# NEW ACCOUNT APPLICATION FORM

**Not compatible with Mac Computers.**

FAX to: (303) 239-5858 or Mail to: Colorado Bureau of Investigation
690 Kipling Street Suite 3000
Denver, Colorado 80215

Complete the following application. The information is required to establish an account.
**Please type or print. <u>It will be your responsibility to notify the CBI of any changes to your account information.</u>**

**Check only one box below:**

☐ **Paid Account (You must submit payment with all submissions)**
☐ **Due Account (Invoiced once a month please include check with monthly invoice)**
☐ **Waived Account** (Law Enforcement/Criminal Justice only)

## ***Organization Information***

Contributing Agency Name_____
(This is how the name **must** appear on the fingerprint card)

Mailing Address_____

City, State and Zip Code _____

Contact Person Name: _____

Phone No: ( )_____ Fax No: ( )_____

**Email address for electronic response (see attached letter) _____**
**(Required)**

Is this a **COLORADO** State Agency ☐ YES ☐ NO or a **FEDERAL** Agency ☐ YES ☐ NO

## ***Billing Information***

Same as above: ☐ YES ☐ NO (Please complete if different than above)

Contact Person Name: _____

Billing Address: _____

City, State and Zip Code_____

Phone No: ( )_____ Fax No: ( )_____

## ***Type of Request***

☐ Day Care (provider number; day care license number)_____ **(required)**
☐ EMT (Emergency Medical Technician) ☐ Education (School District Only)
☐ Public Other_____

## ***Certification***

I certify that the information I have provided on this form is true and complete. The invoice is payable upon receipt.

_____ _____
Authorized Signature Date

_____ _____
Printed Name Title

**Account numbers will be assigned and returned to you. It is imperative that you use this number when submitting applicant requests.**