APPLICATION INSTRUCTIONS FOR CHALLENGING INFORMATION CONTAINED ON A CRIMINAL HISTORY RECORD

You may challenge the completeness and accuracy of your criminal history record information by filling out the attached Application to Challenge Criminal History Records form provided by the State of Utah, Department of Public Safety, Bureau of Criminal Identification (BCI). Please complete all of the steps described below. Failure to properly complete one of the steps may cause a delay in processing your application.

1. Fill out the top portion of the application. List all of your previous names including married and maiden names. Be sure to read and sign the application.

2. Make sure you mark all the boxes that apply to what you want to challenge on your record.

3. Take the application to a law enforcement agency such as your city police department or county sheriff’s office. Request that they print the four fingers of your right hand on the space provided. Make sure the law enforcement official that takes your fingerprints fills out the portion of the application labeled “OFFICIAL TAKING PRINTS.” Government issued photo ID must be provided (for example, passport, state ID card, consulate ID card, and driver license.) Regular Drivers Licenses are accepted; however “Utah Driver Privilege Cards” WILL NOT be accepted by BCI as valid ID. Driving Privilege Cards state on them that they are not to be used as ID. NOTE: The fingerprints may be taken at our office, Bureau of Criminal Identification, 3888 West 5400 South, Taylorsville, Utah.

4. The application fee is $15.00. Select a method of payment by making a check mark in the appropriate box. Checks and money orders must be US Currency and be made payable to “Utah Bureau of Criminal Identification.” To pay by credit card (Visa, MasterCard, Discover or AMEX), please fill out the requested information on the application. Credit card numbers must include: the signature of the cardholder, the three-digit control number located on the back of the card, the expiration date, and the zip code of card billing address; sorry we cannot accept credit cards outside of the US. Cash is accepted only when applying in person. **DO NOT SEND CASH IN THE MAIL.**

5. **Attach a copy of your criminal history record and highlight the information you wish to challenge.** You should also submit supporting documentation to show why you believe that the information contained on the criminal history record is incorrect. You must prove to the satisfaction of BCI that the criminal history record information is incomplete or inaccurate.

6. Once BCI receives your Application to Challenge Criminal History Records, it will be handled as an informal adjudicative proceeding in accordance with Utah Code Ann. § 63G-4-203.

7. If BCI is satisfied that you have sufficiently documented that your criminal history record information is incomplete or inaccurate, BCI will amend the criminal history record accordingly.

8. If BCI denies the challenge, no further hearing, review, or reconsideration shall be granted. If you are dissatisfied with the decision made by BCI regarding the completeness or accuracy of the criminal history record information, you may appeal BCI’s decision to district court in accordance with Utah Code Ann. § 63G-4-402.

Last update 4/2/2020
APPLICATION TO CHALLENGE CRIMINAL HISTORY RECORDS
Utah Department of Public Safety • Bureau of Criminal Identification
3888 West 5400 South, Taylorsville, Utah 84129

WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT IN BLACK INK. Your application will not be processed unless all sections of this form are filled out completely.

Please check all boxes that apply:
□ Challenging Identification Info  □ Challenging Arrest/Disposition Info  □ Challenging Identity of Record (Identity Theft)

NAME: ___________________________ (Last Name) __________ (First Name) __________ (Middle Name) __________

PREVIOUSLY USED NAME(S) (Maiden, AKA, etc.) ___________________________________________________________

MAILING ADDRESS: ____________________________________________ (Street/Box number) __________ (City) __________ (State) __________ (Zip) __________

PHONE NUMBER: __________________________ DATE OF BIRTH: __________________________

SOCIAL SECURITY: __________________________ DRIVER LICENSE # AND STATE: __________________________ / __________

I hereby declare that the information contained in this written statement is true and correct to the best of my knowledge and I understand that any false statements I make that I do not believe to be true may subject me to criminal punishment as a class B misdemeanor pursuant to Utah Code Ann. §76-8-504.

Signature of applicant: __________________________ Date: __________________________

FINGERPRINT INSTRUCTIONS: (OFFICIAL TAKING PRINTS) Confirm identity of applicant with identification that shows photo, signature and date of birth. Confirm ID with the information above, then list the type of government issued ID used and the ID number in the space provided below. Fingerprint the four fingers of the applicant’s right hand simultaneously in the box located in the lower right portion of this form.

OFFICIAL TAKING PRINTS
Type of identification used: __________________________

Utah Driving Privilege Cards are not valid ID and will not be accepted
Identification number: __________________________
Name on ID: __________________________
Fingerprints taken by: __________________________
(Print Name)
Agency Name: __________________________ Badge # __________________________ (If applicable)
Date Printed: __________________________

FINGERPRINTS

BUREAU USE ONLY AFIS Confirmation __________
SID# __________ R&F __________

$15.00 APPLICATION FEE - DO NOT SEND CASH IN THE MAIL

METHOD OF PAYMENT - FOR MAIL IN ONLY (Check appropriate box for payment)
□ Check, Money Order or Cashier’s Check (Payable to “Utah Bureau of Criminal Identification” in the amount of $15.00)
□ Credit Card (cannot use foreign credit cards) must be □ Visa □ Master Card □ AMEX □ Discover Fill info below to pay by credit card.

PRINT NAME (As it appears on the card): __________________________________________

CARDHOLDER SIGNATURE: __________________________________________ DATE: __________________________

Credit Card Number 15 digit AMEX or 16 digit Visa or Mastercard, Discover __________________________
* 3 or 4 digit control # Expiration Date __________________________