sheet must include the following: (1) name of the entity in the previous application; (2) the four digit application identification number previously assigned to the application (found in prior communications from the Department); (3) a list of previously submitted exhibits that the Applicant chooses to re-submit without amendment; (4) a list of new exhibits (if any) that are being submitted and updated for this application; and (5) a new Notarized Statement (Exhibit L) attesting that all information contained in the application is accurate.
  - e. If an Applicant chooses to revise any portion of a previously submitted exhibit, that exhibit must be submitted as a new exhibit and will be re-scored.

4. **Submission Envelope.** USBs should be submitted in the same sealed envelope that includes a cover sheet containing the following information: Applicant name, intended location, and Applicant’s primary and secondary contact information (including phone number, email address, and mailing address). This is the contact information the Department will use to communicate with the Applicant about the application. Applicants are responsible for notifying the Department if this information changes after the application is submitted.
5. **How to Submit.** Applications must be submitted via mail delivery service with a tracking number. USPS is recommended. Application envelopes should be addressed to: Department of Agriculture, attention Division of Cannabis Regulation, Bureau of Licensing and Administration, PO Box 19281, Springfield, IL 62794.
6. **Deadline.** The deadline for submitting an application is **APRIL 6, 2022**. Applications must be postmarked no later than April 6, 2022, to be considered timely.
7. **Missing Information.** If the Department receives an application with missing information, the Department may issue a deficiency notice to the Applicant. The Applicant shall have 10 calendar days from the date of the deficiency notice to submit the incomplete information. Applications that are still incomplete after this opportunity to cure will not be scored and will be disqualified (410 ILCS 705/40-10(c)). The Department will not provide a deficiency notice if the Applicant does not submit an Exhibit D (Social Equity Applicant), G (Illinois Resident Controlled or Owned), or H (Veteran Controlled or Owned) because those exhibits are optional. If the Applicant does not submit these optional exhibits, they will not be eligible to receive points for those exhibits.
8. **Exhibit Formatting and Requirements.** All files for an exhibit must be combined into a single pdf for that exhibit. If an Applicant does not submit a particular exhibit, the application will receive no points for that exhibit; the absence of any “optional” exhibit on a USB will not result in the issuance of a deficiency notice. The exhibit descriptions on the following pages are not inclusive of every detail. Applicants are expected to review the Act and Rules. Any drawings, diagrams, and descriptions must be adequate to illustrate the Applicant’s plans. All information provided in the application and exhibits should be anonymous except when such information is required in Exhibits D, G, H, K, L, and M.

#### **Exhibit List**

- A: Business Plan
- B: Suitability of Employee Training Plan
- C: Security and Recordkeeping
- D: Social Equity Applicant (optional)
- E: Labor and Employment Practices
- F: Environmental Plan
- G: Illinois Resident Controlled or Owned (optional)
- H: Veteran Controlled or Owned (optional)
- I: Diversity Plan
- J: Notice of Proper Zoning
- K: Financial Interest Disclosure
- L: Notarized Statement
- M: Fingerprint Consent Form

**Required Exhibits and Descriptions**

The Cannabis Regulation and Tax Act and the Department’s administrative rules each contain definitions, a list of requirements for application, and scoring criteria. Definitions can be found at 410 ILCS 705/1-10 and 8 IAC 1300.10. Application requirements can be found at 410 ILCS 705/40-10(a) and 8 IAC 1300.510. Scoring criteria can be found in the Act at 410 ILCS 705/40-15(a), and the rules for License Selection Criteria contain details of the scoring measures and can be found at 8 IAC 1300.520.

The Department has included reference citations to pertinent provisions of the Act and Rules in each exhibit. These references and exhibit descriptions are intended to be informative to the Applicant about what information is required to receive the maximum points available. Applicants should consult the reference citations to ensure they are including all required information for each exhibit. It is strongly recommended that Applicants review the Act and Rules in their entirety to ensure their responses in the exhibits fully address all requirements.

Exhibits must not exceed the page limit restrictions provided for in the exhibit descriptions; there is no minimum number of pages required. Applicants for transporting organization licenses that score at least 75% of the available points and meet all other requirements for a transporter license shall be issued a license (410 ILCS 40-15(c)).

**Exhibit A: Business Plan**

Applicant must submit a Business Plan that (1) demonstrates that the proposed vehicles are suitable for the effective and safe transportation of cannabis containers (50 points); (2) demonstrates the ability to meet consumer demand for transporting services in an effective and efficient manner (50 points); and (3) describes how it will provide and ensure adequate staffing and experience, including employment plan that will lead to the hiring of minorities, women, veterans and persons with disabilities, and will engage in fair labor practices, and provide worker protections (50 points).

**Total Points:** 150

**Page Limit:** 25

**Reference:** 410 ILCS 705/40-10(a)(6), (9), (10), (11), (12), (13), (15); 8 IAC 1300.510(d) (6), (9), (10), (11), (12), (13), (15); 8 IAC 1300.595; 8 IAC 520(a)(1)

**Exhibit B: Suitability of Employee Training Plan**

Applicant must submit a plan that (1) describes a staffing plan that will ensure staffing meets the experience and security needs of operating a transporting organization (80 points); and (2) describes a training plan for employees including an employee handbook that will provide employees with a working guide for the day-to-day administration of personnel policies and practices; and training for security, recordkeeping, diversion prevention, and best practices to prevent sale of cannabis to minors (80 points).

**Total Points:** 160

**Page Limit:** 15, not including a copy of the proposed handbook

**Reference:** 8 IAC 520(a)(2)

**Exhibit C: Security and Recordkeeping**

Applicant must submit a Security and Recordkeeping Plan that: (1) demonstrates its ability to prevent the theft or diversion of cannabis and how the plan will assist the Illinois State Police, Department, and local law enforcement (90 points); and (2) demonstrates that the plan for recordkeeping, tracking and monitoring inventory, quality control and security and other policies and procedures will discourage unlawful activity (90 points).

**Total Points:** 180

**Page Limit:** 25

**Reference:** 410 ILCS 705/40-10(a)(6); 8 IAC 1300.510(d)(6); 8 IAC 1300.520(a)(3)

**Exhibit D: Social Equity Applicant (Optional)**

If Applicant does not submit this Exhibit, Applicant will not be considered for Social Equity status and will not receive any points for such. The Department will not send a deficiency notice this Exhibit if the Applicant does not submit this Exhibit.

If Applicant *is* applying as a Social Equity Applicant, Applicant must provide evidence of Social Equity Applicant status. Evidence of status as a Social Equity Applicant may be established by providing: Evidence of the Applicant’s status as an “Illinois resident” as demonstrated by incorporation documents, or, if applying as an individual, at least two of the following: (i) a signed lease agreement that includes the Applicant’s name, (ii) a property deed that includes the Applicant’s name, (iii) school records, (iv) voter registration card, (v) an Illinois driver’s license, ID card, or a Person with a Disability ID card, (vi) a paycheck stub, (vii) a utility bill, or (viii) any other proof of residency or other information necessary to establish residence.

**and one of the following:**

1. Evidence the person or persons owning and controlling more than 51% of the proposed Transporter have lived in a Disproportionately Impacted Area for 5 of the preceding 10 years as demonstrated by, but not limited to, tax filings, voter registrations, leases, mortgages, paycheck stubs, utility bills, insurance forms, or school records that include the qualifying principal officers’ names on them; or
2. Evidence the person or persons owning and controlling more than 51% of the proposed Transporter have been arrested for, convicted of, or adjudicated delinquent for any offense made eligible for expungement by Public Act 101-0027. If the arrest, conviction, or adjudication has been sealed or expunged, provide records of such action; or
3. Evidence the person or persons owning and controlling more than 51% of the proposed Transporter has had a parent, legal guardian, child, spouse, dependent, or was a dependent of an individual who prior to June 25, 2019, was arrested for, convicted of, or adjudicated delinquent for any offense made eligible for expungement by Public Act 101-0027. If the arrest, conviction, or adjudication has been sealed or expunged, provide records of such action. The Applicant must also provide evidence of the relationship between the Applicant’s principal officer or officers and the person who was arrested for, convicted of, or adjudicated delinquent for any offense made eligible for expungement by Public Act 101-0027; or
4. Evidence that the Applicant employs 10 or more full-time employees, and evidence that 51% or more of those employees (1) currently reside in a [Disproportionately Impacted Area](#) (as identified at this link by the Department of Commerce and Economic Opportunity); (2) have been arrested for, convicted of, or adjudicated delinquent for any offense that is eligible for expungement under Public Act 101-0027; or (3) are members of an "impacted family" as that term is defined in Public Act 101-0027. The Applicant must provide evidence as described above for each employee. The Applicant shall also provide evidence the employees were engaging in full time work as of the date the application was submitted. If employee information or employment status of employees changes before licenses are awarded, the Applicant has a duty to notify the Department of the change in employee information or status.

For any element requiring proof of residency, two forms of proof per year per person must be submitted.

**Total Points:** 200

**Page Limit:** none

**Reference:** 410 ILCS 705/1-10 (definitions of “disproportionately impacted area”, “member of an impacted family”, “qualified social equity applicant”, and “social equity applicant”); 8 IAC 1300.10 (*see* definitions of “impacted family”, “qualified social equity applicant”, and “social equity applicant”); 410 ILCS 705/40-15(a)(4); 8 IAC 1300.510(d)(16); 8 IAC 1300.520(a)(11)

**Exhibit E: Applicant’s Labor and Employment Practices**

Applicant must submit a Labor and Employment Practices Plan that: demonstrates how it will provide a safe, healthy and economically beneficial working environment for its employees, including but not limited to, its plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational benefits, retirement benefits, living wage standards and entering a labor peace agreement with employees. The Plan should (1) demonstrate the Applicant’s facilitation and commitment to a unionized workforce (10 points); and (2) demonstrate establishment of a minimum rate of pay that is 20% greater than the State's minimum wage (10 points).

**Total Points:** 20

**Page Limit:** 10

**Reference:** 410 ILCS 705/1-10 - “labor peace agreement”; 410 ILCS 705/40-15(a)(5); 8 IAC 1300.520(a)(5)

**Exhibit F: Environmental Plan**

Applicant must submit an Environmental Plan that: (1) describes Applicant’s plan to use hybrid or electric (zero-emission) vehicles (10 points) and; (2) describes how it will minimize its carbon footprint, environmental impact, and resource needs for the transporter (10 points).

**Total Points:** 20

**Page Limit:** 10

**Reference:** 410 ILCS 705/40-15(a)(6); 8 IAC 1300.520(a)(6)

**Exhibit G: Illinois Resident Controlled or Owned (Optional)**

If Applicant does not submit this Exhibit, Applicant will not be considered for Illinois Resident status and will not receive any points for such. The Department will not send a deficiency notice for this Exhibit if the Applicant does not submit this Exhibit.

If Applicant *is* applying as Illinois Resident Controlled or Owned, Applicant must: provide tax records proving the facility will be 51% controlled or owned by an individual or individuals who have been an Illinois resident for each of the past 5 years.

**Total Points:** 90

**Page Limit:** none

**Reference:** 410 ILCS 705/1-10 - “primary residence”, “resided”; 410 ILCS 705/40-15(a)(7); 8 IAC 1300.520(a)(7)

**Exhibit H: Veteran Controlled or Owned (Optional)**

If Applicant does not submit this Exhibit, Applicant will not be considered for Veteran status and will not receive any points for such. The Department will not send a deficiency notice for this Exhibit H if the Applicant does not submit this Exhibit.

If Applicant *is* applying as Veteran owned or Controlled, Applicant must: provide evidence proving the facility will be 51% controlled or owned by a veteran, as defined in Section 45-57 of the Illinois Procurement Code (30 ILCS 500).

**Total Points:** 90

**Page Limit:** none

**Reference:** 410 ILCS 705/40-15(a)(8); 8 IAC 1300.520(a)(8); 8 IAC 1300.10 - “veteran”; 30 ILCS 500/45-57

**Exhibit I: Diversity Plan**

Applicant must submit a Diversity Plan that includes a narrative that establishes a goal of diversity in ownership, management, employment, and contracting to ensure that diverse participants and groups are afforded equality of opportunity.

**Total Points:** 90

**Page limit:** No more than 2500 words

**Reference:** 410 ILCS 705/40-15(a)(9); 8 IAC 1300.520(a)(9)

**Exhibit J: Notice of Proper Zoning**

1. Is there a proposed physical address for the transporting organization that is the subject of this application? Yes:  No: 
  - a. If Yes is checked, Applicant must provide the proposed physical address.
  - b. If No is checked, Applicant must provide the name of the city, village, township, or county (as applicable) of the intended location.
2. Applicant must submit a copy of the current local zoning ordinance for the intended business location or proposed physical address.

Applicants will be required to provide proof of zoning compliance prior to being issued a license. If an Applicant has not identified a physical address for the business location at the time of application, or if an Applicant has not received an approval for zoning at the time the application was submitted, the Applicant will be required to submit the above information prior to issuance of a license if the Applicant is selected for a Transporter License

**Page Limit:** none

**Reference:** 410 ILCS 705/40-10(a)(8); 8 IAC 1300.510(d)(8)



**Exhibit K: Financial Interest Disclosure**

This Exhibit has 3 parts: (1) Questions; (2) a Table of Organization, Ownership, and Control (“Table”); and (3) Disclosure Form. All three parts are required. Applicant must answer the questions listed below, provide a Table, and complete the Disclosure Form as detailed in the instructions

**Part 1: Questions**

1. Does the Applicant business entity have a parent company? Yes:  No: 
  - a. If yes is checked, Applicant’s Table must include the information requested in Part 2, #8.
2. Is the Applicant business entity partially owned or controlled by another entity? Yes:  No: 
  - a. If yes is checked, Applicant’s Table must include the information requested in Part 2, #7.
3. Is Applicant a publicly traded company? Yes:  No: 
  - a. If no is checked, Applicant’s Table must include the information requested in Part 2, #5.
  - b. If yes is checked, Applicant’s Table must include the information requested in Part 2, #6.

**Part 2: The Table**

The Table must contain all of the following that are applicable to the Applicant’s business entity. Numbers 1 through 4 are required for all Applicants regardless of business entity type. Applicants may provide the information in this Table in any format they choose.

1. Identification of all owners, directors, and principal officers of the Applicant.
2. The title of each principal officer or business entity that, through direct or indirect means, manages, owns, or controls the Applicant.
3. Management structure of the Applicant.
4. The identity and address of every person, trust, or business entity of any kind that has a financial or voting interest of 5% or more in the Applicant
5. If the Applicant is NOT a publicly traded company, Applicant must provide the
  - a. The name of each owner, director, and principal officer, or business entity that manages, owns, or controls the Applicant, and their:
    - i. office or position held (ex: owner, principal officer, CEO, general manager etc.).
    - ii. percentage ownership interest (a 0%-100% numerical answer must be provided).
6. If the Applicant IS a publicly traded company, Applicant must provide:
  - a. Name and percentage ownership interest of each individual or business entity with ownership of more than 5% of the voting shares of the entity, to the extent such information is known or contained in SEC filings.
  - b. Names and percentage of ownership interest of persons who are relatives of one another and combined exercise control over more than 10% of the voting shares of the entity, if known.
    - i. If not known, check this box
7. If the Applicant is partially owned by another entity, provide:
  - a. the Applicant’s relationship to the parent company or other entity, and
  - b. all owners, board members, directors, or officers with control or management of those entities.
8. If the Applicant business entity has a parent company, the Applicant must provide:
  - a. Name of each owner, board member, and officer of the parent company.
  - b. The percentage ownership interest in the parent company held by each individual identified (a 0%-100% numerical answer must be provided).
  - c. The percentage ownership in the Applicant held by each individual identified (a 0%-100% numerical answer must be provided).

**Part 3: Disclosure Form**

**1. For any individual who is a principal officer or board member of the Applicant, complete the following:**

First name \_\_\_\_\_  
 Middle name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Social security number (required by the Act) \_\_\_\_\_

**Gender Identity:**

- Female
- Male
- Non Binary
- Prefer not to Answer

**Race/Ethnicity (check all that apply)**

- African American/Black
- Asian
- Hispanic/ Latina/ Latino/ Latinx
- Middle Eastern and North African
- Native American/ American Indian/ Alaskan Native/ Pacific Islander/ Hawaiian Native.

If selected, please identify nation/tribe: \_\_\_\_\_

- South Asian
- White/ Caucasian
- Prefer to Specify: \_\_\_\_\_
- Prefer not to Answer

**2. All principal officers and board members must also answer the following questions and disclosures:**

- a. Are you more than 30 days delinquent in complying with a child support order? Yes:  No:
- b. Have you ever failed to file a tax return in any jurisdiction? Yes:  No:
- c. Do you owe money to the State of Illinois, including delinquent taxes? Yes:  No:
- d. Have you ever managed or served on the board of a business or non-profit organization that pled guilty, was convicted, fined, or had a registration or license suspended or revoked? Yes:  No: 
  - a. If yes is marked for this question, Applicant must include additional details in the space below
- e. Have you ever, in an administrative or judicial proceeding: pled guilty, been convicted, been fined, or had a registration or license suspended or revoked? Yes:  No: 
  - a. If yes is marked for this question, Applicant must include additional details in the space below
- f. Additional details. Applicant must provide the approximate date, jurisdiction, offense at issue in the proceeding, and the outcome of the proceeding in the space below:

**Reference (applicable to the entire Exhibit):** 410 ILCS 705/1-10 - “ownership and control”, “principal officer”; 8 IAC 1300.10 - “financial interest”; 410 ILCS 705/40-10(a)(14); 8 IAC 1300.510(d)(14), 8 IAC 1300.510(d)(4), (5), 410 ILCS 705/40-45



**Exhibit L: Notarized Statement – 8 IAC 1300.510(f)**

I, the undersigned Transporter Applicant (hereinafter, “Applicant”), on behalf of all principal officers, owners, and board members of the Applicant, hereby state and understand as follows:

1. To the best of my knowledge, the information contained in this application is true and accurate, and this application is complete and meets all requirements for a transporter license under the Cannabis Regulation and Tax Act (“Act”) and its corresponding administrative rules.
2. I agree to receive information, updates, and administrative decisions regarding my application at the email addresses provided on my cover sheet. It is my responsibility to provide updated contact information to Department if needed.
3. Applicant has actual notice that, notwithstanding the Act:
  - a. Cannabis is a prohibited Schedule I controlled substance under federal law;
  - b. Possessing a license does not authorize any licensee to violate federal or state laws;
  - c. Any license is granted only to the extent provided by the requirements of the Act and rules. Any activity not sanctioned by the Act or rules may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - d. Distributing, or possessing cannabis in any capacity, unless done through a federally-approved research program, is a violation of federal law;
  - e. Use or possession of cannabis, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - f. Possessing a license does not provide any immunity from or affirmative defense to arrest, prosecution, conviction, or incarceration under federal or state law, other than as set out in Article 45 of the Act;
  - g. Applicant shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the program.
4. Applicant understands that if awarded a license:
  - a. The license is predicated on the information provided in this application, and Applicant must notify Department of any material changes to information provided during the application process.
  - b. Failure of Applicant to operate as described in this application, or failure to notify Department of material changes may subject Applicant to discipline, including suspension or revocation of the license.
  - c. The license is not transferable, except as provided in Section 1300.540. The license is the property of the State of Illinois and shall be surrendered upon demand of Department.
  - d. Licensees are subject to random inspections by Department, Illinois State Police, and the Department of Public Health, and, when necessary to perform their governmental duties, local law enforcement or other federal, State or local government officials.
5. All of Applicant's principal officers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department.
6. The Department may deny an application or revoke a license if the documentation submitted with this application is incomplete, false, misleading, forged, or altered.

Applicant Signature and date:

Applicant Printed Name and Title in the entity:

(Use the remaining space on this page for the Notary stamp and seal)

**Exhibit M: Fingerprint Consent Form**

All of Applicant's principal officers, board members, and agents must complete the Fingerprint Submission Consent and Notification Form and submit it directly to a live scan vendor. A copy of the Form must also be submitted with the application.

Applicant should not edit the Requesting Agency Name, Requesting Agency ORI Identifier, Requesting Agency Address, or Purpose Code fields of the Form, which are pre-filled with the necessary information.

This Fingerprint Consent Form will serve to meet the requirements of a verified background check in 410 ILCS 705/40-10(a)(7) and 8 IAC 1300.510(d)(7).

## Fingerprint Submission Consent and Notification Form (Used for all Licensing and Employment Screening)

The authorized agency (Agency) named below requires all applicants in the Agency's screening or approval process for the purpose identified below to submit to a fingerprint-based criminal history record information background check. The Agency will follow all applicable laws, rules and regulations concerning the criminal background check pursuant to the authorizing statute, Uniform Conviction Information Act and federal statute. The live scan vendor or Agency must confirm the identity of the applicant submitting the fingerprints. The live scan vendor or Agency must use the Applicant Information section to document the valid government issued identification provided by the applicant before the fingerprints are taken. This document also serves as a consent and notification form. **The form must be signed by the applicant** in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of the inquiry will be forwarded to the Agency for review.

### Agency Information

Requesting Agency Name:	Requesting Agency ORI Identifier:
Requesting Agency Address:	
Fiscal Cost Center: (for entity responsible for paying ISP)	Purpose Code: (see code reference on page 2)

### Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (if req. by Agency):	DL/ State ID/ Passport # :		DL/ID State:

### Livescan Vendor/Appointment Information

Live Scan Fingerprint Vendor Company Name:	Address:	
Phone Number:	Appointment Date & Time:	IL Vendor License Number:

### Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

TCN #:	Applicant Name (printed):
Applicant Signature:	Date:

## Privacy Act Statement

**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.

### Purpose Code Reference

The three letter "Purpose Code" field on page one should be completed based on your license type as follows:

Craft Growers = ACG

Infusers = ACI

Transporters = ACT

Community College Vocational Program = CVF

Medical and Adult Use Cannabis Cultivation Centers = ACC

**THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.**