



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764

Wisconsin Criminal History
Customer Account Application

The Wisconsin Department of Justice agrees to furnish criminal history record information as is available from the Crime Information Bureau consistent with the provisions of Wisconsin Statutes 165.82 and 19.35(1). Complete this application to request a customer account for billing record check requests.

Account Number

Applicant Information: [ ] New Account [ ] Update Account

[Empty box for Account Number]

Name: \_\_\_\_\_ Attn: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

City, State, Zip: \_\_\_\_\_ FAX: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

E-mail: \_\_\_\_\_

Requestor Type - Check One

- [ ] Government Agency \$12.00 per request\*
[ ] General Public \$12.00 per request\*
[ ] Nonprofit Org. \$12.00 per request\*

[Nonprofit account application must include a copy of 501(c)3 determination letter from the Internal Revenue Service]

Billing Address (if different than above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Caregiver and Daycare requests require an additional fee of \$3 per request for the Department of Health Services

[ ] I am requesting on-line access via the internet. Please assign a PIN number along with my account number. Fees for internet requests are \$7.00 .

Regulations for account customers with the Crime Information Bureau:

- (1) This agreement remains in effect until terminated in writing by the Wisconsin Department of Justice or the requestor..
(2) The Crime Information Bureau will prepare and send an invoice by the 15th of the month for all record checks requested during the preceding month.
(3) All invoices are due and payable to the Department of Justice within 30 days from the date of the invoice.
(4) The Department of Justice may cancel this customer account agreement for nonpayment.
(5) The individual signing on behalf of the requesting agency certifies by his or her signature that he or she is authorized to sign this document on behalf of the requestor and such requestor will adhere to all terms of the agreement.
(6) Account numbers will be required on all request forms and payments submitted.
(7) Non-profit and governmental agencies may not disseminate or re-sell criminal record information obtained at the cost less than general public inquiry fee. Those records may only be used by the government or non-profit agency for its own business purposes.
(8) Requests may be faxed to the Crime Information Bureau with prior approval, however account customers must provide at least a 3-month supply of self-addressed, postage-paid envelopes. The account number must be included on the envelopes.

Mail application to: Attn: Record Check Unit
17 West Main Street
PO Box 2688
Madison, WI 53701-2688

(Authorized signature)

(Date)

FAX application to: (608) 267-4558

(Title)