

Request for a Background Check via WebCheck BCI FBI & BCI FBI

Payment is due on the day of the appointment, check or cash only.

Personal information (please print): Type of photo and ID# _____
Name: _____ Date of birth: _____ SSN: _____
Address: _____ City/State/ZIP code: _____
Phone #: _____ Email address: _____

Complete this portion only if an FBI background check is needed:
Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Reason for background check (be specific): Ohio Revised Code number required:
BCI _____
FBI _____
*If above reason is "Other", you must specify the actual reason for the background check: _____

Direct Electronic Copy select one:

- | | | |
|-----------------------------------|-----------------------------------|------------------------------------|
| Ohio Department of Education | Ohio Board of Nursing | Ohio Medical Board |
| PI/SG Ohio Dept. of Public Safety | Ohio Department of Liquor Control | Ohio Construction Board |
| BMV Dealer Licensing | BMV Deputy Registrar | Ohio OT/PT/AT Board |
| Ohio State Racing Commission | Ohio Department of Insurance | State Vision Professionals Board |
| OPOTA | Ohio Dept. of Agriculture - Hemp | Social Work Board |
| Ohio Board of Pharmacy | Lottery Commission | Child Care Center - Type A - ODJFS |
| Ohio Dept. of Commerce - MMCP | Ohio Division of Real Estate & | State Speech & Hearing |
| Ohio Veterinary Medical | Professional Licensing | Professionals Board |
| Licensing Board | | NONE |

If the Direct Copy option chosen above allows for a secondary copy, enter the mailing address below:

Name of Agency/School: _____ Attn: _____
Street address: _____
City: _____ State: _____ ZIP code: _____

*****Complete the portion below on the day of your appointment.*****
I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication by direct copy or mailed copy as I indicated above. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

_____	_____
Applicant's name (please print)	Applicant's signature Date
_____	_____
Parent/Guardian name (minor applicants only)	Parent/Guardian signature Date
_____	_____
Witness name (please print)	Witness signature Date

Please read and initial below

- _____ 1. I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.
- _____ 2. I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.
- _____ 3. I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter. I was offered a copy of the Privacy Rights letter and: _____ Declined it. _____ Took it with me.