

Dear Applicant:

Enclosed is the Application for Criminal History Review from the State of Utah. Please complete all of the steps described below. Failure to properly complete one of the steps will 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 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 (not expired)** Government issued photo ID must be provided (for example, passport, state ID card, consulate ID card, and driver license.) **Regular valid Driver's Licenses are accepted; however "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, Bureau of Criminal Identification, 3888 West 5400 South, Taylorsville, Utah.
3. The application fee is \$10.00. Select a method of payment by making a check mark in the appropriate box at the bottom of the application. Checks and money orders should be made payable to "Utah Bureau of Criminal Identification." To pay by credit card (Visa/MasterCard) fill out the form on the third page of the application. Credit number must include the three-digit control number located on the back of the card on the signature line and the signature of the card holder. Cash may be accepted in person only. **DO NOT SEND CASH IN THE MAIL.**
4. Print or type the name and address of where to mail the criminal history record on the waiver. Sign and date the waiver in the presence of a notary public. The waiver **MUST** be notarized or we will be unable to send the criminal history record. (The waiver is on page three of the application). **NOTE:** If an applicant requests their own criminal history record in person the waiver is not necessary.
5. Mail the application, fee and waiver to:
UTAH BUREAU OF CRIMINAL IDENTIFICATION
3888 WEST 5400 SOUTH
TAYLORSVILLE UTAH 84118

The criminal history record will be mailed to the address you indicate on the waiver. The record may not be faxed or sent by e-mail.
6. *If you would like to apply for criminal history expungement, make a check mark in the appropriate box at the top of the application.* **You will receive notification of the current eligibility status of your record within 8 to 10 weeks.**

If you have any questions you may call from 7:00-6:00 PM Monday-Thursday (801) 965-4445. Our office is closed Fridays, weekends, and holidays.

Or visit our website at <http://publicsafety.utah.gov/bci/>

*The Bureau of Criminal Identification does not retain juvenile offender information.
Requests must be made directly to Juvenile Court*



RECEIPT # _____ State of Utah
Department of Public Safety • Bureau of Criminal Identification
APPLICATION FOR CRIMINAL HISTORY RECORD REVIEW
 3888 West 5400 South, Taylorsville, UT 84118 - Telephone: (801)965-4445

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

CHECK BOX TO APPLY FOR EXPUNGEMENT **IF AQUITTAL DOCUMENTATION PROVIDED**

NAME: _____ **DATE OF BIRTH** _____
Last Name First Name Middle Name

PREVIOUSLY USED NAME(S) (Maiden, etc.) _____

MAILING ADDRESS: _____
(Street/Box number) (City) (State) (Zip)

PHYSICAL ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE NUMBER: _____ **DAYTIME PHONE NUMBER:** _____

SOCIAL SECURITY: _____ **DRIVER LICENSE# AND STATE:** _____ / _____

PHYSICAL DESCRIPTION: HGT/ _____ WGT/ _____ EYE COLOR/ _____ SEX/ _____ RACE/ _____

I hereby make application to review my Utah Computerized Criminal History:

Signature of applicant: _____ **Date:** _____

FINGERPRINT INSTRUCTIONS: (OFFICIAL TAKING PRINTS) Confirm identity of applicant with identification that shows photo, signature and date of birth (**cannot be expired**). Confirm ID with the information above, then list the type of government issued ID used and the ID number in the space provided below. Fingerprint the four fingers of the applicant's right hand simultaneously in the box located in the lower right portion of this form.

APPLICANT IDENTIFICATION INFORMATION

Type of identification used: _____
*Utah Driving Privilege Cards are **not** valid ID and will not be accepted*

Identification number: _____

Name on ID: _____

Official taking prints must be law enforcement or have fingerprint training. Must use black fingerprint ink pad.

Fingerprints taken by: _____
(PRINT NAME)

Agency Name: _____ Badge # _____
(If applicable)

Date Printed: _____

BUREAU USE ONLY AFIS Confirmation _____

SID# _____ R&F _____

FINGERPRINTS

*The Bureau of Criminal Identification does not retain juvenile offender information.
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METHOD OF PAYMENT (Check appropriate box for payment) \$10.00 APPLICATION FEE

- Cash (accepted in person only – DO NOT SEND CASH IN THE MAIL.)
- Check, Money Order or Cashier’s Check (Payable to “Utah Bureau of Criminal Identification” in the amount of \$10.00)
- Credit Card Visa OR Master Card **Fill-out information below to pay by credit card. Mail requests only!**

Credit Card Number	* 3 digit control #	Expiration Date																											
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PRINT NAME *as it appears on the card*: _____

TOTAL AMOUNT OF PURCHASE: \$ _____

MAILING ADDRESS ON CREDIT CARD STATEMENT: _____

Cardholder signature: _____ Date: _____

***** W A I V E R *****

INSTRUCTIONS FOR WAVIER: The waiver is required when application is made by mail or applicant is not present at the time the background check is conducted. Indicate the address you would like the criminal history record mailed to in the space provided on the waiver. Then, sign and date the waiver in the presence of a notary public. **All expungement applicants must complete waiver.**

Date: _____

I hereby ask that the criminal history and/or expungement information requested be released and sent to:

Name: _____

Address: _____

City/State/Zip: _____

and release the Utah State Bureau of Criminal Identification from any liability resulting from such request.

Signature of Applicant: _____

Applicant name printed: _____

Subscribed and sworn to before me this
_____ day of _____, 20_____

Signature of Notary Public: _____

Notary Public for the state of: _____