

**ALL SECTIONS MUST BE COMPLETED**

Date: \_\_\_\_\_

2090.347.4200

Bill to acct

Request for a Background Check via Electronic (08/2021)  
Fingerprinting

<input type="radio"/> BCI	<input type="radio"/> FBI	<input type="radio"/> BCI and FBI
\$35.00	\$40.00	\$65.00

Personal Information (please print)

Type of Photo ID and ID# \_\_\_\_\_

Name \_\_\_\_\_

State / Province \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_

**Complete this portion only if an FBI background check is needed.**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye \_\_\_\_\_ Hair \_\_\_\_\_

ORC Code/Specific Reason for check BCI \_\_\_\_\_

FBI \_\_\_\_\_

Direct Copy to (circle only one below) or circle NONE here.

BMV Dealer Licensing

Commerce- Medical Marijuana Control Program

BMV Deputy Registrar

Ohio Division of Real Estate

Child Care CTR /Type A ODJFS

Social Work Board

Construction Board

Ohio Board of Nursing

Ohio Veterinary Medical Licensing Board

Ohio Dept of Education

Lottery Commission

Ohio Dept of Liquor Control

Occupational or Physical Therapy, Athletic Trainers Board

PI/SG Ohio Dept of Public Safety

Ohio Racing Comm.

Ohio Dept of Insurance

Pharmacy Board

OPOTA (Ohio Peace Officer Training Academy)

Ohio Medical Board

State Speech & Hearing Professionals Board

Ohio Dept of Agriculture-Hemp Program

State Vision Professionals Board

Company Name and mail to address results are to be sent to:

Company Name \_\_\_\_\_

Attn: \_\_\_\_\_

Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

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 \_\_\_\_\_ (Company Name Requesting). 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. 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.

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

IDENTIFICATION

Code  
2151:86