

# ELECTRONIC FINGERPRINT BACKGROUND REQUEST

## PERSONAL INFORMATION

Name			
Address			
City/State/Zip			
Phone Number			
Email			
Birth Date			
Social Security #			
Photo ID Type			
Photo ID #			

## BACKGROUND CHECK TYPE

<input type="checkbox"/>	B.C.I.
<input type="checkbox"/>	F.B.I.
<input type="checkbox"/>	B.C.I. & F.B.I.

## MUST COMPLETE FOR FBI

Gender		Age	
Height		Hair	
Weight		Eye	

## REASON FOR BACKGROUND CHECK

## RESULTS MAILED TO ADDRESS

## DIRECT COPY OPTIONS (Select Only One)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Ohio Department of Education<br><input type="checkbox"/> Ohio Department of Public Safety<br><input type="checkbox"/> Ohio Department of Liquor Control<br><input type="checkbox"/> Ohio Department of Insurance<br><input type="checkbox"/> Ohio State Racing Commission<br><input type="checkbox"/> Ohio Nursing Board<br><input type="checkbox"/> Orthotics, Prosthetics, Pedorthics Board<br><input type="checkbox"/> OTHER (Specify) _____ | <input type="checkbox"/> BMV Deputy Registrar<br><input type="checkbox"/> BMV Dealer Licensing<br><input type="checkbox"/> Ohio Lottery Commission<br><input type="checkbox"/> O.P.O.T.C.<br><input type="checkbox"/> Ohio Board of Pharmacy<br><input type="checkbox"/> Ohio Medical Board<br><input type="checkbox"/> Occupational Therapy, Physical Therapy, and Athletics Trainers Board | <input type="checkbox"/> Social Worker Board<br><input type="checkbox"/> Respiratory Care Board<br><input type="checkbox"/> Dietetics Board<br><input type="checkbox"/> Ohio Construction Board<br><input type="checkbox"/> Child Care - Type A ODJFS |
|--|--|---|

I certify that the personal identifiers provided on this form are accurate, and I voluntarily and knowingly authorize the Oregon Police Division to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize the Oregon Police Division to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to \_\_\_\_\_. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, the Oregon Police Division and their employees from all liability related to this authorized criminal record review and dissemination. **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.**

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Parent/Guardian Name (Printed)

WEBCHECK #

\_\_\_\_\_  
Parent/Guardian Signature

LOG #