

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):**

<input type="checkbox"/> None	<input type="checkbox"/> Occ. Therapy, Physical Therapy and Athletic Trainers Board	<input type="checkbox"/> Ohio Dept. Insurance	<input type="checkbox"/> Ohio Vet Medical Licensing Board
<input type="checkbox"/> BMV Dealer	<input type="checkbox"/> Ohio Board of Nursing	<input type="checkbox"/> Ohio Dept. of Liquor Control	<input type="checkbox"/> OPOTA
<input type="checkbox"/> BMV Dealer Registrar	<input type="checkbox"/> Ohio Board of Pharmacy	<input type="checkbox"/> Ohio Dept. of Public Safety	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Ohio Construction Board	<input type="checkbox"/> Ohio Medical Board	<input type="checkbox"/> State Speech & Hearing
Type A-ODJFS	<input type="checkbox"/> Ohio Dept. of Education	<input type="checkbox"/> Ohio State Racing Com.	
<input type="checkbox"/> Lottery Commission		<input type="checkbox"/> State Vision Prof. Board	

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