

FINGERPRINT REQUEST APPLICATION FORM

Owens Member Non-Owens member

Name: _____ Other Legal Names: _____

SSN: _____ Birth Date: ____/____/____ Race: _____

Sex: Male - Female - Other Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Phone: _____

MOST CURRENT ADDRESS: _____

****List your legal residence (include complete street address, apartment number, city, state, and zip code)***

Have you been a resident of Ohio for the past five consecutive years? YES NO

NATIONAL WEBCHECK WAIVER:

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency 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 Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

I Accept I Decline

Reason you are being fingerprinted:

Child Care Public School District OPOTA DoDD Foster Care/Adoption Security
 Home Health Independent Provider Massage Therapy Dental Social Work Nursing
 Medical Imaging Occupational/Physical Therapy Adult Daycare Other: _____

If this request is for licensing purposes and a direct copy needs to be sent, please select from the list below:

Ohio Board of Nursing Ohio Dept. of Education OPOTA Ohio Dept. of Liquor Control
 Ohio Dept. of Public Safety/PISG Ohio Dept. of Insurance BMV Dealer License Child Care/ODJFS
 OT, AT, PT Board Social Work Other: _____

Mail results to this address -Please fill out completely **will be sent by BCI OR FBI NOT Owens**

Business Name _____

Business Address _____

City _____ State _____ Zip _____

BCI Only FBI Only BCI & FBI Rolled Prints

Signature of person being printed: _____ DATE STAMP

To Be Completed by Fingerprint Technician

Completed by: _____ Transaction Number: _____