

Date: _____ 2090.347.4200 Bill to acct

Request for a Background Check via Electronic (03/2019)
Fingerprinting (WebCheck)
 BCI \$35.00 FBI \$40.00 BCI and FBI \$65.00

Personal Information (please print) Type of Photo ID and ID# _____
Name _____ State / Province _____
Date of Birth _____ SSN _____ Zip / Postal Code _____
Address _____ Phone Number _____
City _____

Complete this portion only if an FBI background check is needed.
Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

ORC Code/Specific Reason for check BCI _____
FBI _____

Direct Copy to (circle only one):

- | | | |
|---|---|------|
| BMV Dealer Licensing | Social Work Board | None |
| BMV Deputy Registrar | Ohio Board of Nursing | |
| Child Care CTR /Type A ODJFS | Ohio Dept of Education | |
| Construction Board | Ohio Dept of Liquor Control | |
| Ohio Veterinary Medical Licensing Board | Ohio Dept of Public Safety/PISG | |
| Lottery Commission | Ohio Dept of Insurance | |
| Occupational or Physical Therapy, Athletic Training | OPOTA (Ohio Peace Officer Training Academy) | |
| Ohio State Racing Comm. | State Speech & Hearing Professionals Board | |
| Ohio Board of Pharmacy | State Vision Professionals Board | |
| Ohio Medical Board | | |

Company Name or Mail to Address results are to be sent to:

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 _____ **(Company Name Requesting)**. 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. **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.**

Applicant's Name (please print)

Applicant's Signature