

1320 Research Park Drive  
Manhattan, KS 66502  
785-564-6700  
www. agriculture.ks.gov



900 SW Jackson, Room 456  
Topeka, KS 66612  
785-296-3556

Mike Beam, Secretary

Laura Kelly, Governor

January 1, 2021

Re: FINGERPRINTING INSTRUCTIONS FOR COMMERCIAL PRODUCTION OF INDUSTRIAL HEMP  
IN KANSAS

TO: Agencies which offer fingerprinting services for non-criminal justice purposes

The Kansas Department of Agriculture (“Department”) is responsible for the administration of the Commercial Industrial Hemp Act (“Act”), K.S.A. 2-3901, *et seq.*, amendments thereto and any rules and regulations adopted by the Department in accordance with 7 U.S.C. § 1621 *et seq.* The Act requires that all individuals seeking a license or license renewal as an industrial hemp producer must submit to a fingerprint-based state and national criminal history record check. The fingerprints of the applicant are used to identify the individual and to determine whether the individual has a record of criminal history in this state or any other jurisdiction for licensing eligibility. The Department is authorized to submit an applicant’s fingerprints to the Kansas Bureau of Investigation for a state and national criminal history record check.

As an authorized fingerprinting technician of a law enforcement agency or non-law enforcement agency, please review the fingerprinting instructions document before completing a fingerprint capture of an individual seeking licensure pursuant to the Act. The applicant is responsible for any fingerprinting fee incurred for the service provided and the cost of mailing such documents.

After the applicant’s fingerprint card and FBI waiver agreement are completed, please mail the documents to the address provided below.

Kansas Department of Agriculture  
c/o Industrial Hemp  
1320 Research Park Dr.  
Manhattan, KS 66502.

If you have any questions, please contact the Department at (785) 564-6700.

Regards,

Braden Hoch  
Industrial Hemp Supervisor, Plant Protection and Weed Control

# Fingerprinting Instructions - Commercial Industrial Hemp Producer License

## FINGERPRINT CARD

**APPLICANT MUST NOT SIGN BEFORE BEING FINGERPRINTED.**

Applicant signature must be completed in the presence of the authorized fingerprinting technician after the capture as occurred.

**An inked or digital fingerprint capture must occur on fingerprint card form FD-258 (Rev. 5-15-17) 110-0046 (or similar card).**

**Applicants may request physical fingerprint cards and waiver agreements from the Kansas Department of Agriculture by visiting the State and National Criminal History Record Check page at [agriculture.ks.gov/industrialhemp](http://agriculture.ks.gov/industrialhemp)**

**When completing a fingerprint capture, please view the necessary information below.**

### Residence of person fingerprinted

- Home address – where you can be reached by mail

### Full Legal Name (Last name, First name, Full middle name)

### Aliases AKA

- Former or other names used, including maiden names
- If, for example, your name is Robert, Bob would be an alias

### Date of Birth – mm/dd/yyyy

### Citizenship – US or other country

### Sex – F or M

### Race

- A = Asian
- B = Black
- I = American Indian
- U = Unknown
- W = White
  - Hispanic is entered as White per FBI guidelines

### Height – Feet and Inches

### Weight – Pounds

### Eye Color

- Blk = Black
- Blu = Blue
- Bro = Brown
- Gry = Gray
- Grn = Green
- Haz = Hazel
- Mar = Maroon
- Mul = Multicolored
- Pnk = Pink

### Hair Color

- Bal = Bald
- Blk = Black
- Bln = Blonde or Strawberry
- Blu = Blue
- Brn = Brown
- Gry = Gray
- Grn = Green
- Ong = Orange
- Ple = Purple
- Pnk = Pink
- Red = Red
- Sdy = Sandy
- Whi = White
- XXX = Unknown

### Place of birth

- City and state

### Social Security Number

- This is not required, but preferred

### Your Agency Account Number (ORI)

- Print “KS920162Z”, if it is not already printed on the card

### Reason Fingerprinted

- Print “Commercial Use of Industrial Hemp – KSA 2-3906”, if not already printed on the card

### Employer

- This is not required, but preferred

<b>APPLICANT</b> FD-258 (Rev. 5-15-17) 1110-0046		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		O R I KS920162Z KS DEPT AGRICULTURE MANHATTAN, KS		DATE OF BIRTH DOB Month Day Year	
DATE		CITIZENSHIP CTZ		SEX		PLACE OF BIRTH POB	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		RACE		EYES	
EMPLOYER AND ADDRESS		UNIVERSAL CONTROL NO. UCN		HAIR		WEIGHT WGT.	
REASON FINGERPRINTED COMMERCIAL USE OF INDUSTRIAL HEMP KSA 2-3906		ARMED FORCES NO. MNU		CLASS		LEAVE BLANK	
KSA 02/28/2022		SOCIAL SECURITY NO. SOC		REF			
		MISCELLANEOUS NO. MNU					
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING	
5. L. THUMB		7. L. INDEX		8. L. MIDDLE		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB	
						RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

**WAIVER AGREEMENT**

**APPLICANT MUST NOT SIGN WAIVER AGREEMENT BEFORE BEING FINGERPRINTED.**

Signature must be completed in the presence of the person taking the fingerprints.

An agreement waiver must be filled out for each fingerprint card completed.

Top of First Page

*(Name of Authorized Recipient)*

- Print “KS Dept. of AG”, if it is not already printed on the waiver

Last Page

Answer the question “I have **OR** have not been convicted of a crime.

- Check the appropriate line

Signature of applicant and date

- A parent or guardian must sign for a minor

Printed name and date of birth

Residential Address

The very last section is completed by the person taking the fingerprints.

- The applicant will need to provide a photo ID for verification of identity
  - Examples: Driver’s License (preferred), passport, immigration card or state issued ID

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) The Kansas Department of Agriculture to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law (Pub. L.) 103-209 and Pub. L. 105-251. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, K.S.A 75-712i, and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b);34 U.S.C. 40316, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d); and 2022Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for being an employee, volunteer or contractor, or eligibility for any license, certification, registration, or adoption. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, a volunteer contractor, licensed, certified, registered, or seeking adoption, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

---

**FBI PRIVACY ACT STATEMENT**

**Authority:**

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).**

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:**

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:**

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:**

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

---

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY  
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information** (CHRI) to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: [http://www.kansas.gov/kbi/info/info\\_brochures.shtml](http://www.kansas.gov/kbi/info/info_brochures.shtml) then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation  
Attn: Criminal History Records  
1620 SW Tyler  
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

**WAIVER AGREEMENT  
AND  
FBI PRIVACY ACT STATEMENT (Cont.)**

FBI CJIS Division  
Attn: Criminal History Analysis Team 1  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

---

I have \_\_\_\_ **OR** have not \_\_\_\_ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

---

---

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

---

Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

**TO BE COMPLETED BY THE FINGERPRINTING AGENCY:**

Method of Verifying Identity:	<input type="checkbox"/> Driver's License	<input type="checkbox"/> State Issued ID Card
	<input type="checkbox"/> Military ID Card	<input type="checkbox"/> Passport
State/Branch: _____	ID Number: _____	

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Individual Verifying Identity: \_\_\_\_\_

---

**AUTHORIZED RECIPIENT:** 1. Must maintain original or arrange for KBI to maintain.  
2. Must provide a copy to the applicant.