



Instructions for Automatic and Petitioned Expungement Verification



Enclosed is an application to view your records that have been automatically expunged **or** expunged through the petitioned process from the Utah Bureau of Criminal Identification in accordance to Utah code §77-40a-404(1). Please complete all of the steps described below. Failure to properly complete one of the steps may cause a delay or rejection of your application.

1. Fill out the top portion of the application. List all of your previous names including married and maiden names. Be sure to read and sign the form.
2. A copy of a valid government-issued photo ID **MUST** be provided with your application. (for example, passport, state ID card, consulate ID card, or driver license.) **“Utah Driving Privilege Cards” WILL NOT be accepted by BCI as valid ID. Driving Privilege Cards state on them that they are not to be used as ID.**
3. The application fee is **\$15.00 and non refundable**. Select a method of payment by making a check mark in the appropriate box. Checks and money orders must be US Currency and be made payable to “Utah Bureau of Criminal Identification.” To pay by credit card (Visa, MasterCard, Discover Card or AMEX), please fill out the requested information on the form. Credit card numbers must include: the signature of the cardholder, the three or four digit control number, and the expiration date. Cash is accepted only when applying in person. **DO NOT SEND CASH IN THE MAIL.**
4. Any Automatic **and** Petitioned Expungement information will be mailed or emailed to the address indicated on the application form. If the information needs to be sent to a third party, a third-party release form must be filled out and submitted along with your application. The third-party release form can be found at **bci.utah.gov**
5. Mail the application, fee, copy of valid ID and release form (if applicable) to:

UTAH BUREAU OF CRIMINAL IDENTIFICATION
4315 South 2700 West, Suite 1300
Taylorsville, Utah 84129

Or you can SCAN and email your application, copy of valid ID, and third-party release form (if applicable) to our expungement section email at:

bciexpungements@utah.gov

If you have questions you may call (801) 965-4445, option #5 from 8:00 AM - 5:00 PM Monday-Friday. Our office is closed weekends and holidays. You may also visit our website at <http://publicsafety.utah.gov/bci/>

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APPLICATION FOR AUTOMATIC AND PETITIONED EXPUNGEMENT VERIFICATION

Utah Department of Public Safety • Bureau of Criminal Identification 4315 South 2700 West, Suite 1300, Taylorsville, Utah 84129 Telephone: (801)965-4445

Rev 05/03/2023

WHEN FILLING OUT THIS FORM TYPE OR PRINT IN BLACK INK. Your application will not be processed unless all sections of this form are filled out completely. **You need to send a photocopy of your valid government issued picture ID and \$15.00 non refundable fee.**

NAME: _____ **DATE OF BIRTH** _____
(Last Name) (First Name) (Middle Name)

PREVIOUSLY USED NAME(S) (Maiden, etc.): _____

MAILING ADDRESS: _____
(Street/Box number) (City) (State) (Zip)

SOCIAL SECURITY: _____

PRIMARY PHONE NUMBER: _____ **DRIVER LICENSE # AND STATE:** _____

TO RECEIVE CORRESPONDENCE VIA ENCRYPTED EMAIL INSTEAD OF REGULAR MAIL, PLEASE PROVIDE YOUR EMAIL ADDRESS BELOW.

EMAIL: _____

I am the person listed above and legally entitled to my expunged record information as provided by Utah Code Ann. §77-40a-404(1). I have reviewed all information contained in this document and it is true and correct. I understand that any false statements may subject me to criminal punishment as a class B misdemeanor pursuant to Utah Code Ann. §76-8-504 I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the _____ day of _____, _____, at _____.
Date Month Year City or other location, and state or country

Printed name

Signature

METHOD OF PAYMENT (Only to be filled out if application is mailed/emailed in. Check appropriate box for payment)

Check, Money Order or Cashier's Check (Payable to "BCI") **There will be a \$20.00 service charge for any returned check.**

Credit Card: Visa Master Card Discover AMEX

Fill out the information below to pay by credit card.

*3 or 4 digit control #

Exp Date MM/YY

Cardholder Signature: _____ Name on Credit Card: _____