NORTH DAKOTA OFFENDER REGISTRATION
OFFENDER NOTICE/ACKNOWLEDGEMENT/REGISTRATION

ND OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 18092 (10-2013)

AGENCY USE ONLY
Risk Level

☐ New ☐ Change ☐ Verification

ND SID (If known)	Offender's Name (Last, First, Middle) - Please Print					Date of Birth
FBI Number (If known)	Previous Name(s)					Social Security Number
Skin Color	Alias Name(s)					Place of Birth (State)
Gender ☐ Male ☐ Female	Height (Feet/Inches)	Weight (Pounds)	Eye Color	Hair Color	Race	Ethnicity ☐ Hispanic or Latino
Driver's License Number		Driver's License State		Driver's License Expiration Date		Citizenship
Scars, Marks, and Tattoos (Fully describe the location and description)						
Are You a First Time Registrant in North Dakota ☐ Yes ☐ No		Most Recent Registering Agency				
Have You Registered in States Other Than North Dakota ☐ Yes ☐ No		States, Countries or Territories (Other than North Dakota) You Have Registered in				
Are You Currently Incarcerated ☐ Yes ☐ No		Incarceration Facility				
		Crime for Current Incarceration				Projected Release Date

In compliance with the Federal Privacy Act of 1974, the disclosure of your social security number on this form is mandatory pursuant to North Dakota Century Code 12.1-32-15. The social security number is used for identification and search purposes in local, state and national databases to detect violations of law or regulations. Failure to provide the information required by the Attorney General, including your social security number, is a class C felony punishable by up to five years in prison, a $5,000 fine, or both.

AUTHORIZATIONS AND ACKNOWLEDGEMENT OF REQUIREMENTS

As an offender who is required to register in accordance with NDCC 12.1.32-15, and/or the order of the court, I acknowledge the following registration requirements and authorizations. **INITIAL EACH STATEMENT AFTER READING.**

1. I understand that as used in this acknowledgement, the term "**REGISTER**" means to provide any information or change of information that is required by the Attorney General of North Dakota. This information includes, personal descriptor information, residence, school and employer addresses with additional information provided as per each address type. I understand that I will also provide phone numbers, vehicles, watercrafts, aircrafts, email addresses, internet service providers, website accounts and professional licensures. **1** _____
2. I am required to register with the law enforcement agency in the jurisdiction in which I intend to reside WITHIN **3** DAYS OF ENTERING THE CITY OR COUNTY IN WHICH I WILL RESIDE. **2** _____
3. If I do not establish a residence, but visit or stay in one location for at least **10** days at one time or **30** days in a calendar year, then I must register that temporary residence with the law enforcement in the city or county where I am temporarily residing. **3** _____
4. If I reside in another state and work or attend school in North Dakota, I am required to register with the law enforcement agency in the jurisdiction in which I intend to work or attend school WITHIN **3** DAYS OF ATTENDING CLASSES OR BEGINNING EMPLOYMENT. **4** _____
5. If I intend to change my residence, school, or work address, I must notify, in writing, the law enforcement agency where I am registered of my intended new residence, school, work address, or any other information by completing a Registration Information Form AT LEAST **10** DAYS PRIOR TO ASSUMING THAT NEW ADDRESS. **5** _____
6. If I am a North Dakota resident and change my residence from one city to another, from one county to another, or between North Dakota and another state, I must register in the new city, county, or state WITHIN **3** DAYS OF OCCUPYING THE NEW RESIDENCE. **6** _____
7. If I reside in another state and I change location of school or work from one city to another, from one county to another or between North Dakota and another state, I must register in the new city, county, or state WITHIN **3** DAYS OF ATTENDING CLASSES OR BEGINNING EMPLOYMENT. **7** _____
8. If I make any changes, I must notify the registering law enforcement agency WITHIN **3** DAYS OF THE EFFECTIVE DATE OF THAT CHANGE, or in the case of termination of school or employment, within **5** days. **8** _____
9. I understand that I will be required to periodically confirm any and all registration information, including having a new photo taken by the registering agency. **9** _____
10. Except to vote in a school building used as a public polling place, or to attend an open meeting under chapter 44-04 held in a school building, I understand that I may not knowingly enter the real property of a public or non-public elementary, middle, or high school unless allowed on school property in compliance with a written policy adopted by the school board of a public school or governing body of a non-public school.
    -- I understand I may request a copy of a school's policy by contacting the school via phone or mail and that I must abide by that school's policy. **10** _____

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11. I understand that if no written policy exists regarding entering the real property of a public or non-public elementary, middle, or high school, I may enter the real property of the school under any of the following conditions: **11** _____
--I am the parent or guardian of a student attending the school and I have written permission of the school board or governing body of the school to attend a conference with school personnel to discuss the progress of the student academically or socially; participate in a child review conference in which evaluation and placement decisions may be made regarding special education services; or attend a conference to discuss other student issues, including retention and promotion.
--I am the parent, guardian, or relative of a student attending or participating in a function at the school and I requested and received advance permission from the school board or governing body to attend the school function.
--I am a student at the school with the written permission of the school board or governing body.
--The school board or governing body allows me to be on school property on a case-by-case basis.

12. I understand that a change of plea after probation on a deferred imposition does not affect my duty to register. If I have received a Governor's pardon, or if my conviction was overturned by appeal or post-conviction action, or if a North Dakota court expressly exempted me from having to register, I must provide supporting written documentation from the court or Governor's office and a phone number for that entity to: Offender Registration Staff, PO Box 1054, Bismarck ND 58502. **12** _____

13. I will abide by all registration requirements set forth in NDCC 12.1.32-15. **13** _____

14. I understand that failure to comply with registration requirements or providing false information on this or any other registration documents is a Class C felony, which will result in revocation of my parole or probation and a term of at least 90 days in jail and one year probation. **14** _____

15. I understand that juvenile records, treatment records, police and correctional records, and any other necessary documents are required to assess my risk level. I understand that failure to authorize release of this information may result in a higher risk level because of the inability to confirm treatment success and/or evaluate the severity of criminal activity. **15** _____

I AM REQUIRED TO REGISTER FOR THE FOLLOWING CRIMES:

Enter offenses requiring registration into section below (most recent offense first)**.**

Offense 1 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME	Date Released
Victim 1	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Court of Record (County or State)	
Victim 2	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Prosecuting Attorney	
Offense 2 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME	Date Released
Victim 1	Age	Gender ☐ Male ☐ Female	Relationship to Offender		
Victim 2	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Prosecuting Attorney	
Offense 3 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME	Date Released
Victim 1	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Court of Record (County or State)	
Victim 2	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Prosecuting Attorney	

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CURRENT REGISTRATION INFORMATION

Enter your current physical address into "Primary Residence Address"

Primary Residence Address

Facility or "Care of" Name (or N/A if none)				Occupancy Date
Street Address (Physical address required; **PO Box or "Homeless" is not sufficient**)				Telephone Number
City	State	ZIP Code	County	
Special Directions to Residence, if necessary				
Previous Address	City	State	ZIP Code	

If your current mailing address is different than your primary residence address, then complete the following section

Mailing Address

Facility or "Care of" Name (or N/A if none)		
Street Address (May use PO Box)		
City	State	ZIP Code

If you have an additional address, complete the following section

Residence Mailing Address 2

Facility or "Care of" Name (or N/A if none)				Occupancy Date
Street Address (Physical address required; **PO Box or "Homeless" is not sufficient**)				Telephone Number
City	State	ZIP Code	County	
Special Directions to Residence, if necessary				
Previous Address	City	State	ZIP Code	

If you have more than two addresses, photocopy or print another copy of the page and complete the residence address sections and attach to this form

If you are currently employed, complete the following section

Employer 1

Employer Name				Telephone Number
Street Address (Physical address required; **PO Box or "Homeless" is not sufficient**)			Start Date	End Date
City	State	ZIP Code	County	
Additional Directions to Physical Location of Work			Contact Name	

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If you have an additional employer, complete the following section

Employer 2

Employer Name			Telephone Number
Street Address (Physical address required; **PO Box or "Homeless" is not sufficient**)		Start Date	End Date
City	State / ZIP Code	County	
Additional Directions to Physical Location of Work		Contact Name	

If you have more than two employers, photocopy or print another copy of this page, complete the employer section and attache to this form

If you are enrolled in school, complete the following section

School

School Name			Telephone Number
Street Address (Must be a Physical Address, may not be a PO Box)		Start Date	End Date
City	State / ZIP Code	County	
Enrollment Type ☐ Full Time ☐ Part Time ☐ Online with Periodic School Visits ☐ Online Only			

If you attend more than one school, photocopy or print another copy of this page, complete the school section and attach to this form

If you currently have access to a vehicle, complete the following section

Vehicle 1

Year	Make	Model	Color	Style	Owner Name
Plate Number		Plate State	Plate Expiration	Vehicle Type ☐ Auto ☐ Truck ☐ Motorcycle ☐ Snowmobile	

If you have access to another vehicle, complete the following section

Vehicle 2

Year	Make	Model	Color	Style	Owner Name
Plate Number		Plate State	Plate Expiration	Vehicle Type ☐ Auto ☐ Truck ☐ Motorcycle ☐ Snowmobile	

If you have access to more than two vehicles, photocopy or print another copy of this page, complete the vehicle section and attach to this form

If you currently have access to a watercraft, complete the following section

Watercraft

Year	Make	Model	Color	Type	Owner Name
Registration Number		Registration State	Hull Shape	Hull Material	

If you currently have access to more than one watercraft, photocopy or print another copy of this page, complete the watercraft section and attach to this form

If you currently have access to a aircraft, complete the following section

Aircraft

Year	Make	Model	Color	Type	Owner Name

If you currently have access to more than one aircraft, photocopy or print another copy of this page, complete the aircraft section and attach to this form

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If you currently have access to an email address, complete the following section

E-Mail

E-Mail Address 1	E-Mail Address 2
E-Mail Address 3	E-Mail Address 4

If you currently have access to more than four email addresses, photocopy or print another copy of this page, complete the e-mail section and attach to this form

If you currently have access an internet service provider, such as MidContinent, CableOne, or BTINet, complete the following section

Internet Service Provider

Internet Service Provider 1	Internet Service Provider 2

If you currently have access to more than two Internet Service Providers, photocopy or print another copy of this page, complete the Internet Service Provider section and attach to this form

If you currently have access to a website account, such as Facebook, Amazon, or Hotmail, complete the following section

Website

Website Name 1	User Name 1
Website Name 2	User Name 2

If you currently have access to more than two website accounts, photocopy or print another copy of this page, complete the website section and attach to this form

If you hold any current professional licenses, complete the following section

Professional Licensure

Association Name	License Number	License Expiration Date	License Type

If you hold more than one professional license, photocopy or print another copy of this page, complete the professional licensure section and attach to this form

NOTICE OF INTENT TO CHANGE

If you intend to change your residence at a future date, complete the following section

Intended Residence

Facility Name (or N/A if none)			Occupancy Date
Street Address (Physical address required; **PO Box or "Homeless" is not sufficient**)			Telephone Number
City	State	ZIP Code	County
Special Directions to Residence (If needed)			

If you intend to change your employment at a future date, complete the following section

Intended Employer

Employer Name			Telephone Number
Street Address (Must be a physical address, may not be a PO Box)			Start Date
City	State	ZIP Code	County
Employer Contact name			

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If you intend to enroll in a school at a future date, complete the following section

Intended School

School Name			Telephone Number
Street Address (Must be a physical address, may not be a PO Box)			Start Date
City	State	ZIP Code	County

Enrollment Type

☐ Full Time ☐ Part Time ☐ Online with Periodic School Visits ☐ Online Only

Registering Agency Requirements

☐ Original Copy ☐ New Photo ☐ Photocopy of Drivers License ☐ Palm Print Card ☐ FBI Fingerprint Card

DNA Requirements

☐ Confirm via CWIS that DNA is in the North Dakota DNA database. If not in database, collect and submit DNA sample to the North Dakota State Crime Laboratory

TO BE SIGNED BY OFFENDER AT THE LAW ENFORCEMENT AGENCY WHICH IS ACKNOWLEDGING THE OFFENDER

I, the undersigned, hereby acknowledge in accordance with North Dakota state law. I acknowledge that I must maintain registration for a minimum of 15 years. Dependant on my risk level and the number and type of registerable convictions I have, I may be required to register for 25 years to life.

Offender's Signature	Date

Registering Agency	Registering Agency's Representative (Please Print)

Valid Form Values

RACE - American Indian, Alaska Native, Asian, Pacific Islander, Black, White, Unknown

CITIZENSHIP - A country or nation

RELATIONSHIP TO OFFENDER - Spouse, Parent, Sibling, Child, Grandparent, Grandchild, In-Law, Stepparent, Stepchild, Stepsibling, Other family member, Acquaintance, Friend, Neighbor, Babysitter, Babysittee (the baby), Boyfriend, Girlfriend, Former boyfriend, Former girlfriend, Homosexual partner, Ex-Spouse, Employee, Employer, Unknown

VEHICLE STYLE - 2 door sedan, 4 door sedan, convertible, hearse, limousine, station wagon, motorbike, motorcycle, moped, motorscooter, minicycle, 3 door truck, 4 door truck, pickup, bus, utility truck, tractor trailer, flatbed truck, grain truck, sport utility vehicle, refrigerated van, tanker, tow truck, van

WATERCRAFT TYPE - Airboat, Commercial, Cruiser, Houseboat, Hovercraft, Hydrofoil, Hydroplane, jet-Ski, Runabout, Sailboat, Utility, Fishing, Canoe, Other

WATERCRAFT HULL SHAPE - Catamaran, Deep-V, Flat bottom, Pontoon, Round bottom, Semi-V, Tri-Hull, Tunnel, Other

WATERCRAFT HULL MATERIAL - Metal, Plastic, Wood, Fiberglass, Other

AIRCRAFT TYPE - 1 Engine Jet, 2 Engine Jet, 3 Engine Jet, Multiple Engine Jet, 1 Engine Prop, 2 Engine Prop, 3 Engine Prop, Multi Engine Prop, Blimp, Helicopter, Hot Air Balloon, Sailplane, Ultralight

Original **to Attorney General (BCI Offender Registration)**
Copy **to Registering Agency**
Copy **to Offender**

Mail to: **BCI Offender Registration**
PO Box 1054
Bismarck, ND 58502-1054

Please provide a copy of your Driver's License and Professional Licensure