

Request for a Background Check via WebCheck

BCI (State of Ohio only)
 FBI (Nationwide Check only)
 BCI & FBI (Both Ohio & Nationwide Checks)

Personal information (please print):

Name: _____ Type of photo ID _____

Date of birth: _____ SSN: _____ ID# _____

Address: _____ Phone #: _____

City/State/ZIP code: _____ 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 requiring background check: BCI _____ FBI _____

*If above reason is "Law Enforcement" specify the job title: _____

*If above reason is "Other", you must specify the actual reason for the background check: _____

Where should the results of this background check be sent?

Direct copy options (SELECT ONLY ONE)

<input type="checkbox"/> Ohio Department of Education	<input type="checkbox"/> Ohio Board of Nursing	<input type="checkbox"/> Ohio Medical Board
<input type="checkbox"/> PI/SG Ohio Dept. of Public Safety*	<input type="checkbox"/> Ohio Department of Liquor Control*	<input type="checkbox"/> Ohio Construction Board
<input type="checkbox"/> BMV Dealer Licensing*	<input type="checkbox"/> BMV Deputy Registrar*	<input type="checkbox"/> Ohio OT/PT/AT Board
<input type="checkbox"/> Ohio State Racing Commission	<input type="checkbox"/> Ohio Department of Insurance*	<input type="checkbox"/> State Vision Professionals Board
<input type="checkbox"/> OPOTA*	<input type="checkbox"/> Ohio Dept. of Agriculture – Hemp	<input type="checkbox"/> Social Work Board
<input type="checkbox"/> Ohio Board of Pharmacy	<input type="checkbox"/> Lottery Commission	<input type="checkbox"/> Child Care Center – Type A – ODJFS
<input type="checkbox"/> Ohio Dept. of Commerce – MMCP	<input type="checkbox"/> Ohio Division of Real Estate & Professional Licensing	<input type="checkbox"/> State Speech & Hearing Professionals Board
<input type="checkbox"/> Ohio Veterinary Medical Licensing Board		
<input type="checkbox"/> NONE	*Cannot be mailed to an additional address	

If Direct Copy option "NONE" was chosen above, or if the Direct Copy option chosen allows for a secondary copy, enter the mailing address below:

Agency name: _____ Attn: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Waiver information

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 records to the webcheck provider or agency I have designated to receive this information. 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)

Witness name (please print)

Applicant's signature

Date

Witness signature

Date

Parent/Guardian name (minor applicants only)

Parent/Guardian signature

Date

Please read and initial below

_____ 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.

_____ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

_____ 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.

_____ Requested that it be sent to me at the email address provided on this form.