

## Request for a Background Check via WebCheck

☐ BCI

☐ FBI

☐ BCI & FBI

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 (if known): \_\_\_\_\_

\*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?**

Agency name: \_\_\_\_\_ Attn: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**Direct copy options (CIRCLE ONLY ONE)**

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety	Ohio Department of Liquor Control	Ohio Construction Board
BMV Dealer Licensing	BMV Deputy Registrar	Ohio OT/PT/AT Board
Ohio State Racing Commission	Ohio Department of Insurance	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture – Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission	Child Care Center – Type A – ODJFS
Ohio Dept. of Commerce – MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professionals Board
NONE		

### 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 \_\_\_\_\_. 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.