Northwest Ohio Educational Service Center

Request for a Background Check via Electronic Fingerprinting

○ BCI ($30) ○ FBI ($40) ○ BCI and FBI ($70)

Personal Information (please print)

Type of Photo ID and ID #_____

Name_____ State/Province_____

Date of Birth_____ SSN_____ Zip/Postal Code_____

Address_____ Phone #_____

City_____ Email Address_____

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

Sex_____ Race_____ Height_____ Weight_____ Hair_____ Eyes_____

Have you been an Ohio Resident for more than 5 years? YES NO

Reason for background check (BE SPECIFIC: INCLUDE CODE)

_____

_____

_____

Address for results to be mailed to:

_____

_____

_____

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

Direct Copy Options (MUST CIRCLE ONE)

Ohio Dept of Education	BMV Dealer Licensing	BMV Deputy Registrar
Child Care Center – Type A – ODJFS	Lottery Commission	Occupational Therapy, Physical Therapy and Athletic Trainers Board
Ohio Board of Nursing	Ohio Board of Pharmacy	
Ohio Construction Board	Ohio Dept of Ag – Hemp Program	Ohio Department of Insurance
Ohio Department of Liquor Control	PISG Ohio Department of Public Safety	Ohio Division of Real Estate and Professional Licensing
Ohio Medical Board	Ohio State Racing Commission	Ohio Veterinary Medical Licensing Board
OPOTA	Social Worker Board	State Vision Professionals Board
State Speech & Hearing Professionals Board	No Electronic Copy	Commerce- MMCP

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Northwest Ohio ESC) 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 and the agency I have designated to receive this information. I voluntarily and knowingly release and discharge the NwOESC, Ohio Attorney General's Office, BCI&I, and their employees from all claims and liability related to this authorized criminal record review and dissemination.

_____
Applicant's Name (please print)

_____
Applicant's Signature (date)

_____
Parent/Guardian Name
(Minor Applicants only)

_____
Parent/Guardian Signature
(Minor Applicants only)

_____
Witness Name (please print)

_____
Witness Signature

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

_____ ***I have reviewed the FBI Noncriminal Justice Applicant's Privacy Letter.**

***I was offered a copy of the Privacy Rights letter and:**
_____ **Declined it** _____ **Took it with me**

FOR NwOESC OFFICE USE ONLY

No Payment Required: ○ New NwOESC Employee (Position_____) ○ NwOESC Van/Bus Driver (Initial Certification Only) ○ Volunteer for NwOESC (Program_____) Verified with: _____	Payment Made By: ○ Cash $_____ ○ Cashiers Check #_____ ○ Money Order #_____ ○ Credit Card: Visa, Mastercard, Discover Confirmation #_____ Name on card:_____
○ Ink Rolled- Unable to Capture Electronically	Amount Received ○ $30- BCI ○$40- FBI ○$70–BCI/FBI