

**INFORMED CONSENT-  
BACKGROUND CHECK REQUEST FOR INDUSTRIAL HEMP PILOT PROGRAM APPLICANT**

**Results will be mailed to the following agency:**

Minnesota Department of Agriculture  
Industrial Hemp Pilot Program  
625 Robert Street North  
Saint Paul, MN 55155-2538

The Minnesota Department of Agriculture is authorized to conduct a criminal background check on applicants to the Industrial Hemp Pilot Program under Minnesota Statutes, section 18K.04, subdivision 2. The following named individual has made application with this agency for participation in the Industrial Hemp Pilot Program for the 2018 growing season.

**Today's Date** \_\_\_\_\_

**Last Name of Applicant** *(please print)* \_\_\_\_\_

**First Name** *(please print)* \_\_\_\_\_

**Middle** *(full, please print)* \_\_\_\_\_

**Maiden, Alias or Former Name** *(please print)* \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Sex** (M or F) \_\_\_\_\_  
Month/Day/Year

I understand that my fingerprints will be used to check my criminal history record at the Minnesota Bureau of Criminal Apprehension and at the Federal Bureau of Investigation. I also understand that I may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes, section 13.04, subdivision 4 and Title 28 of the Code of Federal Regulations section 16.34).

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all state and federal criminal history record information to the Industrial Hemp Pilot Program at the Minnesota Department of Agriculture for the purpose of application to the program.

The expiration of this authorization shall be one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**SUBMIT FORM TO:**

MDA Plant Protection  
Attention: Industrial Hemp Pilot Program  
625 Robert Street North  
Saint Paul, MN 55155-2538

**FOR FURTHER INFORMATION CONTACT:**

**Margaret.Wiatrowski@state.mn.us**  
651-201-6123