



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 marked with an asterisk (*) 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. **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.

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)	*Date of Birth (mm/dd/yy)	Sex	Race	Social Security Number (optional)
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.				
_____ Signature			_____ Date	

This signature on the waiver must be within 180 days of the name check submission.

MUST BE COMPLETED BY PERSON OR COMPANY REQUESTING BACKGROUND INFORMATION

*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

Results of Non-Certified Record Search

Record Attached <input type="checkbox"/>	No Record Found <input type="checkbox"/>	BCI Initials	Date
--	--	--------------	------

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



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)