

Request for a Background Check via Electronic Fingerprinting

Check one: BCI FBI BCI and FBI

Personal Information (please print)

Name _____

Date of Birth: _____

Maiden/previous married names _____

SSN: _____

Phone # _____

Address _____

Email Address: _____

City _____

State _____ Zip _____

Complete this portion only if an FBI background check is needed:

Gender _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

BCI ORC CODE: _____

Name and Address for results to be mailed to:

FBI ORC CODE: _____

Agency: _____

Reason for Background Check (Must be specific)

Attn: _____

If reason is employment: list job title and job duties

Address: _____

Direct Copy Options (Select ONE)

BMV Dealer Licensing

Ohio Dental Board

Ohio Veterinary Medical Licensing Board

BMV Deputy Registrar

Ohio Department of Agriculture – Hemp Program

OPOTA

Child Care Center – Type A-ODJFS

Ohio Department of Insurance

Social Worker Board (CSWMFT)

Commerce Medical Marijuana Control Program

Ohio Department of Liq. Control

State Speech and Hearing Professionals Board

Lottery Commission

Ohio Dept. of Education

State Vision Professionals Board

Occupational Therapy, Physical Therapy and Athletic Trainers Board

Ohio Dept. of Public Safety

NONE

Ohio Board of Nursing

Ohio Division of Real Estate and Professional Licensing

Ohio Board of Pharmacy

Ohio Medical Board

Ohio Construction Board

Ohio Racing Commission

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____ . I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (print) _____

Processed by – Signature & Unit Number _____

Applicant's Signature _____ Date _____

Amount Received _____

Parent/Guardian Name (print) _____

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant. NO REFUNDS.

Parent Guardian Signature (Minor Applicants only) _____

____ I have reviewed the information entered on the Webcheck screen and I verify that it is accurate.