NONPROFIT ORGANIZATION APPLICATION FOR A REDUCTION IN FEE FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN (1/07)

FOR BCI USE ONLY	
Approved:	**Y N**
Agency #:	

INSTRUCTIONS:

1. The reduction in fee for a record check applies only to ***"a nonprofit organization that is organized and operated in this state exclusively for charitable purposes for the exclusive benefit of minors" OR "a nonprofit organization that is organized and operated in this state exclusively for charitable purposes for the exclusive benefit of vulnerable elderly adults" (NDCC § 12-60-16.9.)*** An organization must be predetermined by the Office of Attorney General as eligible to receive the reduction in hte required fee.
2. **For organizations serving vulnerable elderly adults, the reduction in fee is limited to record checks conducted on volunteers for the organization.**
3. Please type or print legibly. Be sure all information is completed and the required documents are submitted. If any of the information is not complete, the application will be returned. The application should be sent to:

   Criminal Records Unit
   North Dakota Bureau of Criminal Investigation
   4205 State Street
   PO Box 1054
   Bismarck ND 58502-1054

   Use street address when shipping by next day service.
4. The Office of Attorney General will review the application information and will approve the reduction in fee if the organization meets the requirements of NDCC § 12-60-16.9. A letter indicating the decision will be sent to the contact person indicated in the application information.
5. Any questions about the application process should be directed to the Criminal Records Unit at (701) 328-5500.
6. Please include the following documents to be used in determining eligibility for the reduction in fee:

   - Copy of the articles of incorporation for the organization and any articles of amendment.
   - Copy of the certificate of incorporation as provided by the Secretary of State's Office.
   - Copy of the bylaws for the organization, if any.
   - Copy of a tax exemption letter from the IRS, if applicable.

APPLICANT INFORMATION		
Contact Person		Phone Number
Agency Name		
Address		
Address		
City	State	Zip

I certify, as an authorized representative of the above mentioned organization, that the organization applying for the reduction in the criminal history record check fee meets the following criteria:

- Nonprofit
- Organized and operated in this state (North Dakota)
- Organized and operated exclusively for charitable purposes for the exclusive benefit of minors OR organized and operated exclusively for charitable purposes for the exclusive benefit of vulnerable elderly adults

I understand the making of any false or misleading statement with respect to this application may be a violation of law.

Signature of Authorized Representative

Date