



State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

THERAPEUTIC CANNABIS PROGRAM – RSA 126-X:4,8

This form is for DESIGNATED CAREGIVERS and ATC AGENTS only.

If you are applying to be a QUALIFYING PATIENT you DO NOT need to undergo a criminal history record check.

Please check one box: Designated Caregiver ATC Agent (ATC Name _____)

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual for whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II (PLEASE PRINT CLEARLY)

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Name/Entity NH Department of Health and Human Services – Therapeutic Cannabis Program

Address 29 Hazen Drive City Concord State NH Zip 03301

Your Signature _____ Date _____

Notary's Signature NOT APPLICABLE

(Affix seal)

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$48.25 if printed at a state police LiveScan site

NOTE: Make checks payable to: State of NH – Criminal Records

Additional Instructions – DHHS Therapeutic Cannabis Program

If you are applying to be a Qualifying Patient you DO NOT need to undergo a criminal history record check.

All Designated Caregivers and all Alternative Treatment Center (ATC) Agents must complete a state and federal criminal history record check.

- *Designated Caregivers* – A criminal history record check is required for an initial application for a registry ID card, and if there has been a lapse in registration of more than 6 months. Designated Caregivers are not required to complete a criminal history record check when they apply to renew their registry ID card (unless there has been a 6-month lapse in registration). Instead, they must fill out an “Attestation of No Felony Conviction” form, available on the Therapeutic Cannabis Program’s website, listed below.
- *Alternative Treatment Center Agents* – A criminal history record check shall be required prior to beginning to work at an ATC.

RECOMMENDED

Department of Safety Fingerprint Station: The stations listed below all use LiveScan (digital) fingerprinting:

NH Department of Safety: 33 Hazen Drive (James H. Hayes Building), Concord

Troop E – Ossipee Area: 1863 White Mountain Highway, Tamworth

DMV Dover Point: 50 Boston Harbor Road, Dover

Troop C – Keene Area: 15 Ash Brook Court, Keene

DMV Manchester Commons: 377 South Willow Street, Manchester

Troop F – Littleton Area: 549 Route 302, Twin Mountain

1. Call the appointment desk at the Department of Safety at 603-223-3867.
2. Bring to the appointment official photo identification for each person being fingerprinted, such as a valid driver’s license, state-issued photo ID, or passport.
3. These locations will submit only fingerprints to the State Police; they will not submit the required forms or the fee.
4. Within 30 days of being fingerprinted, submit (a) the “Criminal History Record Information Authorization for Therapeutic Cannabis” form, (b) a check in the amount of \$48.25 made payable to **State of NH–Criminal Records**, and (c) the “Applicant/Licensing LiveScan Fingerprinting” form provided to you by the fingerprint station, by mailing them to:

Department of Safety, Division of State Police
Criminal Records Unit
33 Hazen Drive
Concord NH 03305

ALTERNATE

Local Police Station with LiveScan: Local police may charge an additional service fee and may delay approval.

1. Make an appointment with your local police station to be fingerprinted. Call the local police station directly.
DO NOT CALL the appointment desk number listed above.
2. Bring to the appointment official photo identification for each person being fingerprinted, such as a valid driver’s license, state-issued photo ID, or passport.
3. The local police station will submit only fingerprints to the State Police; they will not submit the required forms or the fee.
4. Within 30 days of being fingerprinted, submit (a) the “Criminal History Record Information Authorization for Therapeutic Cannabis” form, (b) a check in the amount of \$48.25 made payable to **State of NH–Criminal Records**, and (c) the “Applicant/Licensing LiveScan Fingerprinting” form provided to you by the police station, by mailing them to:

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ALL SECTIONS OF THE CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FOR THERAPEUTIC CANNABIS FORM MUST BE COMPLETED FULLY IN INK AND MUST BE LEGIBLE. Incomplete forms may result in processing delays, additional fingerprinting, and costs. All signatures must be original. Photocopies of the signed form will not be accepted. Do not mail criminal records forms and fees to the Therapeutic Cannabis Program.

KEEP COPIES OF ALL DOCUMENTATION FOR YOUR RECORDS

Please visit <http://www.dhhs.nh.gov/oos/tcp/index.htm> for additional program information.