

Request for Background Check via Electronic Fingerprinting

_____ BCI

_____ FBI

_____ FBI/BCI

Personal Information (please print)

Photo ID# and type: _____

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

City/State: _____ Zip: _____ Phone: _____

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

SEX: _____ RACE: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Ohio Revised Code Reason (xxxx.xx): _____

Name & Address for results to be mailed to: _____

Phone: _____

Direct Copy Options (Select only one)

| | | |
|------------------------------------|------------------------------|----------------------------------|
| BMV Dealer Licensing | Ohio Dept of Education | OT, PT, AT Board |
| BMV Deputy Registrar | Ohio Dept of Insurance | Ohio Veterinary Medical |
| Child Care Center – Type A – ODJFS | Ohio Dept of Liquor Control | Licensing Board |
| Lottery Commission | Ohio Dept of Public Safety | Social Worker Board |
| Ohio Board of Nursing | Ohio Medical Board | State Speech/Hearing Prof Board |
| Ohio Board of Pharmacy | Ohio State Racing Commission | State Vision Professionals Board |
| Ohio Construction Board | OPOTA | NONE |

I certify that the 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 (Minor Applicants Only)

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.

FOR OFFICE USE ONLY:

Paid by: _____ Check # _____

Cash _____

Bill to recipient _____