

**CRIMINAL JUSTICE
SUBMISSION MEMORANDUM**

TO: BCI Law Enforcement Record Checks

FROM: Criminal Justice Agency Requestor

RE: ND Check Request

DATE:

Please process the enclosed application for:

Applicant Name:

Date of Birth:

Social Security Number:

Agency Name:

Agency ORI:

Purpose of Request:

North Dakota Check Only

Preferred method of receiving results:

Email Results to:

Email completed form to: bcimap@nd.gov