



MASSAGE ESTABLISHMENT INFORMATION SHEET

- Applications are available in the Licensing Office at 55 N. Center Street, Mesa. You may also apply online at <http://licensing.mesaaz.gov>.

- Application Fee \$ 100.00
 Licensing Fee \$ 100.00
 Annual Renewal Fee \$ 100.00

- Completed applications must be submitted to the Licensing Office by 5:30 PM Monday through Thursday, along with;
 - \$100.00 application fee. Check/money order made payable to the CITY OF MESA.
 - Supplemental questionnaire AND copy of a government issued picture ID for all controlling agents - person(s) with 10% or greater interest in the ownership or earnings of the business.
 - If ownership is individual/sole proprietorship: a License Eligibility Form will be needed.
 - A clearly legible 8 x 11 sketch or diagram showing the configuration of the overall business premises. See Mesa City Code 5-12-5 (16).
 - Corporations, LLC's and partnerships: The Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership, together with any amendments thereto, for the applicant, as applicable.
 - Suggested place to obtain prints

Secureone: 132 W. Pepper Pl. Mesa, AZ 85201
 Office hours: Monday through Friday 9:00 am – 5:00 pm
 Phone (480) 500-7309

- Prior to issuance of your license the application must be approved by various City departments.

- Upon approval/denial, a letter will be mailed to the applicant's mailing address informing them of the decision. A licensing fee of \$100.00 is required prior to the issuance of the license. The license will be issued for one year.

- The renewal application and renewal fee must be submitted to the Licensing Office **at least 45 days prior** to the license expiration date. **See Mesa City Code 5-12-14 for important information pertaining to your renewal.**

- If you are engaging in any activity subject to the City's Privilege Taxes, within the boundaries of the City of Mesa, you must apply for a Transaction Privilege Tax (TPT) License. You may apply through Arizona Department of Revenue or online at www.aztaxes.gov.

ALL FEES ARE NON-REFUNDABLE

INCOMPLETE APPLICATIONS OR THOSE RECEIVED WITHOUT REQUIRED SUPPLEMENTAL INFORMATION WILL NOT BE PROCESSED.

City of Mesa Licensing Information

55 North Center Street
 PO Box 1466
 Mesa Arizona 85211-1466
 (480) 644-2316 Tel (480) 644-3999 Fax
 website: <https://www.mesaaz.gov/business/licensing>
 Office Hours: Monday - Thursday 7:00 a.m. – 6:00 p.m.



<http://mesaaz.gov/business/licensing>

Mesa City Code – Massage Establishments – Title 5, Chapter 12



<https://www.mesaaz.gov/home/showdocument?id=432>

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Licensing and Application Requirements House Bill 2212

The City wishes to notify all applicants of certain rights the applicant has related to the issuance of a license. The City shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition. Unless specifically authorized, the City shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable, however this does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes. The City shall not request or initiate discussions with a person about waiving that person's rights provided to them under Arizona Revised Statutes Title 9, Chapter 7, Article 4. The requirements of A.R.S. § 9-834 may be enforced in a private civil action and relief may be awarded against the City and the court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in such an action against a municipality. A City employee may not intentionally or knowingly violate A.R.S. § 9-834 and a violation of the statute is cause for disciplinary action or dismissal pursuant to City policy. The requirements of A.R.S. § 9-834 do not abrogate the immunity provided to the City or its employees by A.R.S. § 12-820.01 or § 12-820.02.

A.R.S. § 9-834. PROHIBITED ACTS BY MUNICIPALITIES AND EMPLOYEES; ENFORCEMENT; NOTICE

- A. A MUNICIPALITY SHALL NOT BASE A LICENSING DECISION IN WHOLE OR IN PART ON A LICENSING REQUIREMENT OR CONDITION THAT IS NOT SPECIFICALLY AUTHORIZED BY STATUTE, RULE, ORDINANCE OR CODE. A GENERAL GRANT OF AUTHORITY DOES NOT CONSTITUTE A BASIS FOR IMPOSING A LICENSING REQUIREMENT OR CONDITION UNLESS THE AUTHORITY SPECIFICALLY AUTHORIZES THE REQUIREMENT OR CONDITION.
- B. UNLESS SPECIFICALLY AUTHORIZED, A MUNICIPALITY SHALL AVOID DUPLICATION OF OTHER LAWS THAT DO NOT ENHANCE REGULATORY CLARITY AND SHALL AVOID DUAL PERMITTING TO THE MAXIMUM EXTENT PRACTICABLE.
- C. THIS SECTION DOES NOT PROHIBIT MUNICIPAL FLEXIBILITY TO ISSUE LICENSES OR ADOPT ORDINANCES OR CODES.
- D. A MUNICIPALITY SHALL NOT REQUEST OR INITIATE DISCUSSIONS WITH A PERSON ABOUT WAIVING THAT PERSON'S RIGHTS.
- E. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST A MUNICIPALITY. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST A MUNICIPALITY FOR A VIOLATION OF THIS SECTION.
- F. A MUNICIPAL EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE MUNICIPALITY'S ADOPTED PERSONNEL POLICY.
- G. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.
- H. A MUNICIPALITY SHALL PROMINENTLY PRINT THE PROVISIONS OF SUBSECTIONS A, B, C, D, E, F AND G OF THIS SECTION ON ALL LICENSE APPLICATIONS.
- I. THE LICENSING APPLICATION MAY BE IN EITHER PRINT OR ELECTRONIC FORMAT.



APPLICATION FOR MESSAGE ESTABLISHMENT LICENSE

NON-REFUNDABLE \$100.00 DUE AT TIME OF APPLICATION - CODE 0570

ACCURACY IS IMPORTANT -- CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

SECTION I. ESTABLISHMENT INFORMATION

Establishment Name	
Establishment Street Address	
City, State, Zip	Phone Number
Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other_____	
Name of Corporation or LLC	
Days and Hours of Operation	
Types of Massage (Services Offered)	

SECTION II. MAILING ADDRESS

Mailing Name (Designated Agent)
Street Address or PO Box
City, State, Zip

SECTION III. LISTING OF CONTROLLING PERSONS (PERSON(S) WITH 10% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Title/Position	Name	% Owned

SECTION VI. INITIAL APPLICANT'S INFORMATION

Applicant's Name	Last	First	M.
Home Address	Home Phone Number		
City, State, Zip			
Previous names by which you have been known and the years in which you were known by those names			

CITY OF MESA - APPLICATION FOR MESSAGE ESTABLISHMENT LICENSE

PAGE TWO

ESTABLISHMENT NAME FROM PAGE 1, SECTION I:	
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Title/Position at Establishment		Email Address:	
Social Security Number	Date of Birth (month, day, year)	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Birth (City, State, Country)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height
Color of Hair			

SECTION VII. APPLICANT'S HOME ADDRESS HISTORY FOR PAST 10 YEARS

From	To	Complete Street Address	City, State, Zip
	Present		

SECTION VIII. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 10 YEARS

From	To	Business Name	Business Address

SECTION IX. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

In the past 10 years, have you been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? Yes No

IF YES, LIST ALL CONVICTIONS BELOW. ATTACH A SEPARATE SHEET IF NEEDED.

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever had a business license suspended, denied or revoked in this or any other state? Yes No

Date	License Type	State	Outcome

SECTION X. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.

I hereby attest that I have verified that no person not qualified to own, control or manage a massage establishment is involved in the ownership, control or management of this applicant.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date

ATTACH A LEGIBLE COPY OF DRIVERS LICENSE

BUSINESS SERVICES
Licensing Office
 55 North Center Street
 Mesa Arizona
 (480) 644-2316 Tel



Mailing Address
 PO Box 1466
 Mesa Arizona 85211-1466
 (480) 644-3999 Fax

**MESSAGE ESTABLISHMENT LICENSE
 SUPPLEMENTAL QUESTIONNAIRE
 ADDITIONAL OWNERS AND OFFICERS OTHER THAN APPLICANT**

SECTION I. CONTROLLING PERSONS (PERSON(S) WITH 10% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Name		Last	First	M.
Home Address				
City, State, Zip			Home Phone Number	
Previous names by which you have been known and years those names were used.				
Title/Position at Establishment			Email Address:	
Social Security Number		Date of Birth (month, day, year)	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of Birth City, State, Country			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes	Weight	Height	Color of Hair

SECTION II. RESIDENTIAL ADDRESSES FOR PAST 10 YEARS BEGINNING WITH PRESENT ADDRESS

From	To	Complete Street Address	City, State
	Present		

SECTION III. APPLICANT'S PREVIOUS BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 10 YEARS

From	To	Business Name	City, State, Zip

CITY OF MESA - MASSAGE ESTABLISHMENT LICENSE SUPPLEMENTAL QUESTIONNAIRE

PAGE TWO

CONTROLLING PERSON NAME FROM SUPPLEMENTAL QUESTIONNAIRE PAGE 1,SECTION I:

SECTION IV. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

In the past 10 years, have you been convicted in a court of competent jurisdiction of a felony or misdemeanor, excluding civil traffic offenses? Yes No

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever had a business license suspended, denied or revoked in this or any other state? Yes No

Date	License Type	State	Outcome

SECTION V. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date
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ATTACH A LEGIBLE COPY OF DRIVERS LICENSE



Sketch requirements information:

A clearly legible sketch or diagram showing the configuration of the overall business premises that includes:

1. The location of all interior doors, walls, curtains and room dividers.
2. A description of the use of each interior space or room, including a designation, by type of use, of each room or space available for massage or touching techniques or massage therapy by the therapist.
3. A designation of each room or space that is being, or is intended to be, leased, subleased, or licensed for use by any person other than the applicant and a description of its intended and actual use.
4. A designation of each room or space that is being, or is intended to be, leased, subleased, or licensed for use by any person other than the applicant for purposes of offering massage or touching techniques or massage therapy and a description of its intended and actual use.

The sketch or diagram need not be professionally prepared but shall be drawn on one page measuring 8 ½ inches by 11 inches with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches. For purposes of this paragraph a “wall” shall include any interior barrier, including transparent glass that extends more than fifty-four inches from the level of the finished floor

Source: Mesa City Code 5-12-5(16)

MESSAGE ESTABLISHMENT DIAGRAM

Business Name: _____ License No. _____
Business Address: _____ Days & Hrs Open _____

Include all interior doors, walls, curtains, room dividers. Designate the type of use for each room. See attached page for specific sketch requirements.

Types of Massage: _____

Physical Location:
55 N. Center St.
Mesa, AZ

Mailing Address:
P.O. Box 1466
Mesa, AZ 85211-1466
(480) 644-2316 TEL (480) 644-3999 FAX
Website: www.mesaaz.gov/tax&licensing



Licensing Office
55 N. Center St.
P.O. Box 1466
Mesa, AZ 85211-1466
480-644-2316

<http://mesaaz.gov/business/licensing>

Date: _____

Message Establishment Business Name: _____

Message Establishment Address: _____

Message Establishment License Number: _____

Requestor Name: _____

Requestor Phone Number: _____

According to MCC 5-12-16.A.3.a: It is not a violation of MCC 5-12-16.A.3 if the licensee “utilizes a locking system approved in writing by the Mesa Police Department and which provides the Police Department with the ability to unlock the doors during regular business hours of the massage establishment for the purpose of conducting a lawful inspection authorized by” MCC Title 5 Chapter 12.

This signed formed serves as the request of the massage establishment licensee to the Mesa Police Department to approve a locking system for the above named massage establishment location as per the above cited section of the Mesa City Code.

Message Establishment Licensee

Date

Mesa Police Department Representative

Date

Approved locking device

NOTICE TO SOLE PROPRIETOR, INDIVIDUAL AND/OR HUSBAND & WIFE BUSINESSES

All persons applying for municipal licensing as Individuals, Sole Proprietors, or Husband & Wife businesses, must provide evidence of their legal right to be in the United States in compliance with A.R.S. 41-1080, also known as the "Legal Arizona Workers Act."

If applying by mail, applicants must submit the eligibility form with the application. Please indicate, by checking the appropriate box, which of the 12 forms of documentation will be provided to verify legal status under federal law. Return the completed eligibility form along with the application, applicable fees and a copy of the documentation showing your legal status.

If applying in person at the Licensing Office, applicants must show one of the 12 types of documentation listed on the eligibility form with the application and applicable fees. The eligibility form will be completed upon presentation of the documentation.

Per State law, the City of Mesa Licensing Office cannot issue a license unless it first receives a copy of one of the specified forms of identification and a signed eligibility form.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

LICENSING ELIGIBILITY

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:

Check the box next to the document indicating lawful presence.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States. (See Overview of States' Driver's License Requirements) NOT accepted: HI, NM, UT, WA Note: a WA " <u>Enhanced</u> " Driver License is acceptable
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport or passport card.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	A tribal or bureau of Indian affairs affidavit of birth.
	<u>Description</u> of other ID issued by: U.S. Government, other State government, an agency of this State or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuance.

This provision does not apply to an individual, if EITHER:

1. BOTH of the following apply:
 - a. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
 - b. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

OR

2. ALL of the following apply:
 - a. The individual is a resident of another state.
 - b. The individual holds an equivalent license in that other state and the equivalent license is of the same type being sought in this state.
 - c. The individual seeks the Arizona license to comply with this state's licensing laws and not to establish residency in this state.

Signature of applicant

Date

Signature of municipal employee

Date

55 N. Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax



Business Services
Licensing Office

TO: SECUREONE
FROM: CITYOF MESA SPECIAL LICENSINGOFFICE
RE: FINGERPRINTS AND BACKGROUND CHECK DATE:

ORI NUMBER: XX007100L

- License Applying for with the City of Mesa:**
- Massage Establishment (MCC 5-12-7)
 - Antique, Auctioneer, Pawnbroker, Scrap Metal Dealer or Secondhand Dealer (MCC 5-7-4)
 - Automated Kiosk (MCC 5-22-2)
 - Escort Services (MCC 6-24-7)

Person to be printed:

Name: _____ **Date of Birth:** _____

Please List All Previous Names You Have Been Known By:

(THE PREVIOUS NAMES ABOVE MUST BE LISTED ON YOUR FINGERPRINT CARD)

Phone: _____ **Social Security No.:** _____

Fingerprints will be processed by Secureone. Results from the background check will be forwarded to Mesa Police Department.

\$21.50 Prints
22.00 DPS processing fee
\$43.50 Total Due

PAYMENT WILL BE COLLECTED AT THE TIME OF SERVICE

NO APPOINTMENT NECESSARY
PHOTO ID REQUIRED

Secureone
132 W. Pepper Pl. MESA, AZ 85201
Tel: 480-500-7309
Mon - Friday 8:00 – 5:00

55 N. Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax

August 4, 2020



To Whom It May Concern:

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You have ten (10) business days to dispute the information contained within this report before officials deny you employment, license, or other benefit based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under "Services" and then "Identity History Summary Checks" or by calling (304) 625-5590.

If you would like to challenge or correct the information that was received in your Federal Bureau of Investigation (FBI) or your Department of Public Safety (DPS) report, you may do so in the following way:

Federal Bureau of Investigation (FBI)

Per 28 CFR 16.34, send a written challenge request to the FBI's Criminal Justice Information Services Division:

**FBI, Criminal Justice Information Services Division Attn: SCU, Mod.D-2
1000 Custer Hollow Road Clarksburg, WV 26306**

Your written request should clearly identify the information you feel is inaccurate or incomplete and should include copies of any available supporting documentation to substantiate your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having jurisdiction over the arrest or the office prosecuting the offense. The FBI will then forward the challenge to the agency which submitted the data, requesting that agency 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.

Department of Public Safety (DPS)

Per Arizona Revised Statute §41-1750, the subject of a criminal record may review the information contained in the record for the sole purpose of reviewing the accuracy and completeness of their record. For a copy of your DPS history please contact the Criminal History Records Section at (602) 223-2222 to obtain a Record Review Packet. Upon receipt of the record review results, if you feel your record is inaccurate or incomplete, you can challenge your criminal record by completing the "Review and Challenge of Arizona Criminal History Record Information" form which will be mailed with the results of the record review. **Information on the review and challenge process can be found on the DPS website (www.azdps.gov).**

If you have any questions about the process, please do not hesitate to contact Carla McLaren at 480-644-2654 or Scott Farnworth at 480-644-6722.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication 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.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).