

WAIVER AGREEMENT AND STATEMENT

For Criminal History Record Checks

I hereby authorize the **Livescan Service Provider** of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background screening report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the OMMU may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, Florida Statutes, and Title 28, CFR, section 16.34.

I understand that the OMMU must disclose to the Medical Marijuana Treatment Center (MMTC) listed below whether I have been cleared to serve as an employee, owner or manager for the MMTC, as provided in section 381.986, Florida Statutes, and Florida Administrative Code Chapter 64-4. In addition, I understand that the OMMU will notify the MMTC listed below in the event that, due to subsequent arrest notifications, I am no longer eligible to serve in such role.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Medical Marijuana Treatment Center: _____

Medical Marijuana Treatment Center Address:
