

Webcheck # _____

Log# _____

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Phone # _____

City _____

Email Address _____

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

Sex Race Height Weight Hair Eyes

Reason for background check: (BE SPECIFIC)

Address for results to be mailed to:

Direct Copy Options (Select only one)

Ohio Dept of Education
Ohio Dept of Public Safety
BMV Dealer Licensing
Ohio State Racing Commission
Dietetics Board
Social Worker Board
Child Care Center - Type A - ODJFS
Ohio Construction Board

Ohio Board of Nursing
Ohio Department of Liquor Control
BMV Deputy Registrar
Ohio Department of Insurance
OPOTA
Respiratory Care Board
Lottery Commission
Ohio Board of Pharmacy

Ohio Medical Board
Orthotics, Prosthetics, Pedorthics Board
Occupational Therapy, Physical Therapy
and Athletic Trainers Board

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 (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.

