

Richmond Police Department

1701 Regatta Blvd, Richmond, CA 94804 (510) 620-6635



Bisa French
Chief of Police

LiveScan Instructions for Medical Marijuana Businesses

- All LiveScans with regards to Management Members applying for a permit must be done not more than two weeks prior to the date of application.
- Prior to employment by a Medical Marijuana business, all employees are required to have a LiveScan done by the Richmond Police Department.
- All LiveScans must be done at the Richmond Police Department located at 1701 Regatta Boulevard in Richmond.
- All LiveScans are done by appointment only. Please contact the Records Division of the police department at (510)620-6675. From the main menu choose option 1 for Records and option 2 for a Records Clerk.
- The fee for a LiveScan is approximately \$100.00. The total amount due will be advised at the time of the appointment and is due upon completion of the LiveScan. Accepted methods of payment include; Visa, Mastercard, Debit and cash.
- A valid Government issued I.D. is required and must be presented at the time of the LiveScan.
- All required paperwork, which includes the Medical Marijuana Collective Employee Application and the Request For LiveScan Service form must be filled out completely and given to the Records Division at the time of the appointment. Incomplete forms will not be accepted and the LiveScan appointment will be rescheduled.

For any questions regarding the LiveScan process, contact the
Richmond Police Records Unit at (510)620-6675.

City of Richmond
 Richmond Police Department
 Phone: (510) 620-6675



Richmond Police Department
 1701 Regatta Blvd
 Richmond, CA 94804

MEDICAL MARIJUANA COLLECTIVE EMPLOYEE APPLICATION

The City of Richmond requires all applicants for employment with a Medical Marijuana Collective doing business in the City of Richmond to provide a criminal background report to the Richmond Police Department. Applicants and employees must comply with all City and state laws and regulations regarding the cultivation, use, and distribution of medical marijuana and the operation of a Medical Marijuana Collective.

- POLICE DEPARTMENT USE ONLY -

Driver's License
 Number: _____
 Social Security
 Number: _____

Employee Name:	Employment Start Date:
Business Name:	
Business Location: <small>(Street, City, State, Zip)</small>	
Employee's Mailing Address: <small>(Street, City, State, Zip)</small>	
Phone:	Cell:
	Business Phone:
Employer's Name:	Employee's E-Mail:
Date of Birth:	List any other names which you have used:

APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

Primary Business Owner's Name:
(List additional owners on back)

Phone:

In signing this application, I, as applicant, represent that I am seeking employment with a Medical Marijuana Collective. I agree to be bound by the conditions and prohibited activities checklist, as set forth by the City of Richmond Municipal Code Chapter 7.102, which has been provided by my employer and signed.

I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge; and that I do not intend to engage in or allow criminal activity on the business premises.

Signature **X**

Date

- FOR POLICE DEPARTMENT USE ONLY -

LiveScan Date:	LiveScan Staff:	Submital Date:
Background Approved or Denied (Circle one)	License Number:	Date of Determination:
Payment Amount:	Date Received:	



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0071000

ORI (Code assigned by DOJ)

PERMIT

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Richmond Police Department (Richmond, California)

Agency Authorized to Receive Criminal Record Information

1701 Regatta Blvd

Street Address or P.O. Box

Richmond

City

CA

State

94804

ZIP Code

06361

Mail Code (five-digit code assigned by DOJ)

Lieutenant Donovan Decious

Contact Name (mandatory for all school submissions)

(510) 965-4917

Contact Telephone Number

Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Date of Birth Sex Male Female Nonbinary/Unspecified

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Name Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: (Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)