

## Webcheck Fingerprint Information

Please mark type(s) requested:

☐ **BCI** - State of Ohio

☐ **FBI** - National

**Date:** \_\_\_\_\_

**Last**

**First**

**Middle**

**Date of Birth**

**Social Security #**

**Sex**

**Race**

**Height**

**Weight**

**Hair**

**Eyes**

**Current Address**

**Telephone Number**

**City**

**State**

**Zip Code**

**O.R.C. Code** – Reason for Fingerprinting

Ohio resident more than five (5) years ☐ YES ☐ NO

Electronic direct copy to: **(check only if applicable):**

☐ None

☐ BMV Dealer

☐ BMV Dealer Registrar

☐ Child Care Center

Type A-ODJFS

☐ Lottery Commission

☐ Occ. Therapy, Physical Therapy  
and Athletic Trainers Board

☐ Ohio Board of Nursing

☐ Ohio Board of Pharmacy

☐ Ohio Construction Board

☐ Ohio Dept. of Education

☐ Ohio Dept. Insurance

☐ Ohio Dept. of Liquor Control

☐ Ohio Dept. of Public Safety

☐ Ohio Medical Board

☐ Ohio State Racing Com.

☐ State Vision Prof. Board

☐ Ohio Vet Medical  
Licensing Board

☐ OPOTA

☐ Social Worker

☐ State Speech &  
Hearing

**Results Mailed to Address: (must be business/school address)**

**Recipient Name**

**Recipient Address**

**City**

**State**

**Zip Code**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the WebCheck agency (Middletown Division of Police) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Attorney General's Office, BCI&I and their employees from all claim and liabilities related to this authorized criminal record review and dissemination.

This authorization and waiver are valid for one year from the date this background check was conducted.

**SIGNATURE:** \_\_\_\_\_

By signing this form applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant

Middletown Division of Police \_\_\_\_\_ Clerk ID#

cah/03.2024