



COLORADO
Department of Revenue
Specialized Business Group—Marijuana

Marijuana Employee License Application

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Marijuana Employee Application Instructions

APPLICATION CHECKLIST

1 License Type

Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

2 Application Completed & Signed—APPLICABLE DOCUMENTS MUST BE SIGNED PRIOR TO SUBMISSION TO THE MED

Type or clearly print an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. **Sign and date every page of the application where applicable, even if the page is blank.**

All Applications and documentation submitted must be single-sided and on 8.5x11 inch paper.

3 Proof of Identity

You MUST provide a valid Driver's license or state issued ID.

4 Application Fee

Submit the NON-REFUNDABLE application fee for a two-year license. See fee table on website: www.colorado.gov/revenue/med. Check, money order and credit cards accepted at all offices.

Make check or money order payable to: Colorado Department of Revenue (DOR)

5 Application Submittal

Check the MED website for current submission process:
www.colorado.gov/pacific/enforcement/med-licensing

Submission Questions, contact an office near you:
www.colorado.gov/pacific/enforcement/med-contact-us

NOTE: Incomplete applications will not be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the office where the application was submitted prior to the end of the next business day.

Marijuana License Number (Leave Blank)
--

Marijuana Employee License Application

Legal Last Name (Please Print)		Legal First Name		Full Legal Middle Name	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)			Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Race <input type="checkbox"/> Asian <input type="checkbox"/> Mixed Race <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Undisclosed/Unknown				
Date of Birth	Social Security Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach details.)		
Place of Birth: City		State	Country		Drivers License Number and State
Physical Appearance ⇨	Height	Weight	Hair Color		Eye Color
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	*If "No", include details here: (Attach separate sheet if necessary)			Alien Registration Number	
Physical Address					
Address (include unit or apartment number)					
City		County		State	ZIP
Home Phone Number			Cell Phone Number		
Email Address					
Mailing Address (if different from Physical Address)					
Address (include unit or apartment number)					
City				State	ZIP
Licensed Marijuana business where you will be working (if known)			Work Phone Number		Job Title
Do you currently possess a Colorado Marijuana license (badge) to work in a Marijuana Business or are you an owner or associated person in any other type of Colorado Marijuana business? *If "Yes", indicate license type and number here:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a Marijuana license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including your Medical Marijuana patient card) *If "Yes", explain here:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? *If "Yes", explain here:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Signature					Date

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Applicant's Last Name (Please Print)	First Name	Full Middle Name
--------------------------------------	------------	------------------

Notice: This Marijuana Employee Application Form is an official document. If you provide false information on your Marijuana license application, and/or do not disclose all information the application asks, your license is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.

1. Have you been convicted of a felony in the 3 years immediately preceding this application? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently subject to a sentence for a felony conviction, including probation or parole? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you subject to a deferred felony judgment? (Unless charge was prior to age 18 and was adjudicated as a juvenile)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Regulated Marijuana Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you a licensed Physician making marijuana patient recommendations? (Medical Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had your authority to act as a primary caregiver revoked by the State Health Agency? (Medical Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you under 21 years of age at the time of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you a sheriff, deputy sheriff, police officer, or prosecuting officer, or an officer or employee with the marijuana state licensing authority or a local licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STOP! If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Marijuana Employee license.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if I answered "Yes" to any of the questions above.	
Applicant's Signature <small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>	Date REQUIRED

Applicant's Last Name (Please Print)	First Name	Full Middle Name
<p>1. Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the employee application. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses.</p>		<input type="checkbox"/> None
<p>2. Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action (i.e.- denial, surrender, revocation, stipulation or settlement, withdrawn or other penalties or sanctions.) taken against any such license that you have held, either individually or as part of an ownership group?</p> <p>If YES, give details on separate sheet, including license number and dates license held. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Criminal History (DO NOT DISCLOSE CRIMINAL HISTORY WHERE NON-CONVICTION RECORD HAS BEEN SEALED OR EXPUNGED)	
<p>1. In the last 3 years have you been arrested, served with a criminal summons, charged with, or convicted of ANY felony in this or any other country?</p> <ul style="list-style-type: none"> • You must include ALL felony arrests, charges, and convictions in the last 3 years (unless charge was prior to age 18 and was adjudicated as a juvenile), regardless of the outcome, even if the charges were dismissed or you were found not guilty. • NOTICE: Do not rely upon your understanding that an arrest or charge is “not supposed to be on your record.” A criminal record was not cleared, erased, sealed, pardoned or expunged unless you were given, and have in your possession, a written order from a judge directing that action. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>*If you answered YES, explain in detail on pages 4 of this application, using additional sheets as necessary. For each FELONY offense for which you were arrested or charged, YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE (FELONIES ONLY). This information will include whether you were found guilty or not guilty and the penalty (money fine, time in jail or prison, probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.</p>	

Applicant's Initials

Applicant's Last Name (Please Print)	First Name	Full Middle Name
--------------------------------------	------------	------------------

Arrest Disclosure Form

In the last 3 years have you been arrested, served a criminal summons, charged with, or convicted of a FELONY (unless charge was prior to age 18 and was adjudicated as a juvenile)? If so, you must disclose this information to the Marijuana Enforcement Division.

Any person applying to be licensed by the Marijuana Enforcement Division must make notification to the Division of any felony criminal conviction and/or felony criminal charge pending against such person.

Failure to disclose may result in disciplinary action, up to and including the denial of your license application.

Please List Each Felony Offense Separately

1	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).		
2	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).		
3	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).		
4	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative (i.e. guilty, not guilty, probation, etc.) — Must also provide official documentation (felonies only).		
Signature (Required even if no criminal history)		Date

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED



Affidavit - Restrictions On Public Benefits

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

THIS FORM MUST BE SIGNED IN AROBAT PRO OR READER

REQUIRED

Date (MM/DD/YY)


Affirmation & Consent

I, _____, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Employee License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the Marijuana application. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana license.

Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Print Full Legal Name of Applicant clearly below:

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature	Date	

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER 

Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

Investigation Authorization/Authorization to Release Information

I, _____, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Applicant clearly below:

Last Name of Applicant (Please Print)	First Name of Applicant	Middle Name of Applicant
Applicant's Signature		Date
<small>THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER</small>		

Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

Applicant's Request to Release Information

TO: (Leave Blank)	FROM: (Applicant's Printed Name)	
<ol style="list-style-type: none"> 1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege. 2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. 3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. 4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/ us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets. 5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit: <ol style="list-style-type: none"> (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might; (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request: (c) To place the name of the agent presenting this request in the appropriate location on this request. 6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. 7. This power of attorney ends twenty-four (24) months from the date of execution. 8. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that he/she is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application. 9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request. 10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request. 11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original. 		
Applicant's Last Name (Please Print)	First Name	Middle Name
Signature		
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER		
REQUIRED		
<p>Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.</p>		



Marijuana Enforcement Division–Statement Of Understanding Employee

I understand the license being issued is still subject to denial pending the final results of the Marijuana Enforcement Division's investigation of my background. Upon receipt of a Notice of Denial, I agree to immediately surrender my identification badge to the Marijuana Enforcement Division. I understand such a denial will be effective immediately. I understand I may appeal the denial of my application, and until a determination is made of that appeal, I cannot possess an Employee license. I understand I would have no right to work in any capacity that requires a marijuana license, unless the denial of my Employee license is reversed by an order of the State Licensing Authority.

I understand I am responsible for knowing and complying with state laws and regulations governing Marijuana. I understand I may obtain or view these documents at any Marijuana Enforcement Division office or on their website (<https://www.colorado.gov/enforcement/marijuanaenforcement>). I understand I am being made aware of the following regulations and agree to comply with them:

I am required to notify the Lakewood office of the Marijuana Enforcement Division in writing, of any felony criminal charge and felony conviction against such person within ten days of my arrest or felony summons, and within ten days of the disposition of any arrest or summons. (Rule 2-265(I))

I must pay a fee to obtain a duplicate license. (Rule 2-205(F)(5)(b))

I am required to renew my license prior to the expiration date of the license I am being issued. (Rule 2-225(A)(2))

The Marijuana Enforcement Division does not mail out a renewal application, therefore, I am responsible for obtaining and submitting a renewal application prior to the expiration date of the license I am being issued. (Rule 2-225(A)(2))

If I allow my license to expire for even one day, I must submit a new license application along with the new license application fee. (Rule 2-225(D))

If the Marijuana Enforcement Division contacts me regarding any issues associated with this license, I will provide any information the Marijuana Enforcement Division requests within 7 calendar days (unless otherwise instructed). (Rule 2-210)

I must cooperate with employees and investigators of the Marijuana Enforcement Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to the Medical and Retail Codes. (Rule 2-210)

I understand I am responsible to notify the Marijuana Enforcement Division office in writing when I have a change in name, residence address, mailing address, email address or phone number, within 28 days, since all correspondence is sent to my last known address. Failure to notify the Marijuana Enforcement Division could result in my not receiving my physical license, legal notices, and other correspondence. (Rule 2-210)

I shall not by any means interfere with, obstruct or impede, the State Licensing Authority or employee or investigator of the Marijuana Enforcement Division, from exercising their duties pursuant to the provisions of the Regulated Marijuana Business Codes and all rules promulgated pursuant to it. (Rule 8-110)

I understand that a license issued by the Marijuana Enforcement Division to Owners and Employees constitutes a revocable privilege. The burden of proving an Applicant's qualifications for licensure rests at all times with the Applicant. (Rule 2-270)

I understand in order to access or input data into the State's Inventory Tracking System, I must possess a valid Employee license and agree to follow all the rules and guidelines set forth for the use of this system. (Rule 2-265)

I have read all of the above information and understand my responsibilities as a marijuana licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement, may result in criminal charges and/or may be grounds for disciplinary action including, but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

Applicant's Full Printed Name	
Applicant's Signature	Date
THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER	
REQUIRED	



Identification Unit
690 Kipling Street, Suite 3000
Denver, CO 80215
303-239-4208

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, **YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.**

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at www.colorado.gov/cbi.

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at www.fbi.gov.

The [U.S. Department of Justice Order 556-73](#) establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)
Only you can request a copy of your own Identification Record.

How to Request a Copy of Your Record

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist.

Option 1: [Submit your request directly to the FBI.](#)

Option 2: Submit to an [FBI-approved Channeler](#), which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBICJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

AGENCY INSTRUCTIONS: To comply with federal law, provide a copy of this document to each applicant fingerprinted.

THIS FORM MUST BE SIGNED IN ADOBE ACROBAT PRO OR READER

REQUIRED

Applicant's Signature

Date received



Privacy Act Notification Acknowledgement

I, _____ state that on
(Full Name of Applicant)

_____, I received a copy of the Privacy Act Notification. I understand that my
(Date)

Fingerprints will be retained by the Colorado Bureau of Investigation and the Federal Bureau of Investigation.

Privacy Act Notification

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. **[If other agencies are involved in processing this application, they may have additional routine uses; specifically, some state agencies may share potentially pertinent information, including criminal history information between and among other employing, investigating, or otherwise responsible agencies within that state.]**



Payment Options:

You may pay by check, money order, bank check, cashier's check, eCheck or credit card. **DO NOT** send cash in the mail.

If you wish to pay by credit card or eCheck, please mark that below and the link to the Colorado Interactive Payment site will be emailed to you. However, there is a fee associated with either type of payment and will be displayed at the time of checkout on the Payment portal.

Please note the charge will show as *Colorado Department of Revenue* on your bank statement. If you do not have sufficient funds and the payment is returned, you will be charged a \$41 short check fee (as authorized by statute).

Type of payment being submitted:

Check Money Order Cashier's/Bank Check email payment link