



Criminal Background Check Rights Acknowledgement

By my signature below, I acknowledge receipt of the documents entitled NONCRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS and PRIVACY ACT STATEMENT from the West Virginia Department of Health, Bureau for Public Health, Office of Medical Cannabis website; I certify that I have read and understand both of those documents.

Printed Name

Date

Signature

A signed copy of this document is required for each principal, operator, financial backer, and employee at the time of initial permit application.