

Webcheck # _____

Log # _____



Request for Background Check via Electronic Fingerprinting

- | |
|--------------------------------------|
| <input type="checkbox"/> BCI |
| <input type="checkbox"/> FBI |
| <input type="checkbox"/> BCI and FBI |

Personal Information (please print clearly)

Type of Photo ID: _____

State/Province _____

ID # _____

ZIP/Postal Code _____

Name _____

Phone # _____

DOB _____ SSN _____

- Home Mobile Work

Address _____

Email address _____

City _____

Complete this portion for FBI background checks only:

Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Reason for background check (be specific):

Mail results to:

Direct copy options (select only ONE)

- | | |
|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> BMV Deputy Registrar |
| <input type="checkbox"/> Ohio Department of Education | <input type="checkbox"/> Ohio Department of Insurance |
| <input type="checkbox"/> Ohio Department of Public Safety | <input type="checkbox"/> OPOTA |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> State Speech and Hearing Professionals Board |
| <input type="checkbox"/> Ohio State Racing Commission | <input type="checkbox"/> Lottery Commission |
| <input type="checkbox"/> State Vision Professionals Board | <input type="checkbox"/> Ohio Board of Pharmacy |
| <input type="checkbox"/> Social Worker Board | <input type="checkbox"/> Ohio Medical Board |
| <input type="checkbox"/> Child Care Center – Type A – ODJFS | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board |
| <input type="checkbox"/> Ohio Construction Board | <input type="checkbox"/> Occupational Therapy, Physical Therapy and Athletic Trainers Board |
| <input type="checkbox"/> Ohio Board of Nursing | |
| <input type="checkbox"/> Ohio Department of Liquor Control | |

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 (BCI&I) 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.

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) _____

Witness Name (please print) _____

Applicant's Signature _____ Date _____

Witness Signature _____

Parent/Guardian Name (minor applicants only) _____

Parent/Guardian Signature (minor applicants only) _____