

BM008722

Request for a Background Check via Electronic Fingerprinting

Check one: BCI FBI BCI and FBI

Personal Information (please print)

Name _____

Date of Birth: _____

Maiden/previous married names _____

SSN: _____

Address _____

Phone # _____

Email Address: _____

City _____

State _____ Zip _____

Complete this portion only if an FBI background check is needed:

Gender _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

BCI ORC CODE: _____

Name and Address for results to be mailed to:

FBI ORC CODE: _____

Reason for Background Check (Must be specific)

If reason is employment: list job title and job duties

- BMV Dealer Licensing
- BMV Deputy Registrar
- Child Care Center – Type A-ODJFS
- Commerce Medical Marijuana Control Program
- Lottery Commission
- Occupational Therapy, Physical Therapy and Athletic Trainers Board
- Ohio Board of Nursing
- Ohio Board of Pharmacy

Direct Copy Options (Select ONE)

- Ohio Construction Board
- Ohio Department of Agriculture – Hemp Program
- Ohio Department of Insurance
- Ohio Department of Liq. Control
- Ohio Dept. of Education
- Ohio Dept. of Public Safety
- Ohio Division of Real Estate and Professional Licensing
- Ohio Medical Board

- Ohio Racing Commission
- Ohio Veterinary Medical Licensing Board
- OPOTA
- Social Worker Board (CSWMFT)
- State Speech and Hearing Professionals Board
- State Vision Professionals Board
- NONE

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 _____ . 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.

Applicant's Name (print) _____

Processed by – Signature & Unit Number _____

Applicant's Signature _____ Date _____

Amount Received _____

Parent/Guardian Name (print) _____

Parent Guardian Signature (Minor Applicants only) _____

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. NO REFUNDS.