

NON-SOLICITATION PERMIT REQUEST FORM

Web Check# \_\_\_\_\_

Request for a Background Check via Electronic Fingerprinting (Check One)

\_\_BCI \_\_FBI \_\_BCI and FBI

Personal Information (please print)

Type of Photo ID and ID# \_\_\_\_\_

Name \_\_\_\_\_

State/Province \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

City \_\_\_\_\_

Email \_\_\_\_\_

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Reason for background check: (Please Be Specific)

Address for results to be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Direct Copy Options (Select only one)

- Ohio Dept of Education
 Ohio Dept of Public Safety
 BMV Dealer Licensing
 OH State Racing Commission
 State Vision Professionals Bd
 Social Worker Board
 Child Care Ctr-Type A-ODJFS

- Ohio Construction Board
 Ohio Board of Nursing
 Ohio Dept of Liquor Control
 BMV Deputy Registrar
 Ohio Dept of Insurance
 OPOTA
 State Speech & Hearing Professionals Board

- Ohio Board of Pharmacy
 Ohio Medical Board
 Ohio Veterinary Medical Licensing Board
 Occupational Therapy, Physical Therapy & Athletic Trainers Board
 None of the above

I certify that the personal identifiers provided on this form are accurate, and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification and 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 dissemination. This authorization is good for one year from the date this background check was conducted.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature (see below) (DATE MANDATORY)

Witness Signature (see below)

Parent/Guardian Name

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. Please only sign in the presence of the officer taking fingerprint.