

Live Scan Instructions for Out-of-State Owners:

CDPH must conduct background checks for all owners of a cannabis manufacturing business. If you are an owner who lives outside of California, you must complete form FD-258. The directions below will assist you in filling out the FD-258 form. Upload the form to your MCLS individual profile after your fingerprints have been taken. MCSB cannot process the business's license application without these completed forms.

STEP ONE:

Obtain an original FBI Applicant Fingerprint Card (FD-258) from your local law enforcement agency, such as a sheriff or police department. If you are having difficulty obtaining an FD-258 fingerprint card, please contact MCLS.CORI@cdph.ca.gov.

STEP TWO:

Fill out the FD-258 card based on the sample below. Please note: if the information included in your card is not correct, MCSB will not be able to process your request and will return your payment and FD-258 form.

STEP THREE:

Get fingerprinted. Fingerprint services are usually available from your local police or sheriff's department or from private vendors engaged in the fingerprinting business. Your costs will be \$49 (payable to the California Department of Justice) plus the fingerprint-rolling fee charged by the Live Scan Agency. Fingerprint-rolling fees vary between locations, so review the cost and accepted methods of payment before going to the fingerprinting site.

STEP FOUR:

Mail the FD-258 fingerprint card. Submissions must be accompanied by either a personal check drawn on a U.S. bank, money order, or certified check. The check or money order must be in the amount of \$49 and made payable to the California Department of Justice. Mail your FD-258 fingerprint card and processing fee to:

California Department of Public Health – MCSB
ATTN: CORI Unit
P.O. Box 997377, MS7606
Sacramento, CA 95899-7377

Once the submission is received and reviewed by MCSB, it will be sent to the California DOJ for processing.

STEP FIVE:

Complete or update your Individual Profile Information in the Manufactured Cannabis Licensing System (MCLS). There is a screen which asks you to upload your Live Scan form. Upload this form.

For New MCLS Users:

Please visit our website, www.cdph.ca.gov/mcsb/apply, to create an MCLS account and complete your Individual Profile.

For Existing MCLS Users:

- 1 Log in and click on **View MCLS Profile Information**
- 2 Click the **Update** dropdown menu, and click **Profile**
- 3 Click **Next** until you receive the **Live Scan** page
- 4 Click **Browse** to upload your completed FD-258 document
- 5 Enter **Fingerprint Date** and **ATI Number (Please Type In 'FD-258')**
- 6 Click on **Next** until you receive the **Attestation and Signature** page
- 7 Sign and click the **Accept** button (appears after you sign) below the signature line and click **Finish**

INSTRUCTIONS FOR FILLING OUT THE FD-258 FINGERPRINT CARD

For CDPH cannabis manufacturing license applications

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK			
SIGNATURE OF PERSON FINGERPRINTED 1.		ALIASES <u>AKA</u>		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED 2.		6.		OR CA 0349400 CA DOJ-BUR OF IDENT SACRAMENTO, CA		DATE OF BIRTH <u>DOB</u> Month Day Year		7.			
DATE 3.	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 4.			CITIZENSHIP <u>CTZ</u>	SEX 8.	RACE	HGT. 9.	WGT. 10.	EYES 11.	HAIR 12.	PLACE OF BIRTH <u>POB</u>
EMPLOYER AND ADDRESS CDPH-Manufactured Cannabis Safety Branch P.O. Box 997377, MS 7606 Sacramento, CA 95899, ORI #AL762		YOUR NO. <u>OCA</u>		LEAVE BLANK							
REASON FINGERPRINTED App Type: Manufacturing 26501.5 BPC App Title: Manufactured Cannabis		FBI NO. <u>FBI</u>		CLASS 13.							
		ARMED FORCES NO. <u>MNU</u>		REF. <u>BIL-22865</u>							
		SOCIAL SECURITY NO. <u>SOC</u> 14.									
		MISCELLANEOUS NO. <u>MNU</u>									
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Fill in the required CDPH-specific information exactly as written above (text in light blue ink). This will ensure that your sensitive personal information will be shared only with CDPH for the purpose of license application review.

The personal questions listed below and marked in red are required form fields. All other items listed below are optional.

- 1. Applicant's signature (required)**
2. Applicant's home address
- 3. Date the fingerprints were taken (required)**
- 4. Signature and certification number of official taking the fingerprints (required)**
- 5. Applicant's full name (last, first, middle) (required)**
6. Aliases (including maiden name) that the applicant is known by
- 7. Applicant's date of birth (month, day and year) (required)**
- 8. Applicant's gender (required)**
9. Applicant's height (feet/inches)
10. Applicant's weight
11. Applicant's eye color
12. Applicant's hair color
13. Use this space to show the OATI number if the fingerprints are reprints from a previously rejected transaction.
This number must be recorded in the class line area of the fingerprint card.
- 14. Applicant's social security number (required)**