

IMPORTANT NOTICE: In lieu of providing and consenting to annual fingerprint-based background checks, completion and submission of this form is required to accomplish requirements outlined in the **Cannabis Regulation and Tax Act, 410 ILCS 705 Sec. 5-20, and Part 1290 Rules for Administration of the Compassionate Use of Medical Cannabis Program**

AFFIDAVIT OF NO SUBSEQUENT CONVICTIONS

APPLICANT: *This Affidavit is to be used for license renewals only and shall be used for all cannabis agent types including Principal Officer, Agent-in-Charge and Agent renewal applications. No exceptions. Must be notarized. Please ensure that the notary stamp is legible when submitted. Please call the Division's Call Center at 800-560-6420 for assistance or questions.*

1. NAME	LAST	FIRST	MIDDLE	2. DATE OF BIRTH	3. SOCIAL SECURITY NO.

4. LICENSE NUMBER	(281 - Med Principal Officer) (282 - Med Agent in Charge) (283 - Med Agent)	(285 - AU Principal Officer) (286 - AU Agent in Charge) (287 - AU Agent)
28__ . ____		

5. ADDRESS	CITY	STATE/COUNTRY	ZIP CODE

6. MAIDEN OR GIVEN SURNAME

I hereby certify to the following:

- a) There has NOT been a change in my criminal record since my last fingerprint submission to the IDFPR; or
- b) There has been a change in my criminal record since my last fingerprint submission and I reported the change to IDFPR; and
- c) If I am convicted of an offense subsequent to the submission of this affidavit, I will report the conviction to IDFPR with my name, license number, the criminal charge(s), case number and the prosecuting county within 5 calendar days of the conviction through email to FPR.DPFEAU@Illinois.gov

Signature of Applicant	Date
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Subscribed and sworn to me this _____ day of _____ 20__

Signature of Notary	Date
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Seal