Request for a Background Check via Electronic Fingerprinting (Webcheck)

Date: _____

Personal Information: (please print)

Name: _____ Date of Birth: _____

Address: _____

_____ Phone: _____

ORC / FBI Code #_____

Specific Descriptive Reason: _____

ORC / BCI Code # _____

Specific Descriptive Reason: _____

Direct Copy to (circle only one):

BMV/Dealer Licensing	Social Work Board
BMV Deputy Registrar	Ohio Board of Nursing
Child Care CTR/Type A ODJFS	Ohio Dept. of Education
Construction Board	Ohio Dept. of Liquor Control
Ohio Veterinary Medical Licensing Board	Ohio Dept. of Public Safety/PISG
Lottery Commission	Ohio Dept. of Insurance
Occupational or Physical Therapy, Athletic Training	OPOTA (Ohio Peace Officer Training Academy)
Ohio State Racing Commission	State Speech & Hearing Professional Board
Ohio Board of Pharmacy	State Vision Professionals Board
Ohio Medical 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 ($35.00) _____ BCI ($35.00) _____ FBI and BCI ($70.00) _____

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

OR

School District or Company to be billed: _____