

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	<input type="checkbox"/>	Race	<input type="checkbox"/>	Height	<input type="checkbox"/>
		Weight	<input type="checkbox"/>	Hair	<input type="checkbox"/>
				Eyes	<input type="checkbox"/>

Reason for background check: (BE SPECIFIC)

Address for results to be mailed to:

- 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

Direct Copy Options (Select only one)

- 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
- 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 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.