

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
PI/SG Ohio Dept. of Public Safety
BMV Dealer Licensing
Ohio State Racing Commission
OPOTA
Ohio Board of Pharmacy
Ohio Dept. of Commerce – MMCP
Ohio Veterinary Medical
Licensing Board

Ohio Board of Nursing
Ohio Department of Liquor Control
BMV Deputy Registrar
Ohio Department of Insurance
Ohio Dept. of Agriculture – Hemp
Lottery Commission
Ohio Division of Real Estate &
Professional Licensing

Ohio Medical Board
Ohio Construction Board
Ohio OT/PT/AT Board
State Vision Professionals Board
Social Work Board
Child Care Center – Type A – ODJFS
State Speech & Hearing
Professionals 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.

Revised April 2024