CRIMINAL HISTORY RECORD CHECK

NORTH DAKOTA FINANCIAL INSTITUTIONS

SFN 58855 (06-2026)

For BCI Use Only	
Check Number	Amount
Receipt Number	SID Number
Date Mailed	

SUBJECT OF RECORD CHECK

1. Date of Application	2. Social Security Number *		
3. Name of Applicant, Manager or Principal Shareholder			
4. Other Names Now or Previously Used (maiden name/aliases)			
5. Home Address	6. City	State	ZIP Code
7. Telephone Number	8. Date of Birth		

9. Have you ever been arrested for or convicted of a crime? ☐ Yes ☐ No

If you answered "yes" to item 9, describe the offense(s), including the date and the outcome of the case(s), i.e. dismissed, deferred sentence, acquittal, conviction, etc.

AUTHORIZATION

I understand that as an applicant for employment with the North Dakota Department of Financial Institutions (DFI), or as principal owner or managing officer of an applicant for a license from the DFI that a criminal background record check shall be completed. I hereby waive and release the DFI,the North Dakota Bureau of Criminal Investigation (BCI), and the Federal Bureau of Investigation (FBI), their officers, employees, and agents, both in their official capacity and individual capacities, from any and all legal liability for damages that result from the furnishing or receiving of such criminal records information. I also authorize BCI and the FBI to release my state and national criminal history records to the following:

North Dakota Department of Financial Institutions
1200 Memorial Hwy
Bismarck, ND 58504
701-328-9933
Email: dfi@nd.gov

I understand that as a person who is subject to a background check, if I am denied employment or a license from the DFI, I am entitled to: (a) Obtain a copy of the statewide criminal background check report from DFI and/or review the FBI fingerprint-based criminal background check by following the DFI's procedures and (b) Challenge the accuracy and completeness of any such report.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes.

TWO fingerprint cards must accompany this authorization.
DO NOT staple or fold fingerprint cards.