



STATE OF MINNESOTA
DEPARTMENT OF COMMERCE

85 – 7th Place East
St. Paul, Minnesota 55101
(651) 296-6319

BCA FORM

Bureau of Criminal Apprehension
Criminal Background Check

THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS, AND IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10% OF THE CORPORATION'S STOCK, LLC OWNERS/GOVERNORS, MANAGERS, OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for Criminal Background Check, and
Request for Disclosure/Verification of Tax Identification Number

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|---|------------------------------------|---|--------------|
| PROVIDE PERSON'S COMPLETE LEGAL NAME | | | Please Print |
| LAST NAME (if legal last name is hyphenated, enter both names here) | | | |
| FIRST NAME | | MIDDLE NAME | |
| ADDITIONAL MIDDLE NAME (if applicable) | MAIDEN NAME (if applicable) | FORMER LAST 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 Commerce 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.
- I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

Signature (mandatory)

Date