



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



FINGERPRINT BASED CRIMINAL BACKGROUND CHECK FORM of the Idaho Central Repository of Criminal History Records

A completed fingerprint card must be attached to this request. Submit a separate form for each request.
Please print clearly in black or blue ink.

REQUEST (check one)	
<input type="checkbox"/>	I am requesting an Idaho criminal history check on the subject named below
<input type="checkbox"/>	I am requesting a copy of my Idaho criminal history check
Name:	Date of Birth:
Requester Name (if different):	Reason for Criminal History Check:
Address of Requester (results will be mailed to this address):	
Additional Information:	

General Information: An individual may obtain a copy of an Idaho record through the following procedures.

Submit a set of rolled fingerprints of the subject of the check on an applicant fingerprint card. These will be used to search the BCI database of fingerprints. Fingerprints provide a positive method of identification. The fingerprint card must be completed and include: Name (print), Alias Names (including maiden and previous maiden names), Current Address, Sex, Date of Birth, and Social Security Number (optional). The subject of the check must also sign the card. The official taking the fingerprints must date and sign the card. The date must be within 180 days of the fingerprint card submission.

A check made payable to Idaho State Police must accompany the fingerprint card. The fee is \$10 for each fingerprint check. A \$20 processing fee will be charged for any returned checks.

This request may be hand delivered or mailed to the address below. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

If you need the criminal history results notarized, please indicate this in the Additional Information section of this form.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho Code 67-3008 (6) states, "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

**700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642
(208) 884-7130 • FAX (208) 884-7193**



Idaho State Police

Bureau of Criminal Identification



PAYMENT AUTHORIZATION FORM

*****Please note: There is an additional processing fee of \$1.00 plus 3% of the total transaction for all payments made by credit or debit card.*****

PAYMENT METHOD (Complete this section if you are the requesting party or checking your own record)

- Check (If paying by check, complete the phone number and signature lines below only)
 Credit Card (If paying by credit or debit card, complete the following)*

Credit Card Number: - - -

Expiration Date: / Visa MasterCard AmEx Discover

Name as it appears on card: _____

Phone Number: _____
 (Phone number required, in case we need clarification or have questions regarding payment)

Signature: _____ (Required before mailing or faxing)

SECOND PARTY PAYMENT METHOD (Payment being made by someone other than the requester or the subject of the record)

Name of Person making payment: _____

Name of Requester or subject of record: _____

- Check (If paying by check, complete the phone number and signature lines below only)
 Credit Card (If paying by credit or debit card, complete the following)*

Credit Card Number: - - -

Expiration Date: / Visa MasterCard AmEx Discover

Name as it appears on card: _____

Phone Number: _____
 (Phone number required, in case we need clarification or have questions regarding payment)

Signature: _____ (Required before mailing or faxing)