

Request for Background Check via Electronic Fingerprinting

 BCI FBI BCI and FBI

Personal Information (please print clearly)

Type of Photo ID and ID#: _____

Name _____

State/Province _____ ZIP/Postal Code _____

DOB _____ SSN _____

Phone # _____

Address _____

Home Mobile Work

City _____

Email _____

Complete this portion for FBI background checks only:

Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Reason for background check (be specific):

Name and address to mail results :

ORC CODE: _____

Direct copy options (select only ONE)

- NONE
- Ohio Department of Education
- Ohio Department of Public Safety
- BMV Dealer Licensing
- Ohio State Racing Commission
- State Vision Professionals Board
- Social Worker Board
- Child Care Center – Type A – ODJFS
- Ohio Construction Board
- Ohio Board of Nursing

- Ohio Department of Liquor Control
- BMV Deputy Registrar
- Ohio Department of Insurance
- OPOTA
- State Speech and Hearing Professionals Board
- Lottery Commission
- Ohio Board of Pharmacy
- Ohio Medical Board
- Ohio Veterinary Medical Licensing Board
- Occupational Therapy, Physical Therapy and Athletic Trainers Board

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation (BCI&I) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I 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&I and their employees from all claims and 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. Mistakes or errors on this form are the responsibility of the applicant.

Applicant's Name (please print) _____

Witness Name (please print) _____

Applicant's Signature _____ Date _____

Witness Signature _____

Parent/Guardian Name (minor applicants only) _____

Parent/Guardian Signature (minor applicants only) _____

The only forms of payment accepted are cash or business check. Business checks can be made out to the City of Kettering.