



Request for a Background Check via Electronic Fingerprinting (Webcheck)



Date: _____

Personal Information: (please print)

Name: _____ Date of Birth: _____

Address: _____
_____ Phone: _____

ORC / FBI Code # _____

Descriptive Reason from FBI Code Sheet: _____

ORC / BCI Code # _____

Descriptive Reason from BCI Code Sheet: _____

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. In addition, if I had FBI fingerprinting completed, I acknowledge that I have received the "Noncriminal Justice Applicant's Rights" form.

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: _____