Application for Criminal History Check for Medical Marijuana License

(See other side for instructions)

Full Name: _____
Last Name **First Name** **Middle Name**

_____
All other names ever used (married names, maiden, shortened, etc)

Date of Birth: _____ State of Birth: _____Race: ____Sex: ____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Day Time Phone: _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON AND/OR ENTITY :

Name: _____ Phone:_____
Full Name of Person/Entity

Mailing Address: _____
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, _____ .

My Commission Expires: _____ _____
Notary Public

_____ **For Official Use Only**_____

☐ 82005 Civil Record Check 80005 - ☐ - 80006 FBI Record Check