



COLORADO
Bureau of Investigation

Department of Public Safety

IDENTIFICATION UNIT | 690 Kipling Street, Suite 3000 | Denver, CO 80215 | (303) 239-4208 | cbi.colorado.gov

Pay by Credit Card

Public Request for Criminal History Record Information

Please type or print clearly on both forms | Email request to cdps.cbi.biru.dis@state.co.us
Please call (303) 239-4208 with any inquiries. Discrepancies must be reported within 30 days.

NAME TO BE CHECKED

Last Name:

First Name:

Middle Name:

Date of Birth (required):

/ /

MM/DD/YYYY

Gender (optional):

MALE FEMALE

Social Security Number (optional):

- -

SEND REPLY TO

DFPC-Fire & Life Safety Section ATTN: Fireworks

Name of Business and/or Person

700 Kipling St.

Street Address or P.O. Box

Ste 4100

Apt/Unit Number

Lakewood

City

CO

State

80215

ZIP Code

Phone Number

PURPOSE FOR REQUEST

Public Request/General Inquiry

Emergency Medical Technician

Security Guard

Housing

P.O.S.T. Board

Adoption

Visa / International Travel

Immigration

Guardian/Conservator

NOTARIZING

Do you need the response notarized?

YES

NO

Notarizing may add up to three business days to your processing time.

PLEASE READ AND SIGN BELOW

The record you may receive is for lawful use only and summarizes information sent to the Colorado Bureau of Investigation from fingerprint contributors in the state of Colorado. Unless fingerprints accompanied your inquiry, the Colorado Bureau of Investigation cannot guarantee this record relates to the person in whom you have an interest. If the disposition is not shown, or further explanation of an arrest charge or disposition is desired, that information may be obtained from the agency who furnished the arrest information. Only the court of jurisdiction or the respective District Attorney's office wherein the final disposition occurred can provide an official copy to any specific disposition. State law governs access to sealed records. Because additions and deletions to a criminal history record may be made at any given time, a new inquiry should be requested when needed for subsequent use. Any report received from the Colorado Bureau of Investigation as the result of this inquiry shall not be used for the direct solicitation of business for pecuniary (monetary) gain.

X

Signature of Requesting Party (required per State law)



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Biometric Identification and Records Unit
 690 Kipling Street, Suite 4000
 Lakewood, CO 80215
 303-239-4208 | cbi.colorado.gov

**BIOMETRIC IDENTIFICATION AND RECORDS UNIT
 COLORADO DEPARTMENT OF PUBLIC SAFETY
 CREDIT CARD AUTHORIZATION FORM**

**No Charge Backs or Refunds
 All Sales Final**

Colorado Bureau of Investigation accepts the following Credit Cards.



BLUE INK PLEASE

I authorize you to bill my credit card account for \$ \$13.00

***If you miscalculate the “total amount due”, your card will automatically be billed the correct amount. Please check your invoice when your statement arrives for the actual amount billed to your card.**

Card Number: _____

Expiration Date: _____

Case number (For Seals Only): _____

Phone Number: _____

 Cardholder Name

 Signature