

Instructions for Application for Criminal History Record

Enclosed is an application for Criminal History Record from the State of Utah, Department of Public Safety, Bureau of Criminal Identification. Please complete all of the steps described below. Failure to properly complete one of the steps may cause a delay in processing your application.

- 1. Fill out the top portion of the application. List all of your previous names including married and maiden names. Be sure to read and sign the application.
- 2. Take the application to a law enforcement agency such as your city police department or county sheriff's office. Request that they print the four fingers of your right hand on the space provided. Make sure the law enforcement official who takes your fingerprints fills out the portion of the application labeled "OFFICIAL TAKING PRINTS." Valid government-issued photo ID must be provided to the official taking your prints (for example, passport, state ID card, consulate ID card, and driver license.) "Utah Driving Privilege Cards" WILL NOT be accepted by BCI as valid ID. Driving Privilege Cards state on them that they are not to be used as ID. NOTE: The fingerprints may be taken at our office, (fingerprint appointment not necessary for criminal history report) Bureau of Criminal Identification, 3888 West 5400 South, Taylorsville, Utah. You must include a photo copy of your ID with your application.
- 3. The application fee is \$15.00. Select a method of payment by making a check mark in the appropriate box. Checks and money orders must be US Currency and be made payable to "Utah Bureau of Criminal Identification." To pay by credit card (Visa, MasterCard, Discover Card or AMEX), please fill out the requested information on the application. Credit card numbers must include: the signature of the cardholder, the three-digit control number located on the back of the card, and the expiration date. Cash is accepted only when applying in person. **DO NOT SEND CASH IN THE MAIL.**
- 4. Your report will be mailed to the mailing address indicated on the application form. If the information needs to be sent to a third party, the third party release form must be filled out and submitted along with your application.
- 5. Mail the application, fee and release form (if applicable) to:

UTAH BUREAU OF CRIMINAL IDENTIFICATION 3888 West 5400 South Taylorsville, Utah 84129

The report cannot be faxed or sent by e-mail.

If you have questions you may call (801) 965-4445 from 8:00 AM - 5:00 PM Monday-Friday. Our office is closed weekends and holidays. You may also visit our website at **http://publicsafety.utah.gov/bci/**

> The Bureau of Criminal Identification does not maintain juvenile offender records. Requests for such records must be made directly to the Juvenile Court.

APPLICATION FOR CRIMINAL HISTORY RECORD

Utah Department of Public Safety • Bureau of Criminal Identification

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3888 West 5400 South, Taylorsville, Utah 84129 - Telephone: (801)965-4445

| Rev 06-27-2022 | | | | |
|---|----------------------------------|-------------------------|--------------------|--------------------------|
| WHEN FILLING OUT THIS APPLICATION TYPE OR H form are filled out completely. You need to send a photocopy | | | | ess all sections of this |
| NAME | | DA | TE OF BIRTH_ | |
| NAME: | (M | ddle Name) | IL OF DIRIN_ | |
| PREVIOUSLY USED NAME(S) (Maiden, etc.): | | | | |
| MAILING ADDRESS. | | | | |
| MAILING ADDRESS: | (Ci | ty) | (State) | (Zip) |
| PHYSICAL ADDRESS: | | | | |
| (Street) D. | | ty) BER : | (State) | |
| | | | | |
| SOCIAL SECURITY: DRIVE | ER LICENSE # AND STA | TE: | | |
| PHYSICAL DESCRIPTION: HGT/WGT/ | EYE COLOR/ | SEX/ | RACE/ | |
| I hereby declare that I am the person listed above and am The information contained in this written statement is tru I make that I do not believe to be true may subject me to cr | e and correct to the best of | my knowledge and l | I understand that | any false statements |
| Signature of applicant: | | Date: | | |
| FINGERPRINT INSTRUCTIONS: (OFFICIAL TAB signature and date of birth. Confirm ID with the information al provided below. Fingerprint the four fingers of the applicant's | bove, then list the type of gove | ernment issued ID used | l and the ID numbe | er in the space |
| This Area must be completed by OFFICIAL TAKING P | RINTS | FINGER | RPRINTS | |
| Type of identification used: | | | | |
| Identification number: | | | | |
| Name on ID: | | | | |
| Fingerprints taken by:(PRINT NAME) | | | | |
| Agency Name: | | | | |
| Badge # Date Printed: (<i>If applicable</i>) | | | | |
| BUREAU USE ONLY AFIS Confirmation | | | | |
| SID#R&F | | | | |
| METHOD OF PAYMENT (Only to be filled out if app | lication is mailed in. Check a | ppropriate box for pa | ayment) | |
| Check, Money Order or Cashier's Check (Payable to "I | 3CI") There will be a \$20.00 s | ervice charge for any r | eturned check | |
| □ Credit Card (cannot use foreign credit cards) must be □ | | | | |

| Fill out the information below to pay by credit card. | *3 or 4 digit control # | Exp Date MM/YY | | | |
|---|-------------------------|----------------|--|--|--|
| | | | | | |
| Cardholder signature: Name | Name on Credit Card: | | | | |