



User Setup Form

3888 W 5400 S - Salt Lake City, Utah - 84129

Phone: 801-965-4446 Email: DPSCIC@UTAH.GOV



<p>NOTE: This form must be MAILED to BCI in the same envelope as the fingerprint card(s).</p> <p>All requests must include one set of fingerprints on the blue applicant card. Incomplete forms and/or fingerprint cards will be returned without being processed.</p>	Date of request	
	Agency	
	TAC's Name	
	TAC's Phone	
	TAC's Email	

User Number One		User Number Two	
User's name		User's name	
AKA's		AKA's	
Login ID		Login ID	
SSN and DOB		SSN and DOB	
User Type:	User <input type="checkbox"/> Non-Access User <input type="checkbox"/> Non-User <input type="checkbox"/>	User Type:	User <input type="checkbox"/> Non-Access User <input type="checkbox"/> Non-User <input type="checkbox"/>

If user type is **USER**: Select Option 1, 2, or 3. Access **Not** needed for Non-Users or Non-Access Users

<input type="checkbox"/> Option 1. Default Agency Access User is granted access to all file that agency accesses	<input type="checkbox"/> Option 1. Default Agency Access User is granted access to all file that agency accesses
<input type="checkbox"/> Option 2. Other Access Request User is granted access to the indicated types of access. _____ NCIC : <input type="checkbox"/> 1F <input type="checkbox"/> 1I <input type="checkbox"/> None III: <input type="checkbox"/> 2F <input type="checkbox"/> None NLETS: <input type="checkbox"/> MF <input type="checkbox"/> MLIM <input type="checkbox"/> None Local: <input type="checkbox"/> LF <input type="checkbox"/> LLIM	<input type="checkbox"/> Option 2. Other Access Request User is granted access to the indicated types of access. _____ NCIC : <input type="checkbox"/> 1F <input type="checkbox"/> 1I <input type="checkbox"/> None III: <input type="checkbox"/> 2F <input type="checkbox"/> None NLETS: <input type="checkbox"/> MF <input type="checkbox"/> MLIM <input type="checkbox"/> None Local: <input type="checkbox"/> LF <input type="checkbox"/> LLIM
<input type="checkbox"/> Option 3. Special Instructions	<input type="checkbox"/> Option 3. Special Instructions

Fingerprints (Fill out for all user types)

User Number One	User Number Two
Submitted by mail (with this form) <input type="checkbox"/> Retained prints on file <input type="checkbox"/>	Submitted by mail (with this form) <input type="checkbox"/> Retained prints on file <input type="checkbox"/>