

# UTAH CRIMINAL HISTORY AND NATIONAL CHILD PROTECTION ACT BACKGROUND CHECKS

Utah Law 53-10-108 allows qualifying entities to request Utah criminal history information. Public law 105-251, the Volunteers for Children Act which amended the National Child Protection Act of 1993, was enacted October 9, 1998 to allow these same qualifying entities the right to request fingerprint-based national criminal history record checks of their volunteers and employees. There are three options available to qualifying entities.

## **Option 1:**

BCI NAME check (\$10.00\*) – fee and completed name list (BCI form 02-18-04) must be submitted by qualifying entity at time of request.

Check consists of:

Utah Criminal History, Utah Statewide Warrant and Protective Order, and Federal Want and Warrant files – turnaround 7 – 10 days.

## **Option 2:**

BCI WIN check (\$15.00\*) – fee (\$20 if fingerprints are retained by statutory authority), 1 fingerprint card per applicant and completed name list (BCI form 02-18-04) must be submitted by qualifying entity at time of request.

Check consists of:

Western Identification Network\*\*, Utah Criminal History, Statewide Warrant and Protective Order, and Federal Want and Warrant files – turnaround 6 weeks.

## **Option 3:**

BCI Fingerprint/FBI Check (\$30.25 for volunteer, \$34.25 for employment) – fee (\$35.25 for volunteer or \$39.25 for employment if the fingerprints are retained by statutory authority), 2 fingerprint cards per applicant and completed name list (BCI form 02-18-04) must be submitted by qualifying entity at time of request. Please note on the form that you are requesting an FBI check under the VCA law.

Check consists of:

Western Identification Network\*\*, Utah Criminal History, Statewide Warrant and Protective Order, Federal Want and Warrant, and FBI criminal history files – turnaround 3-4 weeks.

Fingerprint cards must contain the following:

1. All descriptive information
2. The *OCA* field with the NCPA/VCA code assigned to your agency. Please contact BCI for this code.
3. The *Reason Fingerprinted* field with: NCPA/VCA Pub. L. 105-251 and Volunteer **or** Employment.

## **Waivers:**

Signed waivers must be kept on file by the qualifying entity.

## **Eligibility Determination:**

Eligibility determination will be made by the qualifying entities based on the information returned from Utah BCI.

Non-governmental qualifying entities will receive approval or denial of eligibility from Utah BCI for any FBI criminal record returned. **At this time the FBI does not allow non-governmental entities to obtain copies of the FBI criminal history record.**

## **Fingerprinting Services:**

Applicants may have their fingerprints taken at Utah BCI (3888 W 5400 S) or at most local law enforcement offices for a nominal fee.

## **Payment:**

Qualifying entities may submit one certified check, money order, or credit card number for the total amount rather than individual checks for each applicant submitted. Please make check(s) or money order(s) payable to: **Utah BCI**. A copy of BCI form 02-18-04 with instructions is attached. Qualifying entities may request blank applicant fingerprint cards by calling (801) 965-4569.

\*Fees are subject to change due to legislative mandate

\*\*WIN (Western Identification Network) INCLUDES CRIMINAL HISTORY CONVICTION INFORMATION FROM: Utah, Nevada, Oregon, Idaho, Montana, Wyoming, and Alaska.

**UTAH BUREAU OF CRIMINAL IDENTIFICATION**  
**3888 W 5400 S**  
**SALT LAKE CITY UT 84118**  
**(801) 965-4445 (Name/DOB) or (801) 965-4569 (Fingerprints)**  
**REQUEST FOR CRIMINAL HISTORY INFORMATION FOR CASE/CUSTODY OF CHILDREN OR ADULTS**  
**EMPLOYMENT OR VOLUNTEER PURPOSES**

**REQUESTING AGENCY/COMPANY and VCA Code (option 3 only)**

Agency/Company Name \_\_\_\_\_ VCA Code \_\_\_\_\_ Requestor's Name \_\_\_\_\_

Complete Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I certify this request is made pursuant to UCA 53-10-108 and Public Law 105-251, for the purpose indicated below, and that all information provided on this form is true and accurate. I understand that further dissemination or other use of any criminal history information is prohibited by law. I further certify that waiver forms have been signed by all applicants and are on file with this office. I understand that signed forms must be furnished upon request for verification.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**PURPOSE**

- Health Care Child or Vulnerable Adult  
Describe job or duties \_\_\_\_\_
- Care Custody or Control Over Children  
Describe job or duties \_\_\_\_\_
- NCPA/VCA Public Law 105-251

**FEE\*\***

- \$10.00 Name/DOB
- \$15.00 Fingerprint
- \$34.25 or  \$30.25 Fingerprint under NCPA/VCA
- FEE\*\* For those with statutory authority for fingerprint retention (Office of Education, School Districts, Charter Schools)**
- \$20.00 Fingerprint check and retention
- \$39.25 or  \$35.25 Fingerprint under NCPA/VCA
- Total # of Searches \_\_\_\_\_ Total \$ \_\_\_\_\_

**APPLICANT NAMES**

**NOTE:** A  mark in the box prior to the applicant name indicates a criminal conviction or warrant and documentation will be enclosed.

- (Last, First, MI)
1.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_
  2.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_
  3.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_
  4.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_
  5.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_
  6.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_
  7.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_
  8.  NAME \_\_\_\_\_ M/F DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DR LIC #/UT \_\_\_\_\_ / \_\_\_\_\_ FORMERLY USED LAST NAMES \_\_\_\_\_

**METHOD OF PAYMENT (Check appropriate box for payment )**

Cashier's Check or Money Order or Commercial Business Check (Payable to "Utah Bureau of Criminal Identification"), or Credit Card # must accompany all requests. \*\*Fees subject to change due to legislative mandate.

Credit Card       Visa    **OR**     Master Card

Card Number

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\* 3 digit control #

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Expiration Date

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PRINT Name as it appears on the card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

MAILING ADDRESS ON CREDIT CARD STATEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Waiver**

\_\_\_\_\_  
Qualifying Entity

\_\_\_\_\_  
Address

By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. Utah BCI shall make reasonable efforts to respond to the inquiry within 15 business days.

I do hereby release Utah BCI, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Prospective Employee/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Qualifying Entity Representative Signature

\_\_\_\_\_  
Date

# **APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT**

To the applicant:

The Volunteers for Children Act (VCA) (Public Law 105-251, sections 221 & 222) authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a complete set of fingerprints which includes:  
Your name, address, and date of birth, as they appear on a document made or issued by or under the authority of the United States government, a state, political subdivision of a state, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals.
2. Provide certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to Utah BCI located at 3888 W 5400 S in Salt Lake City, Utah. Please contact the fingerprint supervisor at (801) 965-4569 to set up an appointment to challenge the accuracy and completeness of the information. Supporting documentation will be kept on file at Utah BCI for 6 months, so challenges must be made within this time period.
4. Prior to completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.