

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

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

Address \_\_\_\_\_

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

City \_\_\_\_\_

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  
BMV Deputy Registrar  
Child Care Center – Type A-ODJFS  
Lottery Commission  
Occupational Therapy, Physical Therapy  
and Athletic Trainers Board  
Ohio Board of Nursing  
Ohio Board of Pharmacy

### Direct Copy Options (Select ONE)

Ohio Construction Board  
Ohio Department of Insurance  
Ohio Department of Liq. Control  
Ohio Dept. of Education  
Ohio Dept. of Public Safety  
Ohio Medical Board  
Ohio Racing Commission  
Ohio Veterinary Medical Licensing Board

OPOTA  
Social Worker Board (CSWMFT)  
State Speech and Hearing Professionals  
Board  
State Vision Professionals 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 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) \_\_\_\_\_

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. NO REFUNDS.**