



# Request for Background Check via Electronic Fingerprinting

BCI LOG# \_\_\_\_\_  
 FBI  
 BCI and FBI

## Personal Information – Please Print Clearly

Name \_\_\_\_\_

## FBI Background Check Info

Type of Photo ID:  Driver's License  Passport

Gender \_\_\_\_\_ Race \_\_\_\_\_

ID# \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Mail Results to: \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone# \_\_\_\_\_

Reason /ORC Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Mail Addressee Phone#

## DIRECT COPY OPTIONS

<input type="checkbox"/> BMV Dealer Licensing	<input type="checkbox"/> Ohio Dept. of Education	<input type="checkbox"/> Ohio State Racing Commission
<input type="checkbox"/> BMV Dealer Registrar		
<input type="checkbox"/> Child Care Center – Type A ODJFS	<input type="checkbox"/> Ohio Dept. of Insurance	<input type="checkbox"/> Ohio Veterinary Medical Board
<input type="checkbox"/> Commerce - Medical Marijuana Control	<input type="checkbox"/> Ohio Dept. of Liquor Control	<input type="checkbox"/> PI/ SG Ohio Dept of Public Safety
<input type="checkbox"/> Construction Board	<input type="checkbox"/> Ohio Department of Insurance	<input type="checkbox"/> Social Work Board
<input type="checkbox"/> Lottery Commission	<input type="checkbox"/> Ohio Dept. of Agriculture Hemp	<input type="checkbox"/> State Speech & Hearing Professional
<input type="checkbox"/> Occupational Therapy, Phys. Therapy & Athletic Trainers Board	<input type="checkbox"/> Ohio Div. of Real Estate / Professional Learning	<input type="checkbox"/> State Pharmacy Board
<input type="checkbox"/> Ohio Board of Nursing	<input type="checkbox"/> Ohio Medical Board	<input type="checkbox"/> State Vision Professional Board
		<input type="checkbox"/> None

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)

\_\_\_\_\_  
Web Check Witness (please print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date