

## **Alabama Medical Cannabis Commission Instructions for National Background Check (FBI)**

**IMPORTANT – READ CAREFULLY!** These instructions are for an AMCC-licensed business's associated individuals (i.e., Registered Agents) applying for a National Background Check from the Federal Bureau of Investigation (FBI). The individual requesting the background check is responsible for all fees associated with the background check and responsible for ensuring that the background check results are received by the associated business licensee. At the time of agent registration, the business licensee, must verify that the background check results have been received by the licensee, will be maintained by the licensee, and made available for inspection by AMCC.

The application for the National Background Check, conducted by the FBI, may be submitted online or by mail. The applicant should review information on the FBI website to determine current processing time for online requests and requests by mail.

**Online Requests:** The online request form and instructions are available at:

<https://www.edo.cjis.gov/#/>

**Requests by Mail:** Use enclosed Identity History Summary Request Form. Detailed instructions for completing and submitting the request form and fingerprint cards by mail are available at:

<https://www.fbi.gov/how-we-can-help-you/need-an-fbi-service-or-more-information/identity-history-summary-checks#Mail>

### **Results**

The background check results should be sent directly to the individual or to the associated business licensee. Background check results should only be sent to AMCC if the individual or licensee is requested to do so by AMCC.

**IDENTITY HISTORY SUMMARY REQUEST FORM****Information** \* *Denotes Required Fields*

*Last Name	*First Name
Middle Name 1	Middle Name 2

*Date of Birth:	*Place of Birth:	*U.S. Citizen or Legal Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
*Country of Citizenship:	Country of Residence:	Prisoner Number (if applicable):
*Last Four Digits of Social Security Number:		

<b>*Race</b> (please check appropriate box): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
<b>*Sex</b> (please check appropriate box): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

**Address**

C/O	ATTN
*Address	
*City	*State
*Postal (Zip) Code	*Country
Phone Number	E-Mail

**Payment Enclosed:** (please check appropriate box)

☐ CERTIFIED CHECK      ☐ MONEY ORDER      ☐ CREDIT CARD FORM

*You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.*

**\* REQUESTOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:**

**FBI CJIS Division – Summary Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306**

**PRIVACY ACT STATEMENT**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

**PAPERWORK REDUCTION ACT STATEMENT:**

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.