

*******NOTICE REGARDING APPLICATION QUESTIONS*******

This application has been updated following the question and answer rounds. Both rounds of questions and answers are posted on the Department's website. The Department is no longer accepting questions and will not respond to any further questions. Applicants are encouraged to review the question and answer pages prior to submitting this application.

Topic-specific Frequently Asked Questions and both rounds of Cannabis Business Establishment Application Questions and Answers can be found at: <https://www2.illinois.gov/sites/agr/Plants/Pages/Adult-Use-Cannabis.aspx/>

An Applicant for an Adult Use Transporter License must complete this application and submit it to the Illinois Department of Agriculture, Bureau of Medicinal Plants ("Department"). Applicants are strongly encouraged to review the Cannabis Regulation and Tax Act ([410 ILCS 705](#)) and the Department's emergency administrative rules ([8 IAC 1300](#)). Links to both can be found on the Department's [website](#).

This application must be completed and submitted with a non-refundable application fee in the amount of \$5,000 or, if the applicant qualifies as a Social Equity Applicant, a non-refundable application fee in the amount of \$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.

Applications must be submitted in person at the Department's John R. Block Building, located at 801 E Sangamon Avenue in Springfield, or at the James R. Thompson Center, located at 100 W Randolph Street in Chicago. Applications can be submitted between 8:00 a.m. and 5:00 p.m. on regular business days.

Applications must be on a USB. Applicants must submit FIVE copies of the USB. Two copies of the USB shall be redacted to remove "private information" as defined in the Freedom of Information Act (5 ILCS 140). Three copies of the USB shall be unredacted.

Each USB shall include this completed application form and all exhibits. All 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). Each USB should have an external label with the Applicant's name and either "R" for Redacted or "UR" for Unredacted. 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.

All information provided in the application and Exhibits should be anonymous except when required by certain Exhibits (D, G, H, K, L, M, N, O).

Applications will be accepted beginning on **FEBRUARY 14, 2020**. The deadline for submitting an application is 5:00 p.m. Central Time on **MARCH 16, 2020**. An application will be considered submitted on the date in which it was received, if received on or before 5:00 p.m. Central Time. If received after 5:00 p.m. Central Time, the application will be considered received on the next business day.

If the Department receives an application with missing information, the Department shall issue a deficiency notice to the Applicant. The Applicant shall have 10 calendar days from the date of the deficiency notice to resubmit the incomplete information. Applications that are still incomplete after this opportunity to cure will not be scored and will be disqualified.

The General Information section and all Exhibits included with this application are mandatory, unless the Exhibit is marked as “(Optional).” The Department will interpret the absence of an Exhibit in a submitted application to mean the Applicant has no responsive documents to that Exhibit and no points will be awarded in that category. The Exhibit list below and Exhibit descriptions are intended to be informative to the Applicant but are not inclusive of every detail. Applicants are expected to review the Act, rules, and scoring criteria independently. It is the Applicant’s responsibility to demonstrate compliance. Any drawings, diagrams, and descriptions must be adequate to illustrate the Applicant’s plans.

Exhibit List

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

General Information

Business/legal name _____
Business mailing address _____
Business telephone number _____
Business type _____
Date of business formation or incorporation _____
State(s) of incorporation _____
FEIN/SSN _____
Registered agent name _____
Registered agent address _____
Proposed business name, if any _____
GIS coordinates of proposed location _____
Ownership structure _____

Has or will Applicant submit additional Cannabis Business Establishments application(s) under the same or a different name? _____ If yes, please provide the name and type of establishment for each:

Individual/owner name _____
Business name _____
Type of establishment _____

Individual/owner name _____
Business name _____
Type of establishment _____

Is Applicant, or any of its principal officers, owners, or financial backers associated in any way with any other applicant(s) for Cannabis Business Establishments? _____ If yes, provide the following information for the other applicant(s):

Individual/owner name _____
Business name _____
Business telephone number _____
Type of establishment _____
Relationship/association to Applicant _____

Individual/owner name _____
Business name _____
Business telephone number _____
Type of establishment _____
Relationship/association to Applicant _____

Does Applicant plan to partner with a company to provide any security services as part of Applicant's required security plan? _____ If yes, provide:

Business name _____
Business mailing address _____
Business telephone number _____
Owner/principal name _____
Website _____

Required Exhibits and Descriptions

Application Exhibits must not exceed the page limit restrictions provided for in the Exhibit Descriptions. Page limits merely provide a maximum response length; no inference should be made about expected response length.

The Department's emergency administrative rules for License Application include a list of everything an Applicant must submit and can be found at 8 IAC 1300.510. The rules for License Selection Criteria contain details of the scoring measures and can be found at 8 IAC 1300.520. It is strongly recommended that Applicants review both to ensure their responses in the Exhibits below fully address all the requirements.

Exhibit A: Business Plan

Applicant must: (1) demonstrate that the proposed vehicles are suitable for the effective and safe transportation of cannabis containers; (2) demonstrate the ability to meet consumer demand for transporting services in an effective and efficient manner; and (3) describe a business plan that 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.

Total Points: 180

Page Limit: 50

Exhibit B: Suitability of Employee Training Plan

Applicant must: (1) describe a staffing plan that will ensure staffing meets the experience and security needs of operating a transporting organization; 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.

Total Points: 160

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

Exhibit C: Security and Recordkeeping

Applicant must: (1) demonstrate its ability to prevent the theft or diversion of cannabis and how the plan will assist ISP, Department, and local law enforcement; (2) demonstrate that its plan for record keeping, tracking and monitoring inventory, quality control and security and other policies and procedures will discourage unlawful activity.

Total Points: 200

Page Limit: 65

Exhibit D: Social Equity Applicant

Applicant must declare whether Applicant is applying as a Social Equity Applicant. If Applicant is *not* applying as a Social Equity Applicant, Applicant need not provide any further information in 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:

1. 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. A person must have been domiciled in the state for a period of 30 days to be an "Illinois resident" as used in this application; **and**

2. Evidence the person or persons owning and controlling at least 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
3. Evidence the person or persons owning and controlling at least 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
4. Evidence the person or persons owning and controlling at least 51% of the proposed Transporter organization 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
5. Evidence that the Applicant employs 10 or more full-time employees, and evidence that at least 51% of those employees (1) currently reside in a Disproportionately Impacted Area; (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, Applicant has a duty to notify the Department of the change in employee information or status.

Total Points: 200

Page Limit: none

Exhibit E: Applicant's Labor and Employment Practices

Applicant must: Provide a plan to 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.

Total Points: 20

Page Limit: 10

Exhibit F: Environmental Plan

Applicant must: (1) provide its plan to use hybrid or electric (zero-emission vehicles and; (2) describe its plans to minimize its carbon footprint, environmental impact, and resource needs for the transporter, including its plan to recycle cannabis product packaging.

Total Points: 20

Page Limit: 10

Exhibit G: Illinois Resident Controlled or Owned

Applicant must declare whether Applicant is Illinois Resident Controlled or Owned.

If Applicant is **not** applying as Illinois Resident Controlled or Owned, Applicant need not provide any further information in 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: 100

Page Limit: none

Exhibit H: Veteran Controlled and Owned

Applicant must declare whether Applicant is Veteran Controlled and Owned.

If Applicant is **not** Veteran Controlled and Owned, Applicant need not provide any further information in this Exhibit.

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

Total Points: 20

Page Limit: none

Exhibit I: Diversity Plan

Applicant must: provide 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: 100

Page limit: No more than 2500 words

Exhibit J: Bonus Section (Optional)

In the event of a tie in scoring, the Department may award up to 2 bonus points for Applicant's plan to engage with the community.

Total Points: 2

Page Limit: 10



CANNABIS TRANSPORTER APPLICATION AND EXHIBITS

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Exhibit K: Notice of Proper Zoning

This Exhibit contains two parts: one to be completed by the Applicant, and one to be completed by the local zoning authority. Both parts must be completed. Applicant must submit a copy of the zoning ordinance or regulation with this Exhibit.

To be completed by Applicant:

I, _____, am filing an application with the Illinois Department of Agriculture to obtain a permit to operate as a TRANSPORTING ORGANIZATION. The street address of the proposed organization location is: _____, located in the _____ County, City/Village of _____, zip code _____.

Applicant Signature: _____ Date: _____

To be completed by Zoning Authority or Local Government:

_____, Zoning Office/Department of _____
_____, City/Town/County, hereby affirms that the location identified in the street address above is:

- ☐ IN COMPLIANCE with currently enacted local zoning laws and regulations to operate a Transporting Organization
- ☐ has applied for local zoning approval to operate a Transporting Organization
- ☐ has no applicable, currently enacted zoning regulations in effect at this time

Title of Authorized Zoning Representative _____
Printed Name _____
Telephone Number and email address _____
Signature _____
Date _____

Exhibit L: Financial Interest Disclosure

Applicant must disclose all relevant financial information related to the Transporter. In responding to this Exhibit, Applicants are encouraged to review the definition of “financial interest” in the rules.

Applicant must provide:

1. The ownership structure of the Transporter, including the percentage ownership interest of each individual or business entity. This should identify all principal officers and business entities that through direct or indirect means, manage, own or control the interests and assets of the Transporter Applicant.
 - a. Applicant must state what type of business entity it is: sole proprietor, partnership, limited partnership, limited liability partnership, corporation, limited liability company, or other.
 - i. Sole proprietors must provide the name, residence, and date of birth of the owner.
 - ii. All partnerships must provide the names and addresses of all partners, both general and limited, and any partnership documents.
 - iii. Limited partnerships, limited liability partnerships, corporations, and limited liability companies must provide a copy of a certificate of existence and a copy of a Certificate of Good Standing from the Illinois Secretary of State, issued within the last 60 days.
 - iv. Limited liability companies must provide a copy of their Articles of Organization and a listing of the members of the limited liability company and their contact information.
 - v. Corporations must provide a copy of their Articles of Incorporation, and a copy of assumed name registration issued by the Secretary of State if applicable. Corporations must also provide the names and addresses of all stockholders and directors of the corporation.
 1. All foreign entities must provide the documentation applicable to their entity type above, plus a copy of a Certificate of Good Standing from their jurisdiction of incorporation, and a copy of a Certificate of Authority issued by the Illinois Secretary of State.
2. Copies of compensation agreements, management agreements, supply agreements, or other financial documents between or among the Applicant and any persons having a financial interest and/or control in the licensee, including growers, owners, and officers, or a narrative if the agreement is oral.
3. Disclosure of all sources of funding used to acquire or develop the Transporter business and documentation of such funding.

Applicant must complete the below worksheet for any individual or entity identified in the above information.



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For any individual identified, complete the following:

First name _____
Middle name _____
Last name _____
Maiden name (if applicable) _____
Alias(es) or former names _____
Percent ownership _____
Type of ownership _____
Sex (optional) _____
Race (optional) _____
U.S. resident? _____
Illinois resident? _____
Date of birth _____
Work telephone _____
Cell phone _____
Email address _____
Title in Transporting Organization _____
Social security number (as required by the Act) _____

For any business entity, complete the following:

Business name _____
Business mailing address _____
Business telephone number _____
Business entity type _____
Website _____
Date(s) and jurisdiction(s) of business formation or incorporation _____
FEIN _____
Names of controlling shareholders, class of stock, and percentage ownership.

If owned by a trust, disclose: the names, addresses, dates of birth, and percentages of interest of all beneficiaries and trustees.

Name: _____
Address: _____
Date of Birth: _____
Percent Interest: _____
Beneficiary or Trustee: _____

Exhibit M: Principal Officer and Board Member Disclosure

This form must be completed for each principal officer and/or board member. This form must be filled out entirely despite the potential appearance of duplicative information.

First Name _____
 Middle Name _____
 Last Name _____
 Maiden Name (if applicable) _____
 Alias(es) or former names _____
 Sex (optional) _____
 Race (optional) _____
 U.S. Resident? _____
 Illinois Resident? _____
 Date of Birth _____
 Work Telephone _____
 Cell Phone _____
 Email Address _____
 Social security number (as required by the Act) _____

Check Yes or No for the following questions. For any questions marked Yes, use the additional lines at the bottom of this form to provide further details: year, jurisdiction, amount, resolution, and any other pertinent information. Attached additional pages as necessary.

	Yes	No
Prior or current bankruptcy filing(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current default on alimony?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current default on child support?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current state or federal tax liens against property?	<input type="checkbox"/>	<input type="checkbox"/>
Prior discipline or sanction by a State or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
Failure to file a tax return in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Prior or current license/authorization to cultivate, produce, or distribute cannabis in any state or jurisdiction? If Yes is marked in answer to this question, principal officer/board member must also: (1 provide a copy of the licensing or authorizing document; (2 provide a statement granting Department permission to contact the regulatory authority that issued the license and verify the information contained in this application, and; (3 disclose whether the entity's license or authorization was ever suspended, revoked, or otherwise sanctioned, and provide a copy of that documentation, or a statement of no sanction.	<input type="checkbox"/>	<input type="checkbox"/>
Any other business the principal officer/board member was involved in that was convicted, censured, or had a registration or license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments

Exhibit N: Notarized Statement

I, the undersigned Applicant, on behalf of all principal officers, owners, and board members of the Applicant, hereby state as follows:

1. The Transporter will register with the Illinois Department of Revenue.
2. The application is complete and accurate.
3. The Applicant has actual notice that, notwithstanding the Cannabis Regulation and Tax Act (Act):
 - a. Cannabis is a prohibited Schedule I controlled substance under federal law;
 - b. The Act does not authorize any licensee to violate federal or state laws;
 - c. Participation in the program is permitted only to the extent provided by the strict requirements of the Act and rules;
 - d. 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;
 - e. Growing, distributing, or possessing cannabis in any capacity, unless done through a federally - approved research program, is a violation of federal law;
 - f. Use of cannabis may affect the validity of or an individual's ability to receive or retain federal or state licensure in other areas;
 - g. 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;
 - h. Participation in the cultivation, processing, manufacture, distribution, sale, consumption, or transportation of cannabis in accordance with the Act does not authorize any person to violate federal law or state law;
 - i. The Act does not provide any immunity from or affirmative defense to arrest, prosecution, conviction, or incarceration under federal law or state law, other than as set out in Article 45 of 410 ILCS 705; and
 - j. Applicants 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 the Department has authority to include additional certifications in the application that would be sufficient to ensure compliance with the Act and other applicable laws.
5. Applicant will notify the Department of any material changes to any of the information provided to the Department during the application process, such as but not limited to ownership, financial interest, operational structure and criminal history.
6. 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.
7. Applicant understands that should the Applicant be awarded a license, the information and plan provided by the Applicant in its application becomes a mandatory condition of the license and that if the successful Applicant (licensee) fails to comply with standard and special conditions of the license, the Department may assess a penalty or seek suspension or revocation of the license pursuant to Section 1300.600, et al, of the rules.
8. Applicant understands that the Transporter License is not transferable, except as provided in Section 1300.540, and that the license is the property of the State of Illinois and shall be surrendered upon demand of the Department.

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10. Applicant understands that cannabis shall be transported only in a cannabis container as defined in Section 1300.10.
11. Applicant understands that the Department may deny an application if the documentation is incomplete, or if the Department determines, after an inquiry or investigation, that the information provided was false, misleading, forged or altered.
12. Applicant understands that, upon issuance of a license, the Transporter is subject to random inspections by the Department, Illinois State Police (ISP) and the Department of Public Health (DPH) and, when necessary to perform their governmental duties, local law enforcement or other federal, State or local government officials.
13. Applicant specifically acknowledges receipt and advisement of the notices contained in the application and agrees to and accepts the limitations of liability and the requirement to indemnify, hold harmless and defend the State of Illinois, including:
 - a. Limitation of Liability – the State of Illinois shall not be liable to the licensed Transporter, its agents, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of, or resulting from the licensed Transporter’s participation in the Cannabis Regulation and Tax Act including, but not limited to, the following: arrest, seizure of persons and/or property, prosecution pursuant to State or federal laws by State or federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty; or the actions of any other licensees, registrants or persons. This Limitation of Liability provision shall survive expiration or the early termination of the license.
 - b. Hold Harmless/Indemnification – the licensed Transporter, its principal officers, board members, backers, agents, employees, family members or guests will hold harmless and/or indemnify the State of Illinois, its officers and employees against any civil action or criminal penalty commenced against the State and/or its officers or employees resulting from participation in the Cannabis Regulation and Tax Act.
 - c. Federal Prosecution – the United States Congress has determined that cannabis is a controlled substance. Growing, distributing, transporting and possessing cannabis in any capacity, other than as part of a federally authorized research program, is a violation of federal laws. The State of Illinois' Cannabis Regulation and Tax Act does not authorize any licensee to violate federal or state laws.

I certify, under penalty of perjury, that the information provided in this application for a Transporter License is true and accurate to the best of my knowledge. Submission of false, misleading, or inaccurate information in connection with this application is grounds for revocation of the Transporter License and other administrative, civil, or criminal penalties.

Applicant Signature and date: _____
Applicant Title: _____

Subscribed and sworn to before me this _____ day of _____ 2020

(SEAL) _____, Notary Public

Exhibit O: 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 alter the Requesting Agency Name, Requesting Agency ORI Identifier, Requesting Agency Address, or Purpose Code fields of the Form.

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** (See Page 2) 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:

Applicant Information

Name:	Sex:	Race:	Date of Birth:
SSN (<i>if req. by Agency</i>):	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:	

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.

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.

Applicant Name (printed):	
Applicant Name (signature):	Date:

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