

Date _____

Transaction Number _____

Request for a Background Check via WebCheck

BCI

FBI

BCI&FBI

Personal information (please print):

Name: _____

Type of photo ID _____

Date of birth: _____ SSN: _____

ID# _____

Address: _____

Phone #: _____

City/State/ZIP code: _____

Email address: _____

Complete this portion only if an FBI background check is needed:

Sex: _ _ Race: _ _ Height: _ _ Weight: _ _ Hair: _ _ Eyes: _ _

Reason for background check (be specific): **Educator Licensure**

Ohio Revised Code number requiring background check: BCI: **3319.291**

FBI: **3319.291**

*If above reason is "Law Enforcement" specify the job title: _____

*If above reason is "Other", you must specify the actual reason for the background check: _____

Where should the results of this background check be sent?

Direct copy options (CIRCLE ONLY ONE)

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety	Ohio Department of Liquor Control	Ohio Construction Board
BMV Dealer Licensing	BMV Deputy Registrar	Ohio OT/PT/AT Board
Ohio State Racing Commission	Ohio Department of Insurance	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture- Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission	Child Care Center - Type A - ODJFS
Ohio Dept. of Commerce - MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professionals Board
NONE		

If Direct Copy option "NONE" was chosen above, or if the Direct Copy option chosen allows for a secondary copy, enter the mailing address below:

Agency name: **Personal Address** Attn: **Your Name Here**

Street address: **Complete with Your Info**

City: _____ State: _____ ZIP code: _____

***Please flip over for waiver information & signature
Background check is not valid without signing the back**

