Webcheck #	***************************************	Log#
Request fo	r a Background	Check via Electronic Fingerprinting
Овс	OFBI	OBCI 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 Address
Sex Race		Weight Hair Eyes
Reason for background check:	(BE SPECIFIC)	Address for results to be mailed to:
Ohio Dept of Education Ohio Dept of Public Safety BMV Dealer Licensing Ohio State Racing Commission Dietetics Board Social Worker Board Child Care Center - Type A - ODJFS	Ohio Board of Nursin Ohio Department of BMV Deputy Registra Ohio Department of OPOTA Respiratory Care Boa Lottery Commission	F Liquor Control Orthotics, Prosthetics, Pedorthics Board or Occupational Therapy, Physical Therapy and Athletic Trainers Board ard
Criminal Identification & Investigatio knowingly authorize BCI&I to dissem	n to conduct a criminal re inate criminal arrest, conv I vo	accurate and I voluntarily and knowingly authorize the Ohio Bureau of ecords check for the information relating to me. I also voluntarily and viction and juvenile delinquency adjudication records to bluntarily and knowingly release and discharge the Ohio Attorney General's related to this authorized criminal record review and dissemination.
Applicant's Name (please print)		Witness Name (please print)
Applicant's Signature	(date)	Witness Signature
Parent/Guardian Name		
Parent/Guardian Signature (Minor Applie	cants 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.