



CERTIFIED MARIJUANA TESTING LABORATORY (CMTL)

Application Instructions, Requirements, and Forms

OMMU Office of **MEDICAL**
MARIJUANA Use

Florida's Official Source for Responsible Use.



Florida
HEALTH



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PART 1: INTRODUCTION

This *Application Instructions, Requirements, and Forms* (Application Instructions) document is designed to collect the information necessary to process and complete your application in a timely manner. Your assistance in providing all required information will help the Florida Department of Health's Office of Medical Marijuana Use (the Department) process your application as soon as possible.

Please read these Application Instructions carefully and completely before submitting your application. Questions regarding your application may be emailed to the Department at OMMUlabs@flhealth.gov.

Specific definitions are set forth in section 381.986, Florida Statutes (F.S.), and the Department's rules (Chapter 64-4, Florida Administrative Code (F.A.C.)) and emergency rules (located at <https://knowthefactsmmj.com/rules-and-regulations/>). Those definitions apply to these Application Instructions.

PART 2: THE APPLICATION PROCESS

Section 2.1 General Overview

For your application to be considered for approval by the Department, you must submit a complete application and application fee. Upon receipt of your application and fee, the Department will review the application to ensure that all required materials and information are included. When your application arrives, your application fee will be deposited. If your application contains apparent errors or omissions, you will be notified in writing of the apparent errors or omissions, or if additional information is needed, and you will be afforded an opportunity to timely correct the errors or omissions and supply additional information, as requested. *See* Part 5 below.

Applications should provide a straightforward, concise description of the information or materials requested. Within the application, Applicants shall not include or apply any conditions or exceptions to any statutory or rule requirements.

Section 2.2 Application Submission

It is solely the Applicant's responsibility to ensure that the application and any additional information is timely and completely delivered to the Department. An application will be considered delivered when it is physically tendered to the Agency Clerk. **Applications submitted by facsimile, email, or other forms of electronic delivery will not be accepted.** Only the Agency Clerk is authorized to accept applications. The delivery address for applications is as follows:

Agency Clerk
Florida Department of Health
2585 Merchants Row Blvd., Suite 110
Tallahassee, FL 32399

Section 2.3 Public Records and Applicant’s Confidential Information

Subsection 2.3.1 – Public Records

All electronic and written communications pertaining to a CMTL application, whether sent from or received by the Department, are subject to the Florida Public Records Law laid out in Chapter 119, F.S. Section 2.3.3 below addresses procedures for submission of an application containing trade secret and other information an Applicant contends is exempt from public inspection.

Subsection 2.3.2 – Applications Are Public Record

All applications (and material and information contained therein) will be a public record subject to the provisions of Chapter 119, F.S. Approval or denial of an application for licensure does not affect the public record status of the materials.

Subsection 2.3.3 – How to Claim Protection for Exempt Materials

If an Applicant considers any portion of application-related documents, information, or records submitted to the Department to be a trade secret and/or otherwise exempt from public inspection or disclosure pursuant to Florida’s Public Records Law, the Applicant should prominently and conspicuously mark all such information as “Confidential–Exempt from Public Disclosure.” The Applicant should submit a brief, written description of the grounds for each exemption claimed under the Public Records Law, including the specific statutory citation for such exemption.

If an Applicant submits to the Department application-related documents, information, or records that it believes to be a trade secret and/or otherwise exempt from public inspection or disclosure, the Applicant must also simultaneously provide the Department with a separate, electronic, redacted copy of the documents, information, or records, redacting all information claimed to be exempt from public disclosure. The first page of the electronic redacted copy and each page on which information is redacted must prominently display the phrase “Redacted Copy.” Except for the redactions, the redacted copy must be an exact duplicate of the original, unredacted material. This submission must be made simultaneously with the original document, information, or record.

Subsection 2.3.4 – Public Records Requests

Failure to provide a redacted copy of the application at the time of submission, or failure to identify and redact information claimed as trade secret or otherwise exempt information, may result in the release of all application-related information in response to a public records request unless the information is confidential or falls under another public records exemption. Applicants exclusively bear the burden of ensuring exempt information is appropriately marked.

Subsection 2.3.5 – Department Not Obligated to Agree with an Applicant’s Claim

The Department is not obligated to agree with an Applicant’s claim of exemption, and by submitting an application claiming an exemption from disclosure, the Applicant agrees to defend its claim that any or some portion of its application is exempt from inspection and copying under Florida’s Public Records Law. Further, by submitting an application claiming an exemption from disclosure, the Applicant agrees to protect, defend, indemnify, and hold harmless the Department for any and all claims and litigation (including litigation initiated by the Department), including attorney’s fees and costs, arising from or in any way relating to the Applicant’s assertion that the redacted portions of its application are exempt from public disclosure under Chapter 119, F.S.

PART 3: PREPARING AND SUBMITTING AN APPLICATION

Section 3.1 Submittal of Application

An application must be submitted in a properly marked box or envelope containing the following:

- a. One electronic application in Adobe Acrobat PDF format on a portable drive. The application must be electronically **bookmarked** as provided in Section 3.2 below. Acceptable portable drives include a portable hard drive, USB flash drive, and similar devices. The portable drive must have a USB connection and must be compatible with Microsoft operating systems. The PDF file containing the unredacted application must be named in the following format: “*Applicant Name*” (e.g., “John Smith, Inc.”);
- b. Applicants claiming protection for exempt materials must also submit one electronic, **redacted** application, as described in Subsection 2.3.3. The redacted application must be in PDF format and electronically **bookmarked** on a portable drive. The PDF file containing the redacted application must be named in the following format: “*Applicant Name – Redacted*” (e.g., “John Smith, Inc. – Redacted”);
- c. A hardcopy of completed Form 1 (Applicant General Information) for the Agency Clerk to stamp as provided in Section 2.2 above; and
- d. A cashier’s check made payable to “Florida Department of Health” for the required application fee. Applications fees are non-refundable.

The face of each box or envelope submitted must be addressed to the attention of the Agency Clerk and indicate the Agency Clerk’s address, as provided in Section 2.2 above. In addition, the face of each box or envelope must state “[*Applicant Name*] – CMTL Application.” Applicants desiring to retain a hardcopy of the time-stamped Form 1 should provide an extra hardcopy of Form 1 for the Agency Clerk to stamp.

Section 3.2 Format of Application

Applicants must submit an application that contains the information and materials requested in Part 4 of these Applications Instructions and arranged in the following format and order. Applications must be submitted in Adobe Acrobat PDF format and electronically bookmarked by section in the order below using the Adobe bookmarking function. Applicants are encouraged to visit www.adobe.com for information on the Adobe bookmarking function.

The electronic bookmark's name must match the names below (for example, "*Section 4.1 – Form 1: Applicant General information*").

- Section 4.1 – General Information and Application Fee
- Section 4.2 – Declaration of Exempt Information
- Section 4.3 – Accreditations and Certifications
- Section 4.4 – Proficiency Testing
- Section 4.5 – Personnel
- Section 4.6 – Infrastructure and Security
- Section 4.7 – Operations and Accountability
- Section 4.8 – Level 2 Background Screening
- Section 4.9 – Capitalization Tables, Change of Control and Related Entities
- Section 4.10 – Acknowledgment of Accuracy

Applicants must insert a page break between each electronically bookmarked section such that each section of the application begins on a new page.

All narrative responses included in the application must be double spaced in Times New Roman, 12-point font, with one-inch margins, and set to 8½ by 11-inch paper size.

PART 4: CONTENT OF APPLICATION

Each of the following sections contain requests for information and documents to be provided by Applicants. Carefully review each and supply the requested information and documents. Applicants must adhere to the formatting convention provided in Part 3 of the Applications Instructions.

Section 4.1 General Information and Application Fee

Applicants must complete each section in Form 1 (Applicant General Information) and provide the completed Form 1.

The email address provided for the Applicant on Form 1 will be the only email address to which the Department will send emails to the Applicant and will be the only email address from which the Department will accept emails from the Applicant.

Section 4.2 Declaration of Exempt Information

Applicants must provide a listing of information that is claimed to be exempt from public disclosure. This listing shall identify each section of the application that has been excluded from the Redacted Copy provided with the application, as described in Section 2.3 of these Application Instructions.

If an Applicant is not declaring any information as exempt, then it must include a statement to that effect.

Section 4.3 Accreditations and Certifications

The Applicant must provide:

1. Documentation to establish that the Applicant currently possesses ISO/IEC 17025:2017 (revised March 2018) accreditation. The accreditation must cover all Matrices, Testing Fields, and Target Analytes that the CMTL intends to test and comply with the Limit of Detection requirements set forth in Rule 64-4.310, F.A.C. A CMTL is only permitted to analyze Testing Fields, as enumerated in Rule 64-4.301(4)(a), F.A.C., for which it holds an accreditation.
2. All materials and documents from the Applicant's most recent ISO/IEC 17025:2017 (revised March 2018) audit, to include:
 - a. The on-site assessment report;
 - b. Technical review matrix; and
 - c. Nonconformance report and all Applicant responses and corrective action plans.
3. Documentation identifying the entity or person that awarded the ISO/IEC 17025:2017 (revised March 2018) accreditation, to include documentation evidencing recognition of that entity or person by the International Laboratory Accreditation Cooperation (ILAC).

Section 4.4 Proficiency Testing

The applicant must provide:

1. Documentation evidencing satisfactory results for all Target Analytes on two of the three most recent proficiency tests conducted within the last 18 months and administered by an ISO/IEC 17043:2010 accredited body for each Testing Field within a Matrix Group, identified in Rule 64-4.301(4)(b), F.A.C., for which the Applicant intends to test; and

2. Documentation evidencing that the Proficiency Test provider is ISO/IEC 17043:2010 accredited.

Section 4.5 Personnel

The Applicant must provide a complete, alphabetical listing of all current Employees, Owners and Managers, as those terms are defined in Rule 64-4.300, F.A.C., together with all of the following:

1. An organizational chart illustrating the supervisory structure of the Testing Facility for which certification is sought. The chart must include the identities of all Managers;
2. A narrative clearly describing the duties and responsibilities of each position listed in the organizational chart;
3. Documentation evidencing that the Laboratory Director meets the requirements of Rule 64-4.301(4)(c), F.A.C.;
4. Documentation evidencing that each Analyst meets the requirements of Rule 64-4.301(4)(c), F.A.C.;
5. Documentation evidencing that each Sampler meets the requirements of Rule 64-4.301(4)(c), F.A.C.; and
6. Documentation evidencing that each Employee meets the requirements of Rule 64-4.301(4)(c), F.A.C.

Section 4.6 Infrastructure and Security

The Applicant must provide:

1. A floor plan identifying the location of all secure storage areas and security cameras;
2. The make, model, vehicle identification number (VIN), license plate number and proof of registration and insurance for all vehicles that will be used to transport marijuana. The name as provided on the registration and insurance must match the name of the Applicant; and
3. A detailed plan that addresses all infrastructure and security requirements contained in Rule 64-4.301(4)(d), F.A.C.

Section 4.7 Operations and Accountability

1. The Applicant must submit a Quality Assurance Manual that complies with the requirements of Rule 64-4.301(4)(e), F.A.C.;
2. Preparation and analytical Standard Operating Procedures that comply with the requirements of Rule 64-4.305, F.A.C.; and
3. Initial Displays of Competency for all tests the Applicant intends to perform that comply with the requirements of Rule 64-4.306(3), F.A.C.

Section 4.8 Level 2 Background Screening

An Applicant is ineligible for certification unless the applicant's Employees, Owners, and Managers have passed a level 2 background screening, as required by section 381.988(1)(d), F.S.

The terms “Employee,” “Owner,” and “Manager” are defined in Rule 64-4.300, F.A.C. For individual (natural person) Applicants, ownership attribution shall extend beyond the natural person Applicant to include any person with an option in the prospective certification or prospective CMTL.

Each Employee, Owner, and Manager of the Applicant must submit a full set of fingerprints to a Livescan Service Provider for purposes of background screening. At the time of fingerprint submission, owners and managers must give to the Livescan Service Provider the **ORI number FL924890Z** (DOH – OFFICE OF MEDICAL MARIJUANA USE) and specify “APPLICATION” in the Attention Indicator (ATN) field. Florida Department of Law Enforcement (FDLE) will send background reports directly to the Department. If an individual’s fingerprints are rejected twice for image quality, the individual shall participate in the Federal Bureau of Investigation’s (FBI) name check procedure. The Department will notify an individual whose fingerprints are rejected twice for image quality and provide direction regarding the FBI name check procedure.

Applicants must provide the following information:

1. An alphabetical listing of all current Employees, Owners, and Managers of the Applicant, as those terms are defined in Rule 64-4.300, F.A.C.
2. For each identified individual (whether an Employee, Owner, or Manager), include the following:
 - a. The date the individual submitted fingerprints to a Livescan Service Provider for purposes of the level 2 background screening;
 - b. The TCN number assigned at the Livescan provider; and
 - c. A completed Form 3 (Waiver Agreement and Statement) which must be executed by the individual prior to submitting fingerprints to a Livescan Service Provider.

The Department will not begin reviewing FDLE background reports until after receipt of applications. Applicants should be aware that, after receipt of a background report from FDLE, the Department may issue directly to the individual Employee, Owner, or Manager requests for additional information or clarification necessary for the Department to complete the background screening process. Such additional information or clarification is not part of an Applicant’s application for certification. However, failure of the individual to timely submit the information or materials requested by the Department may result in the individual’s inability to pass the level 2 background screening and, therefore, the denial of the Applicant’s certification application.

Upon assessing the background report and any additional information received from the individual Employee, Owner, or Manager, the Department will issue notice in writing to the individual stating whether the individual passed the background screening.

Section 4.9 Capitalization Tables, Change of Control, and Related Entities

Applicants must provide sufficient documentation to the Department to provide reasonable assurance that the Applicant seeking approval is not owned and/or controlled by a medical

marijuana treatment center (MMTC). To this end, Applicants with ownership attributable to an entity must provide the following:

1. A fully diluted capitalization table listing all share types and the aggregate sum of shares associated with or flowing to any natural persons, whether considered owners or investors. In addition, identify the natural person owners and natural person beneficiaries of all entities listed on the capitalization table. For purposes of ownership attribution, please provide the nature of the familial relationship, if any, between the natural person owners and natural person beneficiaries identified on the capitalization table. *See* Rule 64-4.300, F.A.C. for the applicable definitions and attribution of ownership.
2. If the Applicant is a publicly traded corporation, the capitalization table must also:
 - a. List all share types and aggregate sum of shares associated to any officers and directors;
 - b. List the share types and aggregate sum of shares associated to any investor who acquired shares during the issuance of a private placement offering or any other type of offering in which shares were acquired by pre-selected investors and institutions (private equity investors), as opposed to shares acquired on the open market by public investors; and
 - c. List the share types and aggregate sum of shares associated to the entirety of public investors (“shares held in public float”), as opposed to company officers, directors, private equity investors, or any other shareholder considered an owner.
3. All agreements concerning control of the Applicant, or change of Control (if any), including changes to management, owners, partners, or investors, regardless of whether the change is contingent or vested; and
4. Identify all entities related to the Applicant (if any), including parent companies, subsidiary companies, sister companies, and any other affiliated companies and provide all documents of these related entities that pertain to the ownership or control of the Applicant.

Section 4.10 Acknowledgement of Accuracy

Applicants must complete each section in Form 2 (Applicant’s Acknowledgment and Statement of Understanding) and include the completed form behind Section 4.10 of your application.

PART 5: APPARENT ERRORS AND OMISSIONS

If your application contains any apparent errors or omissions, the Department will notify you in writing and afford you an opportunity to correct the errors or omissions and supply additional information, responses, or materials (“Errors and Omissions Letter”). The Department’s Errors and Omissions Letter will be sent to Applicants by email at the designated email address supplied on Form 1 and included behind Section 4.1 (Applicant General Information). It is the Applicant’s responsibility to monitor its email account and to ensure that all filters and spam blockers do not

block, quarantine, or otherwise delay delivery or receipt of emails from OMMUlabs@flhealth.gov. Delays caused by such blocking and quarantining will not suffice as good cause for additional time to respond to the Department's Errors and Omissions Letter.

The Department must receive the additional information, responses, or materials requested in the Errors and Omissions Letter within 14 calendar days of the date on which the Department emails the Errors and Omissions Letter. However, this deadline may be extended upon request and for good cause shown. Responses to Department's Errors and Omissions Letter must be delivered to the Agency Clerk by 5:00 p.m. on the deadline. The delivery address for responses to the Department's Errors and Omissions Letters is as follows:

Agency Clerk
Florida Department of Health
2585 Merchants Row Blvd., Suite 110
Tallahassee, FL 32399

Timely delivery to the Department's Agency Clerk is exclusively the responsibility of the Applicant and the risk of non-delivery, delayed delivery, or delivery after the deadline will be borne exclusively by the Applicant.

Use of U.S. mail for the submission of an application will result in delivery of the application to the Department's central mailroom. Delivery to the central mailroom will not constitute delivery of the application to the Agency Clerk. If the application is delivered to the central mailroom, the central mailroom staff will deliver the application, along with other mail directed to the Agency Clerk, in the ordinary course of business, which may be several days after initial delivery to the mailroom.

Failure to provide the information and materials requested in the Department's Errors and Omissions Letter may result in the denial of your application.

PART 6: APPROVAL OR DENIAL OF APPLICATION

The Department will issue the Applicant written notice by letter stating whether the Department intends to grant or deny the application. The letter will be issued via certified mail.

FORM 1: APPLICANT GENERAL INFORMATION

Applicant Information				
Applicant Name				
Fictitious Name, if any				
Street Address of Testing Facility				
City	Apt/Ste #	State	ZIP Code	Country
Mailing Address (if different)				
City	Apt/Ste #	State	ZIP Code	Country

Contact Information		
First Name	Last Name	Middle Initial
Telephone Number	Designated Email (for Department/Applicant Communications)	

FORM 2: APPLICANT’S ACKNOWLEDGMENT AND STATEMENT OF UNDERSTANDING

I, _____, the undersigned representative, hereby represent and warrant that I am authorized to submit this application on behalf of the Applicant and to attest to the following on behalf of the Applicant.

- All information included in the application is true and correct. The Applicant understands that the Department will rely on such information, and that any material misrepresentation in this application is grounds for certification denial. Further, the Applicant understands that if the Applicant knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty, the Applicant may be found guilty of a misdemeanor of the second degree, punishable as provided in sections 775.082 or 775.083, F.S.
- Notwithstanding the contents of the application, upon certification, the Applicant agrees to abide by, and be bound to, all the requirements of section 381.986, F.S., section 381.988, F.S., and all Department rules relating to CMTLs.
- No currently licensed MMTC owns or controls the Applicant.
- The Applicant understands and agrees that if the Department determines at any point after certification that the application contained a material misrepresentation, then the certification will be revoked.

Applicant Name (Printed): _____

Applicant Signature: _____

Position of Signatory: _____

FORM 3: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I authorize the Department of Health, Office of Medical Marijuana Use (OMMU), to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me for purposes of becoming an employee, owner, or manager of a CMTL.

I understand and agree to the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- If the policies below permit, I may obtain a copy of my FBI criminal history record for review and possible challenge.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature	Printed Name	Date
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Personal Information			
Name		Email Address	
Social Security Number		Date of Birth	
Address			
Street	City	State	ZIP Code
Reason for Fingerprinting	<u>Employment Background Screening (§381.988(1)(d), Florida Statutes)</u>		
CMTL Information			
CMTL Name			
Employment Location Address			
Street	City	State	ZIP Code

OMMU’S NOTICE OF COLLECTION AND USE OF SOCIAL SECURITY NUMBERS (SSN/SSAN)

Section 119.071(5), Florida Statutes, governs the OMMU’s collection and use of SSNs. This notice is provided pursuant to section 119.071(5)(a)2., Florida Statutes. The OMMU’s collection of SSNs is imperative for the performance of the OMMU’s duties and responsibilities as prescribed by law under section 381.988, Florida Statutes.

FDLE REQUIRES THAT THE DEPARTMENT PROVIDE THE FOLLOWING NOTICE.

FDLE’s Notice

NOTICE FOR PERSONS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF:

- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD.**

This notice is to inform you when you submit a set of fingerprints to the FDLE for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the FBI, and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person’s fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to a reasonable time to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Acknowledgment

I acknowledge that I have been provided with and read the information listed above.

Signature

Printed Name

Date

FBI REQUIRES THAT THE DEPARTMENT PROVIDE THE FOLLOWING NOTICE.

FBI 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 record 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.

Acknowledgment

I acknowledge that I have been provided with and read the information listed above.

Signature

Printed Name

Date

THE FBI REQUIRES THAT THE DEPARTMENT PROVIDE THE FOLLOWING NOTICE.
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.¹ 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.²
- 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.³

Acknowledgment

I acknowledge that I have been provided with and read the information listed above.

Signature

Printed Name

Date

¹ Written notification includes electronic notification, but excludes oral notification.

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

³ 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).