

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:

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) _____

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.

Parent/Guardian Signature _____ Date _____