

WebCheck # \_\_\_\_\_

Log# \_\_\_\_\_

### Request for a Background Check via Electronic Fingerprinting

◇ BCI

◇ FBI

◇ BCI and FBI

**Personal Information (Please print):**

Name: \_\_\_\_\_

Type of Photo ID and ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORC : \_\_\_\_\_

Phone : \_\_\_\_\_

**Direct Copy Options (SELECT ONLY ONE):**

- |                                  |  |   |
|----------------------------------|--|---|
| Ohio Dept of Education           | Ohio Board of Nursing                      | Ohio Medical Board                            |
| Ohio Dept of Public Safety       | Commerce-Med Marijuana Control Program     | Ohio Veterinary Medical Licensing Board       |
| BMV Dealer Licensing             | Ohio Department of Liquor Control          | Ohio OT/PT/AT Board                           |
| Ohio State Racing Commission     | BMV Deputy Registrar                       | Ohio Construction Board                       |
| State Vision Professionals Board | Ohio Department of Insurance               | Ohio Board of Pharmacy                        |
| Social Worker Board              | OPOTA                                      | Ohio Division of Real Estate & Prof Licensing |
| Child Care Center-Type A - ODJFS | State Speech & Hearing Professionals Board | Ohio Department of Agriculture - Hemp         |
|                                  | Lottery Commission                         | 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 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (minor applicants only) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.**