

**BCA FORM**  
Bureau of Criminal Apprehension  
Criminal Background Check

PRINT IN INK or TYPE your responses

**THIS FORM MUST BE COMPLETED AND SIGNED BY THE QUALIFYING PERSON. THE DEPARTMENT OF LABOR AND INDUSTRY REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS.**

TO: Bureau of Criminal Apprehension

RE: Request for criminal background check

**PROVIDE QUALIFYING PERSON'S COMPLETE LEGAL NAME**

**LAST NAME** (if legal list name is hyphenated, enter both names here)

**FIRST NAME**

**MIDDLE NAME**

ADDITIONAL MIDDLE NAME (if applicable)

MAIDEN NAME (if applicable)

FORMER LIST NAME or OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr)

SOCIAL SECURITY NUMBER

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

**THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY**

NAME OF THE COMPANY

COMPANY'S ASSUMED NAME (if applicable)

COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER

YOUR TITLE OR POSITION IN THE COMPANY

**CERTIFICATION AND AUTHORIZATION:**

- I, the undersigned, and my company have made application to the Minnesota Department of Labor and Industry for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.

SIGNATURE OF QUALIFYING PERSON (mandatory)

DATE