SOLICITATION PERMIT REQUEST FORM

Web Check#________________________________

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

__BCI __FBI __BCI and FBI

Personal Information (please print)

Name ______________________________________

Date of Birth ___________ SSN ________________

Address ___________________________________

City ______________________________________

Type of Photo ID and ID# ______________________________

State/Province ___________________________________

Zip/Postal Code _________________________________

Phone # ____

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)

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Address for results to be mailed to:

ATTN: Suzanne Beach
City of Upper Arlington
3600 Tremont Road
Upper Arlington OH 43221

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.**