Fax to 801-969-7072

New Agency Application Instructions

Please read the following instructions carefully. Filling out the application forms incorrectly may result in a delay in processing the application or denial.

Section 1 – Qualified Entity Application

1. **Please provide all contact information.** The Point of Contact will serve as the contact between your agency and the BCI, meaning that they will also be responsible for responding to BCI audits. The billing contact will receive an invoice from the BCI on a monthly basis. The administrator will be contacted if the other contacts cannot be reached.
2. **Please provide your authorizing statute.** Depending on your agency, this may be state or federal statute, executive order, local ordinance, or commissioner authorization. If you do not know your authorizing statute, please contact the BCI, do not leave this field blank.
   Note that under UCA §53-10-108 as defined by UCA §53-10-102 (20), employees/volunteers must have greater contact with vulnerable populations than incidental contact.
3. **Please provide one of the listed documents.** You must provide documentation establishing that your agency is a governmental agency, private business, or a non-profit organization. Governmental agencies can provide a request on letterhead. Other agencies can provide one of the documents listed on the application (page 3).
4. **Please list the job titles/populations you will be background checking.** Note that all job titles/populations listed must qualify under your authorizing statute. If you are unsure whether or not a given population qualifies, please contact the BCI.
5. **Type of transaction requested.** Most agencies will only need one agency code, if your agency wishes to have multiple agency codes, please indicate this
   a. Name search background checks are authorized under UCA §53-10-108 and include searches of the Utah Criminal History database, Utah Statewide Warrants, and the National Crime Information Center.
   b. Western Identification Network (WIN) only background checks are fingerprint-based searches of the WIN databases which include records from Utah, Alaska, Washington, Oregon, Nevada, Idaho, Montana, and Wyoming. Also includes the databases listed above in the name search section.
   c. WIN/FBI background checks are fingerprint-based searches of the WIN databases and the FBI's Next Generation Identification system (NGI). Also includes the databases listed above in the name search section (section 5a).
   d. WIN/FBI Volunteer. For volunteers, the FBI offers a discount (see page 3) on the background check fee. In order to receive the volunteer discount, you must select this option and use the specific agency code for volunteers. *Note, this discount is only for unpaid volunteers and cannot be used for any other licenses or background screening.*

Section 2 – Qualified Entity Agreement

6. In order to receive access to ABC system, each agency's administrator must sign a Qualified Entity Agreement. Every agency must adhere to the requirements of the Agreement, including establishing a Point of Contact, training, and responding to audits.

Section 3 – Qualified Entity User Application/Agreement

7. Each user must fill out a Qualified Entity User Application and sign a Qualified Entity User Agreement in order to receive a login to the ABC system. The user ID is alphanumeric and must be 5-8 characters. You cannot share logins; each user will need a separate login. **Please wait until you receive confirmation that your agency is qualified before sending user applications.** ***Note that Qualified User Agreements must be kept on file by your agency and should not be sent to the BCI.***

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Qualified Entity Application

Business/Organization Name: _____

Do you currently have any agency codes (B / E Codes) with BCI? ☐ YES ☐ NO

If so, what are they? _____

Are you requesting a change to an existing B / E Code? ☐ YES: _____ ☐ NO

Contact Information: *(please do not list your agency name as a contact)*

Point of Contact

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Billing Contact

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Administrator

Name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Authorizing Statute: _____

Please describe your business/organization:

_____

_____

_____

_____

Please provide one of the following documents to verify your agency: *(only for private entities)*

Business License

Articles of Incorporation

Department of Commerce registration

Recent tax forms

Please list the job titles/populations that you will be background checking. If not for employment, include a description of the population that will be checked and why they are being checked. Please attach job descriptions or licensing requirements to this application.

_____

_____

_____

_____

_____

Type(s) of Transaction requested:
(please note selecting multiple transaction types will result in multiple agency codes)

☐ Name Search only $15

Fingerprint-based Transactions

☐ WIN only $15

☐ WIN/FBI Volunteer $26.25

☐ WIN/FBI Employee $28.25

RapBack is the continual notification of criminal history. Anytime an applicant's criminal history is updated, your agency will be notified with the new information.

Please note, RapBack is only available for fingerprint-based background checks.

☐ Add RapBack - add $5

If you want to request multiple agency codes of the same type, please indicate so here and explain why multiple codes are needed:

_____

_____

_____

Qualified Entity Agreement

I, _____ with _____
Hereby acknowledge the need for security and training for operating personnel to access the Applicant Background Check program (ABC). This agency agrees to comply with all state and federal statutes and regulations, and to use any information received over ABC for criminal justice purposes, criminal justice employment, and purposes expressly authorized by statute only. This agency acknowledges that these responsibilities have been developed and approved by the Federal Bureau of Investigation (FBI) and BCI in order to ensure the legality, reliability, confidentiality, completeness, and accuracy of all records contained in or obtained by means of ABC.

This agency agrees to train the authorized agencies it services on the integrity of ABC by familiarizing the agency regarding the laws, rules, policies and procedures of the system.

This agency agrees to allow the Point of Contact (POC) sufficient time to perform all necessary duties and attend mandatory training related to ABC responsibilities. The POC is responsible for ensuring that changes to existing and introduction of new policies and procedures are trained on and implemented in their agency. The POC is also responsible for ensuring the security of information contained in or obtained by means of ABC.

This agency agrees to be audited by BCI and/or the FBI at least once every three years as outlined in FBI policy. This audit is a way of guaranteeing the completeness and accuracy of information in ABC.

This agency acknowledges that dissemination of UCCH information is governed by Section § 53-10-108 of the Utah Code Annotated.

BCI, as the Utah Control Service Agency, maintains the right to suspend ABC service when the security or dissemination requirements agreed to and adopted by and through this contract are violated. Any misuse must be reported to BCI per Utah Code Annotated §53-10-108. Failure to pay account balances will result in suspension of ABC services. BCI will reinstate service upon receipt of satisfactory assurances that the violation has been corrected.

This agreement is effective 3 years from date of signature. This agreement may be terminated by BCI based on a thirty (30) day written notice or upon failure by the agency to comply with any of the provisions of this agreement.

Failure of the agency to sign this agreement shall be grounds to deny ABC access to the agency. A new User Agreement must be submitted to BCI should this agency receive a new administrator during the 3 year time period after date of signature.

Qualified Entity Administrator

_____
Printed Name

_____
Signature

_____
Date

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Qualified Entity User Application

Please wait until you receive confirmation that your agency is qualified before sending any user applications.

Agency Codes (B Codes / E Codes) you need access to:

_____

_____

_____

_____

Full Name _____

User ID (only 8 characters) _____

User ID must be 5-8 alphanumeric characters, can be your choice or the default is your first initial followed by your last name, up to 8 characters.

Agency _____

City _____State_____Zip Code_____

Agency Phone Number _____

Personal ID Number (employee # or last 4 of SSN) _____

E-mail address _____

Your Job Title and Description:

_____

_____

_____

_____

_____

_____

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Qualified Entity User Agreement

Information stored in all Applicant Background Check System (ABC) files is confidential and must be protected to ensure legal dissemination. Unauthorized request or receipt of this information could result in criminal proceedings. Violation of privacy and security regulations can also result in criminal prosecution of the person(s) involved and loss of state computer access by this agency. There is also potential for civil actions as well.

Access Codes and Passwords: Individual access codes and passwords are essential to the security of the information housed in the Applicant Background Check System (ABC) files. Each user is responsible for any information accessed from the UCJIS files under that logon ID and agency code. Users must not share post or otherwise divulge access codes or passwords. The agency agrees to enforce strict discipline regarding this matter.

If another employee needs access to information from ABC, please direct him/her to complete the Qualified Entity User Application and submit to BCI to obtain their own logon. Criminal History Files (III/UCCH): Dissemination of criminal history record information is controlled by federal regulations and Utah State Law. Utah Code Annotated §53-10-108(12)(a) states:

> *(12) (a) It is a class B misdemeanor for a person to knowingly or intentionally access, use, disclose, or disseminate a record created, maintained, or to which access is granted by the division or any information contained in a record created, maintained, or to which access is granted by the division for a purpose prohibited or not permitted by statute, rule, regulation, or policy of a governmental entity.*

This information must only be given to authorized personnel for purpose authorized by statute ONLY. Printed copies must be destroyed by shredding or burning when no longer needed.

USER SECURITY STATEMENT:

I,_____, have read and understand the enclosed User Security Statement and agree to all restrictions made therein.

_____ Signature

_____ Logon ID

_____ Date

This form only needs to be signed once upon initial assignment of a logon and completion of initial testing and training. It does not need to be signed upon biennial re-certification.

Do not send this form to BCI. Keep this form on file at your agency. BCI reserves the right to request a copy of this form at any time.