Webcheck Fingerprint Information

Print

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 _____

No O.R.C. Code - Other Name Change

O.R.C. Code - Reason for Fingerprinting

Ohio resident more than five (5) years ☐ YES ☐ NO

Electronic direct copy to: *(check only if applicable)*

☐ None	☐ Occupational Therapy, Physical Therapy and Athletic Trainers Board	☐ Ohio Dept. of Insurance	☐ Ohio Veterinary Medical Licensing Board
☐ BMV Dealer Licensing	☐ Ohio Board of Nursing	☐ Ohio Dept. of Liquor Control	☐ OPOTA
☐ BMV Deputy Registrar	☐ Ohio Board of Pharmacy	☐ Ohio Dept. of Public Safety	☐ Social Worker Board CSWMFT
☐ Child Care Center - Type A- ODJFS	☐ Ohio Construction Board	☐ Ohio Medical Board	☐ State Speech & Hearing Professionals Board
☐ Lottery Commission	☐ Ohio Dept. of Education	☐ Ohio State Racing Commission	☐ State Vision Professionals Board

Results Mailed to Address: ***(must be business / school address)***

Judge John M. Holcomb, Butler County Probate Court

Recipient Name

101 High Street, Second Floor

Recipient Address

Hamilton (City) Ohio (State) 45011 (Zip Code)

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (CXV656 - Butler County Sheriff) 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.

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.

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