



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



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

A \$20 processing fee must be included. Each field must be completed. A separate form must be used for each request. Do not use staples on the forms. Make checks or money orders payable to the Idaho State Police. **A personal check will only be accepted if issued by the requestor or requesting agency.** A \$20.00 fee will be charged for any returned checks.

*Please print clearly in blue or black ink only. **Illegible forms will be returned for clarification.***

Incomplete forms will be returned unprocessed.

REQUEST				
Please provide an Idaho Criminal History on the individual named below.				
Last Name	First Name	Middle Name		
Alias Names (Include Maiden/prior Married Names) Please provide both first and last name.				
Date of Birth (mm/dd/yyyy)	Social Security Number (optional)		Sex	Race
Address	City	State	Zip	
WAIVER				
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. Any waiver other than this waiver will not be accepted.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
<hr style="width: 100%;"/> Signature			<hr style="width: 100%;"/> Date	
<i>This signature on the waiver must be within 180 days of the name check submission.</i>				

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Incomplete forms will be returned unprocessed

Requesting Person or Company	Address of Requester (Results will be mailed to this address)		
	Street _____		
	City, State & Zip Code _____		
Printed Name of Requester (Print Legibly)	Signature of Requester	Phone Number of Requester	

General Information:

Idaho law does not require a person to give consent. However, without a signed release from the subject of record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency. **Results of a Name Based Criminal Background check cannot be notarized.**

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

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 court without a signed release of the subject of record unless otherwise provided by law.

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642

(208) 884-7130 • FAX (208) 884-7193

Rev. 6/22/2017



Idaho State Police

Bureau of Criminal Identification



CREDIT CARD 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.*****

Credit Card (If paying by credit or debit card, complete the following)*

Name of applicant/subject(s) of record

Requestor/Agency

Credit Card Type

Visa

AmEx

MasterCard

Discover

Credit Card Number:

- - -

Expiration Date:

/

Zip Code (Required):

Name as it appears on card:

Phone Number:

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

Email:

(If you prefer your receipt to be emailed, please provide a legible email address)

Signature of Payee:

(Required before mailing or faxing)

Electronic signatures will not be accepted

Phone: (208) 884-7130

Fax: (208) 884-7193

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