JATC-North  
Background Check Procedure

Your program requires a background check in order to participate in the externship/clinical experiences. This will be done through BCI and will need to be complete by the due date your instructor provides. The cost is $15. Failure to complete this process will result in removal from your program.

Procedure:

1. Fill out the top part of the **Application for Criminal History Record**.
   - Black Ink required
   - List all names used
   - Include all 8 digits of social security number

2. Sign the **release form** to have your records sent back to JATC so your instructor can give them to the clinic in which you will be working. This form is found on jordantech.org

3. Take your application, the release form and a Driver’s License and $15 to BCI directly. If you don’t have a driver’s license, then your student ID and your birth certificate will be accepted.

   **Bureau of Criminal Identification**
   3888 West 5400 South  
   Taylorsville, UT 84129  
   801-965-4445  
   (West of Bangerter Hwy, near the McDonalds on the North side of 5400 S)

   If you have instructor permission, you may mail it in, however, this will significantly delay results getting back to us.

   Please contact your instructor if you have questions.
WHEN FILLING OUT THIS FORM, TYPE OR PRINT IN BLACK INK.  If you wish to have your criminal history record or certificate of eligibility sent to an individual other than yourself, you must indicate the name of the person or agency to whom you would like the document sent and the mailing address.

NAME:  Craig Cottle  

(NAME of Person to Receive Report) 

AGENCY:  JATC North  

(if applicable) 

MAILING ADDRESS:  9301 S. Wights Fort Road, West Jordan, UT 84088  

(Street/Box number)  (City)  (State)  (Zip) 

I request that the criminal history record or certificate of eligibility for which I applied be released to the individual or agency indicated above at the listed address.  I hereby release the Bureau of Criminal Identification from any liability resulting from such release.

Name of applicant (Print):  

Signature of applicant:  Date:  

Craig Cottle  

JATC North  

9301 S. Wights Fort Road, West Jordan, UT 84088
**APPLICATION FOR CRIMINAL HISTORY RECORD**

Utah Department of Public Safety • Bureau of Criminal Identification

3888 West 5400 South, Taylorsville, Utah 84129 - Telephone: (801)965-4445

**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. You will need a valid form of government issued picture ID and $15.00 fee.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE OF BIRTH:</th>
</tr>
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<tbody>
<tr>
<td>(Last Name)</td>
<td>(First Name)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREVIOUSLY USED NAME(S) (Maiden, etc.):</th>
<th></th>
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</thead>
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<table>
<thead>
<tr>
<th>MAILING ADDRESS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street/Box number)</td>
<td>(City)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL ADDRESS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street)</td>
<td>(City)</td>
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</table>

<table>
<thead>
<tr>
<th>HOME PHONE NUMBER:</th>
<th>DAYTIME PHONE NUMBER:</th>
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<table>
<thead>
<tr>
<th>SOCIAL SECURITY:</th>
<th>DRIVER LICENSE # AND STATE:</th>
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<table>
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<tr>
<th>PHYSICAL DESCRIPTION:</th>
<th></th>
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<tbody>
<tr>
<td>HGT/ WGT/ EYE COLOR/ SEX/ RACE/</td>
<td></td>
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</tbody>
</table>

I hereby declare that I am the person listed above and am entitled to my criminal record as provided by Utah Code Ann. § 53-10-108(9)(a). 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.

This Area must be completed by 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 #: __________________________ Date Printed: __________________________

(If applicable)

BUREAU USE ONLY

AFIS Confirmation: __________________________

SID #: __________________________

R&F: __________________________

**METHOD OF PAYMENT (Only to be filled out if application is mailed in. Check appropriate box for payment)**

- [ ] Check, Money Order or Cashier’s Check (Payable to “BCI”) There will be a $20.00 service charge for any returned check.
- [ ] Credit Card (cannot use foreign credit cards) must be [ ] Visa [ ] Master Card [ ] Discover [ ] AMEX

Fill out the information below to pay by credit card.

*3 or 4 digit control # Exp Date MM/YY

Cardholder signature: __________________________ Zip Code Associated with Credit Card: __________________________