

Criminal Background Check Request Form

(Use mailing address noted below—do not send to OMMP)

Name <i>(Last, first, middle)</i>		Date of birth <i>(mm/dd/yy)</i>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
All other names used <i>(Last, first, middle; include maiden name)</i>				Social Security number <i>(SSN)*</i>	
Mailing address <i>(Street/apartment number)</i>				Driver license, military or state ID number:	
City		State	ZIP	Home/message/phone	
Home street address <i>(if different than mailing address)</i>				Cell phone	
City		State	ZIP	Email address	
Business name			Business city	MMD/MMPS number	

*Providing your SSN is voluntary. The Oregon Health Authority (OHA) requests the SSN to identify the person during a criminal records check.

Have you ever been charged, arrested and/or convicted of a crime involving controlled substances?

Yes No

If yes, list all charges, arrests and/or convictions involving controlled substances and the outcome regardless of how long ago. Please include the type of controlled substances involved.

Attach additional pages if needed.

	Date <i>(or estimate)</i>	List each charge, arrest or conviction	Controlled substances	County	State	Outcome
1.						
2.						
3.						

During the last five years, have you been outside of Oregon for 60 days or more in a row?

Yes No

If yes, complete the following for each residence in the past five years.

Attach additional pages if needed.

	Date (mm/dd/yy)		City	State	Country	Name(s) used at this residence
	Start	End				
1.						
2.						
3.						

When fingerprints are electronically transmitted without a fingerprint card, please attach a completed copy of the Request for Transmission of Electronic Regulatory Fingerprints form (<https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Documents/form/Livescan-Trans-Form.pdf>), and note the following information:

_____/_____/_____
Name of transmitting agency Date

By signing below, I certify I am the person listed and the information on this form is complete and correct. I understand I will need to have a national criminal records check including fingerprints. My signature authorizes the OMMP program and the Department of Human Services/Oregon Health Authority Background Check Unit, to request and receive any juvenile, police, court or investigation reports needed to complete this background check. If the information found disqualifies me, I will be told about how to challenge the background check. I understand if I provide false or incomplete information, my application may be returned as incomplete or denied. I understand the background check may be repeated during the time the dispensary or processing site is registered.

_____/_____/_____
Signature Date

If you have questions about fingerprints, please call the Background Check Unit at 503-378-5470 (*option 6*); toll free at 1-888-272-5545 (*option 6*); or by email at bcu.info@state.or.us.

Mail this completed form and fingerprint card (*unless electronically transmitted*) to:

**DHS/OHA Background Check Unit
PO Box 14870
Salem OR 97309-5066**