



OFFICE OF CANNABIS MANAGEMENT

915 I STREET, 2nd Floor
SACRAMENTO, CA 95814
(916) 808-8955

Remit this form to the address above with:
A copy of the completed State of California Request for Livescan Form
A legible copy of the applicant's valid (not expired) government issued identification

CANNABIS EMPLOYEE/INTERESTED PARTY BACKGROUND AUTHORIZATION FORM

Form with fields: PRINT FULL NAME, DAYTIME PHONE, EMAIL ADDRESS, CURRENT RESIDENCE ADDRESS, DRIVER'S LICENSE, DATE OF BIRTH, U.S. CITIZEN, NAME OF EMPLOYER, TYPE OF BUSINESS, BUSINESS PHONE, APPLICANT'S POSITION/TITLE AT BUSINESS, BUSINESS ADDRESS, Are you familiar with the ordinances..., HAVE YOU EVER BEEN CONVICTED OF A CRIME..., APPLICANT SIGNATURE, I HEREBY CERTIFY..., Signature of Applicant, DATE