

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): _____

Ohio Revised Code number*: _____

*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?

Agency name: _____ Attn: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

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		