Qualified Entity Application Packet

Enclosed is an application for becoming a qualified entity to perform background checks by name or fingerprint search. Please complete all steps below. Failure to properly complete one of the steps may cause a delay in processing or in denial.

Section 1

1. Please provide all contact information. Point of Contact is the general contact person for daily account maintenance. Billing contact will receive an invoice from BCI on a monthly basis. All background checks from the 1st day of the month to the last will be calculated and an invoice will be sent to the billing contact. Administrative contact is a contact person for the section, department or business. This contact person will be notified if the other contacts cannot be reached by BCI staff.
2. Authorizing statute. Please provide a legal reference as to why you are qualified to perform and receive background check information. This can include statute, executive order, court rule, court order, local ordinance, or commissioner authorization. *Those qualifying entities under UCA §53-10-108 as defined by UCA §53-10-102 (d) or (e); employees/volunteers must have greater contact with the vulnerable population than incidental contact.*
3. Job descriptions and duties of the applicants to receive the background checks or licensing/screening requirements if the background check is not for employment.
4. You must provide documentation establishing that you are a governmental agency, business or a non-profit organization. Governmental agencies can provide a request on letterhead. Other entities can provide a copy of a business license, articles of incorporation, Department of Commerce registration or recent tax forms.
5. Type of transaction you are requesting.
    a. Name search only (non-fingerprint) is authorized under UCA §53-10-108 and includes a search of the Utah Computerized Criminal History Database and Statewide Warrants database and the National Crime Information Center (NCIC) interstate fugitive database.
    b. Western Identification Network (WIN). A fingerprint based search (physical fingerprints or LiveScan) of the WIN database including fingerprint records from Utah, Alaska, Washington, Oregon, Nevada, Idaho, Montana and Wyoming. Also includes the above name search databases.
    c. WIN/FBI. A fingerprint based search of the WIN database, and the FBI's Integrated Automated Identification System (IAFIS). Also includes name search (section 5a).
    d. Volunteer WIN/FBI. For volunteers the FBI offers a $1.50 discount towards their background check fee. In order to get the volunteer discount, you must select this option and use the specific agency code for volunteers. Only for unpaid volunteers. Cannot be used for other licenses or background screening.

Section 2 (Once You Become a Qualified Entity)

6. Web Access for individuals authorized to view background check information
    a. Web access is available for those individuals who view and make determination for eligibility.
7. Each user needs to complete page 5. User ID is up to 8 characters and a minimum of 5 and is alphanumeric (preferably 1st initial plus last name up to 8 characters). Each user must complete the application and have a user ID. You cannot share user ID's. Each user must declare their position or provide a job description detailing why they need access.

Qualified Entity Application

Business/Organization Name_____

Do you currently have any agency codes (B, E codes) with BCI? Y N

If so what are they? _____

Contact Information

Point of Contact Name:_____

Address:_____

Phone:_____

Email:_____

Fax:_____

Billing Contact Name:_____

Address:_____

Phone:_____

Email:_____

Fax:_____

Admin Contact Name:_____

Address:_____

Phone:_____

Email:_____

Fax:_____

Authorizing Statute_____

Please describe what it is your business/organization does;

_____

_____

_____

_____

What type of documentation are you providing with this application to verify your qualifying entity status? (Only for private entities)

Business license

Articles of incorporation

Department of Commerce registration or

Recent tax forms.

Please list the job titles of who you will be background checking. If not for employment, include a description of what types of people will be background checked and for what purpose. Please attach job descriptions or licensing requirements to this application.

1._____

2._____

3._____

4._____

5._____

Type of Transaction Requested (Circle all that apply)

Name Search Only

WIN only

WIN/FBI Volunteer

WIN/FBI Employee

Qualified Entity Agreement

I,_____with_____ _____ hereby acknowledge the need for security and training for operating personnel to access the Applicant Background Check program (ABC). This agency agrees to comply with all state and federal statutes and regulations, and to use any information received over ABC for criminal justice purposes, criminal justice employment, and purposes expressly authorized by statute only. This agency acknowledges that these responsibilities have been developed and approved by the Federal Bureau of Investigation (FBI) and BCI in order to ensure the legality, reliability, confidentiality, completeness, and accuracy of all records contained in or obtained by means of ABC.

This agency agrees to train the authorized agencies it services on the integrity of ABC by familiarizing the agency regarding the laws, rules, policies and procedures of the system.

This agency agrees to allow the Point of Contact (POC) sufficient time to perform all necessary duties and attend mandatory training related to ABC responsibilities. The POC is responsible for ensuring that changes to existing and introduction of new policies and procedures are trained on and implemented in their agency.

This agency agrees to be audited by BCI and/or the FBI at least once every three years as outlined in FBI policy. This audit is a way of guaranteeing the completeness and accuracy of information in ABC.

This agency acknowledges that dissemination of UCCH information is governed by Section § 53-10-108 of the Utah Code Annotated.

BCI, as the Utah Control Service Agency, maintains the right to suspend ABC service when the security or dissemination requirements agreed to and adopted by and through this contract are violated. Any misuse must be reported to BCI per Utah Code Annotated §53-10-108. BCI will reinstate service upon receipt of satisfactory assurances that the violation has been corrected.

This agreement is effective 3 years from date of signature. This agreement may be terminated by BCI based on a thirty (30) day written notice or upon failure by the agency to comply with any of the provisions of this agreement.

Failure of the agency to sign this agreement shall be grounds to deny ABC access to the agency. A new User Agreement must be submitted to BCI should this agency receive a new administrator during the 3 year time period after date of signature.

Qualifying Entity Administrator

_____
Printed Name

_____
Signature

_____
Date

Qualified Entity User Application

Please wait until you receive confirmation that your agency is qualified before sending individual applications for web access.

Agency Codes you need access to (B, E codes)

_____

_____

_____

_____

Full Name _____

Sex _____

Race _____

User ID (only 8 characters)_____

Agency _____

Address _____

City _____ STATE_____ZIP _____

Agency Phone Number _____

Personal ID Number (employee # or last 4 of SSN) _____

Agency e-mail Address _____

Your Job Title and Description

_____

_____

_____

_____

_____

_____

_____

_____

Qualified Entity User Agreement

Information stored in all Applicant Background Check System (ABC) files is confidential and must be protected to ensure legal dissemination. Unauthorized request or receipt of this information could result in criminal proceedings. Violation of privacy and security regulations can also result in criminal prosecution of the person(s) involved and loss of state computer access by this agency. There is also potential for civil actions as well.

Access Codes and Passwords: Individual access codes and passwords are essential to the security of the information housed in the Applicant Background Check System (ABC) files. Each user is responsible for any information accessed from the UCJIS files under that logon ID and agency code. Users must not share post or otherwise divulge access codes or passwords. The agency agrees to enforce strict discipline regarding this matter.

If another employee needs access to information from ABC, please direct him/her to complete the Qualified Entity User Application and submit to BCI to obtain their own logon. Criminal History Files (III/UCCH): Dissemination of criminal history record information is controlled by federal regulations and Utah State Law. Utah Code Annotated §53-10-108(11)(a) states :

> *(11) (a) It is a class B misdemeanor for a person to knowingly or intentionally access, use, disclose, or disseminate a record created, maintained, or to which access is granted by the division or any information contained in a record created, maintained, or to which access is granted by the division for a purpose prohibited or not permitted by statute, rule, regulation, or policy of a governmental entity.*

This information must only be given to authorized personnel for purpose authorized by statute ONLY. Printed copies must be destroyed by shredding or burning when no longer needed.

USER SECURITY STATEMENT:

I, _____, have read and understand the enclosed User

Security Statement and agree to all restrictions made therein.

_____ Signature

_____ Logon ID

_____ Date

This form only needs to be signed once upon initial assignment of a logon and completion of initial testing and training. It does not need to be signed upon biennial re-certification.

Do not send this form to BCI. Keep this form on file at your agency. BCI reserves the right to request a copy of this form at any time.