

Request for a Background Check via Electronic Fingerprinting

Check one: BCI FBI BCI and FBI

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 _____

BCI ORC CODE: _____

Name and Address for results to be mailed to: _____

FBI ORC CODE: _____

Reason for Background Check (Must be specific)

If reason is employment: list job title and job duties

BMV Dealer Licensing

Direct Copy Options (Select ONE)

OPOTA

BMV Deputy Registrar

Social Worker Board (CSWMFT)

Child Care Center – Type A-ODJFS

State Speech and Hearing Professionals

Lottery Commission

Board

Occupational Therapy, Physical Therapy
and Athletic Trainers Board

State Vision Professionals Board

Ohio Board of Nursing

Ohio Dept. of Agriculture

Ohio Board of Pharmacy

Ohio Dept. of Commerce

Ohio Construction Board

Ohio Division of Real Estate &

Ohio Department of Insurance

Professional Licensing

Ohio Department of Liq. Control

NONE

Ohio Dept. of Education

Ohio Dept. of Public Safety

Ohio Medical Board

Ohio Racing Commission

Ohio Veterinary Medical Licensing Board

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 – Signature & Unit Number _____

Applicant's Signature _____

Date _____

Amount Received _____

Parent/Guardian Name (print) _____

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.

Parent/Guardian Signature (Minor Applicants only) _____