



TRI-STATE FINGERPRINTING SVCS.

3210 Jefferson Ave., Ste. 25
Cincinnati, Ohio 45220
513.559.0001 (o) * 513.579.0016 (f)

National WebCheck Request/Release for Background Check

Type of Prints: (check only one) BCI - \$40.00 (State) FBI - \$50.00 (Federal) BCI & FBI - \$80.00 (State & Federal)

WebCheck # : _____ Log#: _____

LEGAL NAME: _____

(First) (Middle) (Last)

ADDRESS: _____

(City) (State) (Zip code)

Have you lived in the State of Ohio for the past 5 years? Yes No

Type of Photo ID & ID#: _____ DOB: _____ SSN: _____

PHONE #: _____ PLACE OF BIRTH: _____ EMAIL: _____

COMPLETE THIS PORTION ONLY IF AN FBI BACKGROUND CHECK IS REQUESTED

RACE: Caucasian African American American Indian Asian Middle Eastern Other/Unknown

SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

Reason for Background Check: (Be specific)

Address for results to be mailed to:

DIRECT COPY OPTIONS (Select only one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Ohio Dept of Education | <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> Ohio Medical Board |
| <input type="checkbox"/> Ohio Dept of Public Safety | <input type="checkbox"/> Ohio Dept of Liquor Control | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Occupational Therapy, Physical Therapy
and Athletic Trainers Board |
| <input type="checkbox"/> Ohio Stare Racing Commission | <input type="checkbox"/> Ohio Dept of Insurance | <input type="checkbox"/> Social Worker Board |
| <input type="checkbox"/> State Vision Professionals Board | <input type="checkbox"/> OPOTA | <input type="checkbox"/> State Speech & Hearing Professionals Board |
| <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Ohio Construction Board | |
| <input type="checkbox"/> Ohio Board of Pharmacy | <input type="checkbox"/> NONE | |

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (ID No.: 012109 – Tri-State Fingerprinting Services, LLC) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal record(s) check for information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or the following agency I have designated to receive this information: _____.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BC&I and their employees and any and all individuals connected therewith from all claims and liability related to this authorized criminal records review and dissemination. This authorization and release are valid for one year from the date of this background check was conducted.

Applicants Name (Print)

Witness Name (Please Print)

Applicants Signature

DATE

Witness Signature

DATE

Parent/Guardian Name (Print)

Parent/Guardian Signature

BY SIGNING THIS FORM, the applicant acknowledges that ALL information on this form and computer monitor is correct. Any mistakes or errors are the responsibility of the applicant. We cannot make any changes once the WebCheck is submitted.