

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

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

City: \_\_\_\_\_

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

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

Sex

Race

Height

Weight

Eyes

Hair

Reason for background check: \_\_\_\_\_

### Direct Copy to (check only one):

Address for results mailed to:

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

Ohio Department of Education

BMV Dealer Licensing

Ohio Board of Nursing

BMV Deputy Registrar

Ohio Department of Public Safety

Child Care Ctr –Type A – ODJFS

Ohio Department of Liquor Control

Dietetic Board

Ohio State Racing Commission

Lottery Commission

Ohio Department of Insurance

Respiratory Care Board

OPOTA

Construction Board

Pharmacy Board

Social Work 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 Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. 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. This authorization and waiver is valid for one year from the date this background check was conducted.

\_\_\_\_\_  
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.