

Request for a Background Check via Electronic Fingerprinting 3/27/2018

Check which applies BCI FBI BCI and FBI

Date: _____

Personal Information (please print)

Name _____

Date of Birth: _____

Maiden/previous married names: _____

SSN: _____

Address _____

Phone # _____

City _____

Email Address: _____

State _____ Zip _____

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

Gender _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Reason for Background Check (Must be specific)

Name and Address for background results to be mailed to:

If reason is employment: list job title and describe job duties

Reason for being fingerprinted

BCI ORC CODE: _____

FBI ORC CODE: _____

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 (CSWMFT)
- 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
- Respiratory Care Board
- Lottery Commission
- Ohio Board of Pharmacy
- Ohio Medical Board

- Orthotics, Prosthetics, Pedorthics Board
- Occupational Therapy, Physical Therapy and Athletic Trainers Board
- State Vision Professionals Board
- Ohio Veterinary Licensing Board
- State Speech and Hearing Professionals Bd.

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 (print) _____

Processed by - Name _____

Applicant's Signature _____ Date _____

Amount Received _____

Parent/Guardian Name (print) _____

Webcheck Operator _____

Parent Guardian Signature (Minor Applicants only)

Do not initial below until you go to the Webcheck window. 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. NO REFUNDS.
Initial _____