

Request for a Background Check via Electronic Fingerprinting

BCI Reason Code must be selected

BCI

FBI Reason Code must be selected

FBI

Both FBI and BCI Reason Codes must be selected

BCI and FBI

Personal Information (please print)

Name: _____

Type of Photo ID and ID # _____

Date of Birth: _____ SSN _____

State/Province: _____

Zip/Postal Code: _____

Address: _____

Email Address: _____

City: _____

Phone # _____

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

Sex Race Height Weight Eyes Hair

Reason for BCI background check: _____

(Select, Type or Print)

Reason for FBI background check: _____

(Select, Type or Print)

Direct Copy to (check only one):

Address for results mailed to:

- | | |
|-----------------------------------|--------------------------------|
| Ohio Department of Education | BMV Dealer Licensing |
| Ohio Board of Nursing | BMV Deputy Registrar |
| Ohio Department of Public Safety | Child Care Ctr –Type A – ODJFS |
| Ohio Department of Liquor Control | Dietetic Board |
| Ohio State Racing Commission | Lottery Commission |
| Ohio Department of Insurance | Respiratory Care Board |
| OPOTA | Construction Board |
| Pharmacy Board | Social Work Board |
| None | |

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. 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. This authorization and waiver is valid for one year from the date this background check was conducted.

Applicant's Name (please print)

Witness name (please print)

Applicant's Signature

(Date)

Witness Signature

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants Only)

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.