R

APPLICATION FOR CRIMINAL HISTORY RECORD

Utah Department of Public Safety • Bureau of Criminal Identification 3888 West 5400 South, Taylorsville, Utah 84129 - Telephone: (801)965-4445

Rev 06-27-2022

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN BLACK INK. Your application will not be processed unless all sections of this form are filled out completely. You need to send a photocopy of your valid government issued picture ID and \$15.00 fee.

form are filled out completely. You	need to send a photocop	y of your val	id government iss	sued picture ID and \$	15.00 fee.		
NAME:				DA	TE OF BIRTH		
(Last Name) PREVIOUSLY USED NAME((First Name) S) (Maiden, etc.):			ddle Name)			
MAILING ADDRESS:							
	(Street/Box number)		(Cit	y)	(State)	(Zip)	
PHYSICAL ADDRESS: HOME PHONE NUMBER:	(Street)	DAYTIME I	(Cit _i PHONE NUMB		(State)	(Zip)	
SOCIAL SECURITY:	CIAL SECURITY: DRIVER LICENSE # AND STATE:						
PHYSICAL DESCRIPTION: 1	HGT/WGT/_	E	YE COLOR/	SEX/	RACE/		
I hereby declare that I am the per The information contained in this I make that I do not believe to be	s written statement is to true may subject me to	rue and corre criminal puni	ect to the best of shment as a class	my knowledge and l B misdemeanor pur	I understand that suant to Utah Co	any false statements de Ann. §76-8-504.	
Signature of applicant:							
FINGERPRINT INSTRUCTION signature and date of birth. Confirm provided below. Fingerprint the four	ID with the information	above, then li	st the type of gove	rnment issued ID used	and the ID numb	er in the space	
This Area must be completed by	y OFFICIAL TAKING	PRINTS		FINGE	RPRINTS		
Type of identification used: (Utah Driving Privilege Cards are n							
Identification number:							
Name on ID:							
Fingerprints taken by:(PRINT	NAME)						
Agency Name:							
Badge #(If applicable)	Date Printed:						
BUREAU USE ONLY AFIS CO	nfirmation						
SID#	R&F						
METHOD OF PAYMENT (O	only to be filled out if ap	plication is m	nailed in. Check a	ppropriate box for pa	ayment)		
Check, Money Order or Cashier's Check (Payable to "BCI") There will be a \$20.00 service charge for any returned check.							
☐ Credit Card (cannot use foreign credit cards) must be ☐ Visa ☐ Master Card ☐ Discover ☐ AMEX Fill out the information below to pay by credit card. *3 or 4 digit control # Exp Date MM/YY							
Cardholder signature:	Cardholder signature: Name on Credit Card:						



THIRD PARTY RELEASE FORM

Utah Department of Public Safety • Bureau of Criminal Identification 3888 West 5400 South, Taylorsville, Utah 84129

WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK. If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the document sent and the mailing address.

NAME:							
	(Name of Person to Receive Report)						
AGENCY: ND DHHS, Criminal Background Check Unit				e)			
MAILING ADDRESS:	600 E Blvd Ave, Dept 325	Bismarck	ND	58505-0250			
	(Street/Box number)	(City)	(State)	(Zip)			
I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address. I hereby release the Bureau of Criminal Identification from any liability resulting from such release.							
Name of applicant (Print)):						
Signature of applicant:			Date:				