

**CRIMINAL JUSTICE FINGERPRINT
SUBMISSION MEMORANDUM**

TO: BCI Law Enforcement Record Checks
FROM: Criminal Justice Agency Requestor
RE: Applicant Fingerprint Card Submission
DATE:

Please process the enclosed fingerprints for:

Applicant Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
PCN (if applicable):	<input type="text"/>

Agency Name:	<input type="text"/>
Agency ORI:	<input type="text"/>

For the purpose of (check all that apply):

- ND Criminal Justice Application (ex. NDCJIS Portal, Vine, 24/7, etc.)
- Pre-Employment Record Check / Employee Re-check
- Contractor/Vendor/Volunteer Clearance

Please disseminate results via:

- View Results In Applicant Records Check System (ARCS)
- Email Results to:

Mail (2) complete fingerprint cards and this memo to:

Attn: Law Enforcement Record Check
North Dakota Bureau of Criminal Investigation
PO Box 1054
Bismarck ND 58502-1054

OR

If utilizing LiveScan, email completed form to:
bcimap@nd.gov