Application for Criminal History Check for Medical Marijuana License (See other side for instructions)

Last Name			
Last Name	First Name	•	Middle Name
All other names ever used (married a	names, maiden, shorten	ed, etc)	
Date of Birth: Sta (Month/Day/Year)	ate of Birth:	Race:	Sex:
Social Security #:	Driver's Lice	ense #:	State
Mailing Address:			
Street Day Time Phone:	City	State	ZIP
I GIVE MY CONSENT FOR TH CRIMINAL RECORD SEARCH THE FOLLOWING PERSON AI	ON MYSELF AND R		
Name: Full Name of Person	P	hone:	
Mailing Address:			
Street	City	State	ZIP
Signature:			nth/Day/Year)
(NO REQUEST WILL BE PR	OCESSED WITHOUT A	NOTARIZED SIG	NATURE)
	OCESSED WITHOUT A	NOTARIZED SIG	NATURE)
STATE OF			NATURE)
(NO REQUEST WILL BE PR STATE OF COUNTY OF Subscribed and sworn before state aforesaid, this the	me, a Notary Public,	in and for the	county and
STATE OF COUNTY OF Subscribed and sworn before	me, a Notary Public, day of	in and for the ,	county and