## Request for a Background Check via Electronic Fingerprinting

			○ BCI	O FBI	○ всі	& FBI		
Personal I	Informatio	n (please pri	nt)	Type of Ph	oto ID & ID #			
Name				DOB				
Address				SSN				
City/State	e/Zip							
Email				Phone #				
		Complete	this portion onl	y if an FBI backg	ound check i	s needed:		
	Sex	Race	Height	Weight	Eyes	Hair		
Address fo	or results t	to be mailed	to:					
Direct Copy to (circle only one): Ohio Dept. of Public Safety BMV Dealer License			Ohio Dept. of Education Ohio Dept. of Liquor Control BMV Deputy Registrar		Respirat Child Ca	Ohio Board of Nursing Respiratory Care Board Child Care Ctr-Type A-ODJFS		
Ohio State Racing Commission Dietetic Board Ohio Pharmacy Board			Ohio Dept. of Insurance OPOTA Social Work Board		•	Lottery Commission Ohio Construction Board NONE		
the Ohio I check for	Bureau of the inforn	Criminal Inve nation relatin	stigation and/or g to me. I also v	the Federal Bure	eau of Investig owingly auth	pluntarily and knowi gation to conduct a c prize BCI to dissemin	riminal records	
	-		_		•	ffice, BCI, the FBI and dissem		
 Applicant	's Name (p	olease print)		 Wit	Witness Name (please print)			
Applicant's Signature			(date)	_ <del></del> Wit	Witness Signature			
Parent/Gi	uardian Na			 Par	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.