COLORADO
Bureau of Investigation
Department of Public Safety
IDENTIFICATION UNIT | 690 Kipling Street, Suite 3000 | Denver, CO 80215 | (303) 239-4208 | www.colorado.gov/cbi

Account Application Form

Please complete this form to apply for a new account or to update information about an existing account.
The form can be sent to:

MAIL	FAX	EMAIL
CBI 690 Kipling Street Suite 3000 Denver, CO 80215	(303) 239-5858	cdps_cbi_ident_taqc@state.co.us

ACCOUNT NUMBER/ORI: _____
To be filled out by CBI staff only

ORGANIZATON INFORMATION

Agency/Organization Name: _____

Mailing Address: _____

City, State, and ZIP Code: _____

Primary Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address for electronic responses: _____

An email address is mandatory if you wish to retrieve your responses electronically. Please note, the current record retrieval database is not compatible with Mac computers; however, it may be possible to access this database with a Mac if you set up a Windows emulator.

Is this a Colorado State agency? ☐ Yes ☐ No Is this a Federal agency? ☐ Yes ☐ No

BILLING TYPE

☐ Paid Account
"I would like to submit payment with all submissions."

☐ Due Account
"I would like to be invoiced once a month."
A Form W9 Request for Taxpayer Identification Number (TIN) and Certification must be filled out and submitted for this option.

BILLING INFORMATION

Same as above? ☐ Yes ☐ No *If no, please fill out the fields below.*

Billing Contact Person: _____

Billing Address: _____

City, State, and ZIP Code: _____

Phone Number: _____

RTY(S): _____

TYPE(S) OF BACKGROUND CHECKS

Please indicate the Reason(s) Fingerprinted for the background checks you wish to submit (general inquiry, day care, liquor licensing, etc.). Provide a Colorado Revised Statute if possible (a list of CRS numbers governing fingerprint processing can be found on our website at https://www.colorado.gov/cbi/employment-background-checks) .

_____

_____

Please continue to the next page.

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Account Application Form: Acknowledgement

Please read and sign below or your request will be returned as incomplete.

Your account number(s) will be assigned by the CBI and provided to you. It is essential that you use this number when submitting applicant requests.

_____
Initials

If you have elected to set up a Paid Account, payment must be received upon request of background check. Requests provided to the CBI without processing fee will be returned.

_____
Initials

For Due Accounts, the invoice is payable upon receipt. If you are submitting your requests electronically, please be advised that duplicate submissions will result in your agency being billed for each submission.

_____
Initials

By setting up an account, you agree to keep your information with us current. Any time there is a change to your organization's name, address, phone number, e-mail address, primary contact, etc., an updated version of this form must be submitted.

_____
Initials

An amendment to Colorado law requires that the CBI deny access to arrest records unless and until the person requesting same has signed a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain. In setting up an account, you agree to these terms with your signature below.

_____
Initials

I certify that the information I have provided on this form is true and complete, and that I have read and understood the statements above.

_____ _____
Authorized Signature *Date*

_____ _____
Printed Name *Title*