



Request for a Background Check via Electronic Fingerprinting (Webcheck)



Date: _____

Personal Information: (please print)

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

ORC / BCI Code # _____

Descriptive Reason from BCI Code Sheet: _____

ORC / FBI Code # _____

Descriptive Reason from FBI Code Sheet: _____

Direct Copy to (circle only one):

BMV/Dealer Licensing

BMV Deputy Registrar

Child Care CTR/Type A ODJFS

Construction Board

Ohio Veterinary Medical Licensing Board

Lottery Commission

Occupational or Physical Therapy, Athletic Training

Ohio State Racing Commission

Ohio Board of Pharmacy

Ohio Medical Board

Social Work Board

Ohio Board of Nursing

Ohio Dept. of Education

Ohio Dept. of Liquor Control

Ohio Dept. of Public Safety/PISG

Ohio Dept. of Insurance

OPOTA (Ohio Peace Officer Training Academy)

State Speech & Hearing Professional Board

State Vision Professionals Board

NONE

Company name and address results are being sent to:

By signing this form, the applicant acknowledges that all information on this form and the web check screen is accurate. Any mistakes on this form are the responsibility of the applicant. If the applicant is under the age of 18, a Waiver Form will need to be completed by the parent at the time of fingerprinting.

Applicant's Name (please print)

Applicant's Signature

FOR OFFICE USE:

Amount Paid: _____ FBI (\$30.00) _____ BCI (\$30.00) _____ FBI and BCI (\$60.00) _____

(Place a ✓ on the correct line above for service received)

OR

School District or Company to be billed: _____