

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI and FBI

Personal Information (please print)

DRIVERS LICENSE NUMBER _____

Date of Birth _____

Name _____

SSN _____

Street Address _____

Phone # _____

City/State/Zip _____

Email _____

Complete this portion if an FBI or FBI & BCI background check is needed:

Sex Race Height Weight Eyes Hair

Reason for background check - **BE SPECIFIC AND PLEASE ENTER ONE OF THE PROVIDED CODES:**

NAME AND ADDRESS FOR RESULTS TO BE MAILED TO

PHONE NUMBER _____

Direct Copy Options (Select and circle only one)

- | | | |
|-----------------------------|------------------------------|--|
| NONE | Ohio Dept. of Education | Child Care Center - Type A - ODJFS |
| BMV Dealer Licensing | Ohio Dept. of Liquor Control | Construction Board |
| Ohio Board of Nursing | Ohio Deputy Registrar | Occupational Therapy, Physical Therapy,
and Athletic Trainers Board |
| Ohio Board of Pharmacy | Ohio State Racing Commission | Orthotics, Prosthetics, Pedorthics Board |
| Ohio Construction Board | OPOTA | Ohio Veterinary Medical Licensing Board |
| Ohio Medical Board | Lottery Commission | State Speech & Hearing Professionals Board |
| Ohio Dept. of Insurance | Respiratory Care Board | State Vision Professionals Board |
| Ohio Dept. of Public Safety | Social Worker Board | |

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 **Maumee Police Division**. 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 (please print) _____

Secretary Name _____ Date _____

Applicant's Signature _____

Webcheck Number _____

Parent/Guardian Name (please 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.