



# 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.

\_\_\_\_\_  
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: \_\_\_\_\_