Webcheck #			Log #		
Request for a Back	ground Check	via Electronic Finge	printing		
[ ] BCI (\$30)	[ ] FBI (\$30)	[ ] BCI and FBI	(\$60)		
Personal Information (please print)	Type of	Photo ID and ID#		_	
Name	_	State/Province			
DOB	_	Zip/Postal Code		_	
Address	_	Phone#			
City	-	Email		-	
Reason for background check :				_	
Name/Address for results to be mailed to:		Direct Copy to (only one)  [ ] Ohio Department of E [ ] Ohio Board of Nursing [ ] Ohio Department of E [ ] Ohio Department of L [ ] Ohio State Racing Cor [ ] Ohio Department of I [ ] OPOTA [ ] None	Education B Public Safety Liquor Control mmission		
	-	background check is nee Weight [ ]		Hair[	]
I certify that the personal identifiers provided Ohio Bureau of Criminal Identification & Inverse Me. I also voluntarily and knowingly authorized adjudication records to Ohio Attorney General's office, BCI&I and the record review and dissemination.  By signing this form, the applicant acknowle on this form are the responsibility of the applicant acknowle on the state of the second review.	d on this form are a stigation to conducte BCI&I to dissemine	ccurate and I voluntarily a et a criminal records check nate criminal arrest, convi voluntarily and knowingly all claims and liability rela	and knowingly a k for the inform iction and juver y release and d ated to this aut	authorize t nation relat nile delinqu ischarge th horized cri	he ing to iency e minal
Applicant's Name (please print)	-	Applicant's Signature		Date	
Witness Name	_	Witness's Signature		Date	
Parent/Guardian Name (Minor Annlicants Only)		Parent/Guardian Signature (Minor Applicants Only)			

