

Van Wert County Sheriffs Office

Webcheck # _____

Log# _____

Request for a Background Check via Electronic Fingerprinting

BCI \$32 FBI \$32 BCI and FBI \$64

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 an FBI background is needed

Sex _____ Race _____ Height _____ Hair _____ Eyes _____ Weight _____

Reason for background Check (A code is required)

Address or results to be mailed to:

BCI Code _____ FBI Code _____

Other reason _____

Direct copy options (Check only one)

Ohio Dept of Education _____

Ohio Board of Nursing _____

Ohio Medical Board _____

Ohio Dept of Public Safety _____

Ohio Dept of Liquor Control _____

Orthotics, Prosthetics, Pedorthics Board _____

BMV Dealer Licensing _____

BMV Deputy Registrar _____

Occupational Therapy, Physical Therapy and

Ohio State Racing Commission _____

Ohio Department of Insurance _____

and Athletic Trainers Board _____

Dietetics Board _____

OPOTA _____

Social Worker Board _____

Respiratory Care Board _____

Child Care Center-Type A ODJFS _____

Lottery Commission _____

Ohio Construction Board _____

Ohio Board of Pharmacy _____

I certify that the personal identifiers provided on this form are accurate and I voluntarily authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims liability related to this authorized criminal record review and dissemination

Applicants Name (Please Print)

Witness Name (Please Print)

Date

Applicants Signature

Witness Signature

Parent/ Guardian Name

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