

User Setup Form

4315 S 2700 W Suite 1300 - Taylorsville, Utah 84129

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



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

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

□ Option 1. Default Agency Access User is granted access to all file that agency accesses	Option 1. Default Agency Access User is granted access to all file that agency accesses			
□ Option 2. Other Access Request User is granted access to the indicated types of access.	□ Option 2. Other Access Request User is granted access to the indicated types of access.			
$\overline{\text{NCIC}: \Box \ 1F \ \Box \ 11 \ \Box \ \text{None}}$	$\overline{\text{NCIC}: \Box \ 1F \ \Box \ 11 \ \Box \ \text{None}}$			
III: \Box 2F \Box None	III:			
NLETS: MF MLIM None	NLETS: MF MLIM None			
Local: LF LLIM	Local: LF LLIM			
Option 3. Special Instructions *MMJL Transaction is only for sworn officers/dispatchers	Option 3. Special Instructions *MMJL Transaction is only for sworn officers/dispatchers			
Fingerprints (Fill out for all user types)				

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User Number One	User Number Two		
Submitted by mail (with this form) Retained prints on file	Submitted by mail (with this form) \Box Retained prints on file \Box		