

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Controlled Substance Application 5315220638APP20

Record Type

Controlled Substance Application

Created: 7/15/2020 12:17 pm

Record ID: 5315220638APP20

Created by: PUBLICUSER988736, MiPLUS Online

Payment Information

| Payment Amount | Method of Payment | Payment Date |
|----------------|-------------------|--------------|
| \$254.10       | Credit Card       | 07/15/2020   |

Health Good Moral Character


Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

Have you ever been convicted of a felony?: No

 [Have you ever been convicted of a felony](#)

Have you ever been convicted of a misdemeanor: No

 [Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance](#)

Controlled Substance Application Information

CS Application Information

Address Line 1: 19305 West 7 Mile Road  
Address Line 2: --  
Address Line 3: --  
City: Detroit  
State or Province: Michigan  
ZIP or Postal Code: 48219

CS Certification

CS Certification

I certify I have completed a 1-time training in opioids and controlled substance awareness OR this controlled substance license application is being submitted for a facility and is exempt from the training requirement: Yes

## Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to [BPLData@michigan.gov](mailto:BPLData@michigan.gov) or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click [HERE](#).

If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.

If you answered "yes" to the disciplinary action question, you must upload documentation from each State Board or administrative agency indicating the resolution of the sanctions.

| Name           | Type | Size | Latest Update |
|----------------|------|------|---------------|
| No Attachments |      |      |               |

## Signed Attestation

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law.

By checking this box, I agree to the above certification.

Date: 07/15/2020

---

*This Record Summary shows MiPLUS data in record 5315220638APP20 as of 08/18/2020, 10:01 am*

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Drug Control Application 5307009585APP20

Record Type

Drug Control Application

Created: 7/11/2020 7:04 am

Record ID: 5307009585APP20

Created by: PUBLICUSER988736, MiPLUS Online

Payment Information

| Payment Amount | Method of Payment | Payment Date |
|----------------|-------------------|--------------|
| \$91.80        | Credit Card       | 07/11/2020   |

Good Moral Character

Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

Have you ever been convicted of a felony?: No

Have you ever been convicted of a felony

Have you ever been convicted of a misdemeanor: No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance

Offense: --

Year: --

Court: --

Case Number: --

Incarceration, Probation, or Parole Information: --

Multiple Offense Checkbox: No

Check this box if you have additional offenses to report

Additional Offense Information: --

List each additional offense, year, court, case number; and incarceration, probation, or parole information

Drug Control Location License

Drug Control

Address Line 1: 19305 W Seven Mile Rd

Address Line 2: --

Address Line 3: --

City: Detroit

State: Michigan

ZIP Code: 48219

## Attachment

*If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.*

*If you answered "yes" to the disciplinary action question, you must upload documentation from each State Board or administrative agency indicating the resolution of the sanctions.*

| Name           | Type | Size | Latest Update |
|----------------|------|------|---------------|
| No Attachments |      |      |               |

## Signed Attestation

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law.

By checking this box, I agree to the above certification.

Date: 07/11/2020

---

*This Record Summary shows MiPLUS data in record 5307009585APP20 as of 08/18/2020, 10:02 am*

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING

Record Summary for Osteopathic Physician Application 5101025707APP20

Record Type

Osteopathic Physician Application

Created: 5/1/2020 11:37 am

Record ID: 5101025707APP20

Created by: PUBLICUSER988736, MiPLUS Online

Payment Information

| Payment Amount | Method of Payment | Payment Date |
|----------------|-------------------|--------------|
| \$367.70       | Credit Card       | 05/01/2020   |

Applicant

Name (First Middle Last): Kai daCosta  
Birth Date: [REDACTED]  
Primary Phone: 9784919279 Extension:  
E-mail: kai.dacosta@gmail.com  
Preferred Channel: Email  
Mailing Address: 35 McCartney St, Yarmouth, ME 04096

County

County

If you are an Individual, select the County applicable to your license address; If you are a Business, select the County applicable to the PHYSICAL location of your business.: Non-Michigan County

Obtained by Method

Obtained By Method

Obtained by: Endorsement

## Good Moral Character

### Good Moral Character

Answering "yes" to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found [here](#).

|  |    |
|--|----|
| Have you ever been convicted of a felony:  | No |
| Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance: | No |
| Offense:   | -- |
| Year:  | -- |
| Court:   | -- |
| Case Number:   | -- |
| Incarceration, Probation, or Parole Information:   | -- |
| Check this box if you have additional offenses to report:  | No |
| List each additional offense, year, court, case number; and incarceration, probation, or parole information:   | -- |

## License(s) in Other State(s) and/or Country

### Licenses in other States

|   |             |
|---|-------------|
| State or Country:   | Maine       |
| Permanent License/Registration Number:  | DO2155      |
| Date of Issuance:   | 04/08/2010  |
| How obtained:   | Examination |
| Have you ever had sanctions imposed against this license/registration OR are there pending disciplinary proceedings?: | No          |
| Sanctions Imposed or Disciplinary Proceedings Explanation:  | --          |

## Professional Education

### Professional Education

|                            |  |
|----------------------------|--|
| Name of School:            | Philadelphia College of Osteopathic Medicine |
| Name of Education Program: | Doctor of Osteopathy                         |

## CS Certification

### CS Certification

Are you applying for a Controlled Substance license: No

Have you completed a 1-time training in opioids and controlled substance awareness: --

## Controlled Substance

### Controlled Substance

Address Line 1: --

Address Line 2: --

Address Line 3: --

City: --

State or Province: --

ZIP or Postal Code: --

## Drug Treatment Program

### Drug Treatment Program

Drug Treatment Program Name: --

Address Line 1: --

Address Line 2: --

Address Line 3: --

City: --

State: --

ZIP Code: --

## Drug Control Location

### Drug Control Location

Address Line 1: --

Address Line 2: --

Address Line 3: --

City: --

State: --

ZIP Code: --

## Hospital Affiliations

### Hospital Where Employed

List the name of each hospital with which you are employed or under contract.

Name of Hospital Employed or Under Contract: Maine Medical Center

Name of Hospital Employed or Under Contract: Pen Bay Medical Center

## Hospital Affiliations

### Hospital Where Practicing

List each hospital in which you are allowed to practice.

Name of Hospital where Allowed to Practice: Maine Medical Center

Name of Hospital where Allowed to Practice: Pen Bay Medical Center

## Attachments

Michigan requires all documents verifying education and examination come from the primary source. Please DO NOT upload these documents as they will not be applied to your record. No license will be issued without primary source documentation which comes directly from the issuing entity to the Bureau of Professional Licensing. These documents must be sent directly from the primary source to [BPLData@michigan.gov](mailto:BPLData@michigan.gov) or you may use the delegate function to grant the issuing entity access to upload documents to your account. For more information on the delegate function, click [HERE](#).

If you answered "yes" to either of the good moral character questions, you must upload court documents for each conviction.

If you answered "yes" to the disciplinary action question, you must upload documentation from each State Board or administrative agency indicating the resolution of the sanctions.

| Name                                | Type                   | Size   | Latest Update |
|-------------------------------------|------------------------|--------|---------------|
| form.pdf                            | General Correspondence | 149 KB | 05/01/2020    |
| 205_MWBC_Letter_20200501_113815.pdf | MWBC Letter            | 96 KB  | 05/01/2020    |

## Signed Attestation

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, specialty licensure, or specialty certification board or task force of this or any other state, United States military, federal government, or another country.

I certify that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838

By checking this box, I agree to the above certification.

Date: 05/01/2020



---

*This Record Summary shows MiPLUS data in record 5101025707APP20 as of 08/18/2020, 6:52 am*

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY  
OSTEOPATHIC PHYSICIAN LICENSE

KAI DACOSTA

LICENSE NO.                      EXPIRATION DATE  
5101025707                      06/29/2023      20181120656

KAI DACOSTA  
35 MCCARTNEY ST  
YARMOUTH, ME 04096

COMPLAINT INFORMATION:  
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE  
CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO  
ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE  
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:  
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR  
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS BY EMAILING  
BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY  
OSTEOPATHIC PHYSICIAN LICENSE

KAI DACOSTA

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

KAI DACOSTA

LICENSE NO.                      EXPIRATION DATE  
5315220638                      06/29/2023      20211090743

KAI DACOSTA  
35 MCCARTNEY ST  
YARMOUTH, ME 04096

COMPLAINT INFORMATION:  
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED  
AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY  
COMPLAINTS OR VIOLATIONS PENDING AGAINST THE  
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:  
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR  
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV  
OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
CONTROLLED SUBSTANCE LICENSE

\*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

KAI DACOSTA  
19305 WEST 7 MILE ROAD  
DETROIT, MICHIGAN 48219

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF PROFESSIONAL LICENSING  
P.O. BOX 30670  
LANSING, MI 48909

STATE OF MICHIGAN - DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

KAI DACOSTA

LICENSE NO.                      EXPIRATION DATE  
5307009585                      06/29/2023      20211090753

KAI DACOSTA  
35 MCCARTNEY ST  
YARMOUTH, ME 04096

COMPLAINT INFORMATION:  
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED  
AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY  
COMPLAINTS OR VIOLATIONS PENDING AGAINST THE  
LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:  
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR  
ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND  
REGULATORY AFFAIRS BY EMAILING BPLHELP@MICHIGAN.GOV  
OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BOARD OF PHARMACY  
DRUG CONTROL LICENSE

\*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE  
\*VALID ONLY AT LOCATION BELOW

KAI DACOSTA  
19305 W SEVEN MILE RD  
DETROIT, MICHIGAN 48219



Bureau of Professional Licensing  
PO Box 30670 • Lansing, MI 48909  
Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

### SOCIAL SECURITY NUMBER AFFIDAVIT FOR LICENSURE

**Required Information:**

|                                  |              |                            |            |
|----------------------------------|--------------|----------------------------|------------|
| Legal Name (First, Middle, Last) | Kai da Costa | License Type               | DO         |
| Telephone Number                 | 978 491 9279 | Date of Birth (MM/DD/YYYY) | [REDACTED] |
| Email Address                    |              | KAI.DACOSTA@GMAIL.COM      |            |

Pursuant to MCL 338.3434a of the Regulated Occupation Support Enforcement Act, 1996 PA 236, and MCL 333.16177 of the Michigan Public Health Code, 1978 PA 368, an individual applying for licensure **is required to provide his or her social security number at the time of application**. You must provide your social security number to the Department in writing.

This requirement does not apply to an applicant who demonstrates he or she is exempt under law from obtaining a social security number or to an applicant who for religious convictions is exempt under law from disclosure of his or her social security number under these circumstances.

**Applicant's Social Security Number:**

[REDACTED]

If you do not have a social security number you must provide a reason and complete the attestation below:

**Social Security Number Waiver:**

I attest/certify that I do not have a social security number and provide the written statement below attesting to that fact with the reason for which I do not have a social security number.

I further certify that the reason I do not have a U.S. Social Security Number is true and complete. I hereby affirm that I will provide my U.S. Social Security Number to the Department of Licensing and Regulatory Affairs upon receipt. I understand that any misrepresentation or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

**Written statement and reason for not having a Social Security Number:**

Signature of Applicant

Date



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

**APPLICATION CONFIRMATION & FINGERPRINTING INFORMATION**

**APPLICATION INFORMATION:**

We are in receipt of your application and fee for licensure or registration.

**FINGERPRINTING INFORMATION:**

- If you fall under any of the following situations you will need to be fingerprinted to be eligible for a health professional license per MCL 333.16174(3) of the Public Health Code:
  - You are applying for an initial license and have never been fingerprinted for a Michigan health professional license.
  - You are applying for relicensure and your license has been lapsed for more than 3 years.
  - You are applying for a different health professional license and have never been fingerprinted for a Michigan health professional license.
  - You are applying for reinstatement of a revoked or suspended license or reclassification of a limited license.

PLEASE NOTE EXCEPTION: Fingerprints are not required for a controlled substance license.

- Fingerprints MUST be done by IdentoGO fingerprinting sites ONLY. Schedule your appointment online at: <http://www.identogo.com/FP/Michigan.aspx>
- You will need to enter the **Requester/Agency ID** and a Confirmation Number. Both numbers can be found on the enclosed Livescan Fingerprint Background Check Request (RI-030). Use the **Individual ID** (Box 4) as your Confirmation Number. Payment can be made online by credit card when scheduling, or by company check or money order, made payable to MorphoTrust, at the fingerprinting site.
- Complete the enclosed Livescan Fingerprint Background Check Request (RI-030) form and take it to the fingerprinting site, along with an acceptable form of identification. Preferred ID types: Unexpired State-issued driver's license or identification card with photo, issued by the US government or Michigan governmental agency
- NOTE: Out-of-state or out-of-country applicants must pre-register with IdentoGO at <http://www.identogo.com/FP/Michigan.aspx> and pay the appropriate fee. Once registered, contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper. Mail the completed Livescan Fingerprint Background Check Request (RI-030) form and fingerprint card to: IDENTOGO • CARDSCAN DEPARTMENT • 6840 CAROTHERS PKWY STE. 650 • FRANKLIN, TN 37067-9929.
- Once fingerprinted, law enforcement reports can take up to 30 business days to be sent to the Bureau of Professional Licensing.
- IdentoGO will provide a receipt confirming that fingerprints were submitted. Please keep for your own records. For assistance with scheduling a fingerprinting appointment please contact IdentoGO at (866) 226-2952.

If it has been more than four weeks and you have not received additional correspondence from our office, please contact the Licensing Division support team by phone at (517) 241-0199 or by email at [bplhelp@michigan.gov](mailto:bplhelp@michigan.gov).

Sincerely,  
Licensing Division  
Bureau of Professional Licensing

(Revised 10/18)

BUREAU OF PROFESSIONAL LICENSING  
611 W. OTTAWA P.O. BOX 30670 LANSING, MICHIGAN 48909  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl) 517-241-0199

**AUTHORITY:** MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273  
**COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.  
**Instructions:** See page two.

| I. Authorizing Information:   |                                  |                                   |                                       |                                      |                       |                       |  |
|---|----------------------------------|-----------------------------------|---------------------------------------|--------------------------------------|-----------------------|-----------------------|--|
| 1. Fingerprint Reason Code<br>LHP   | 2. Requestor/Agency ID<br>71734K | 3. Agency Name<br>LARA            | 4. Individual ID (MNU-OA)<br>C201GZKQ |                                      |                       |                       |  |
| II. Application Information: Type or clearly print answers in all fields before going to be fingerprinted.  |                                  |                                   |                                       |                                      |                       |                       |  |
| 1a. Last Name<br>daCosta  |                                  | 1b. First Name<br>Kai             |                                       | 1c. Middle Initial                   |                       | 1d. Suffix            |  |
| 2. Any Alternative Names, Last names, or Aliases  |                                  |                                   |                                       | 3. Social Security Number (Optional) |                       |                       |  |
| 4. Place of Birth (State or Country)  | 5. Date of Birth<br>[REDACTED]   | 6. Phone Number<br>(978) 491-9279 | 7. Driver's License / State ID Number |                                      | 8. Issuing State      |                       |  |
| 9. Home Address<br>35 McCartney St  |                                  | 10. City<br>Yarmouth              |                                       |                                      | 11. State<br>ME       | 12. Zip Code<br>04096 |  |
| 13. Sex   | 14. Race                         | 15. Height                        | 16. Weight                            | 17. Eye Color                        | 18. Hair Color        |                       |  |
| III. Live Scan Information:   |                                  |                                   |                                       |                                      |                       |                       |  |
| 1. Date Printed   | 2. Picture ID Type Presented     |                                   | 3. Transaction Control Number (TCN)   |                                      | 4. Livescan Operator* |                       |  |
| * When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then the unique identifier in the Identification Code field.  |                                  |                                   |                                       |                                      |                       |                       |  |
| IV. Privacy Act Statement   |                                  |                                   |                                       |                                      |                       |                       |  |
| <p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p> |                                  |                                   |                                       |                                      |                       |                       |  |

## V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

## VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:

Date:

## INSTRUCTIONS

### Section I:

#### Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

#### 1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

#### 2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

#### 3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

#### 4. Individual ID (MNU-OA):

This Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

### Section II:

#### Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

### Section III:

#### Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.