



# CRIMINAL HISTORY RECORD CHECK REQUEST

## PURSUANT TO NDCC 12-60-24

OFFICE OF ATTORNEY GENERAL  
BUREAU OF CRIMINAL INVESTIGATION  
SFN 60688 (09-2019)

FOR BCI USE ONLY	
Check Number	
Amount	
Receipt Number	
Receipt Date	
SID	

### INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned.**
2. If requesting Federal Bureau of Investigation (FBI) check, attach two (2) completed fingerprint cards containing the fingerprints of the subject of the record check and remit appropriate fees.

### TO BE COMPLETED BY AGENCY

Mail to Attention of JANELLE MIDDLESTEAD	Telephone Number 701-328-4460	
Agency Name ND DOI- PRODUCER LICENSING DIVISION	Originating Agency Identifier (ORI) ND920382Z	
Address 600 E BOULEVARD AVE., DEPT 401	Email Address JLMIDDLESTEAD@ND.GOV	
City BISMARCK	State ND	ZIP Code 58505-0302
Comments/Miscellaneous		

### AGENCY USE ONLY

Please Check One and Remit Appropriate Fees

#### Record Checks for Employees/Others

- ND only, remit \$15.00  
 FBI only, remit \$26.25  
 ND and FBI, remit \$41.25

#### Record Checks for Volunteers

- ND only, remit \$15.00  
 FBI only, remit \$24.25  
 ND and FBI, remit \$39.25

Process Control Number (PCN)
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### TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name
Date of Birth	Social Security Number	
Current Address		
City	State	ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I understand the Applicant Rights provided on the following page and hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.