REQUEST FOR BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING
PAYMENT by EXACT CASH, CHECK

Residents/Employees of CC TWP or City of Springboro
____ BCI ($35) ____ FBI ($35) __ BCI and FBI ($65)

Non-Residents
____ BCI ($50) ____ FBI ($50) __ BCI and FBI ($95)

Applicant's Personal Information *(please print)*

Name _____ **Date of Birth** _____

Address _____ **Soc Sec Number** _____

City _____ **Phone Number**

State _____ **Zip** _____ **Email** _____

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

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

Reason for background check: ☐ Children ☐ Elderly ☐ Children/Elderly ☐ Other _____

☐ Licensing/Permit ☐ Fire/EMT ☐ Pharmacy Tech. ORC#_____

Results Mailed Directly To:

circle only one

Ohio Department of Insurance	BMV Dealer License
Ohio Department of Education	BMV Deputy Register
Ohio Board of Nursing	Social Work Board
Ohio Department of Public Safety	Respiratory Care Board
Ohio Department of Liquor Control	Child Care Ctr. –Type A -ODJFS
Ohio State Racing Commission	Lottery Commission
Ohio Construction Board	Ohio Medical Board
Pharmacy Board	Orthotics and Prosthetics Board
OPOTA	Dietetic Board
Occupational, Physical, Athletic Board	None

Address For Results to be Mailed To:

_____

_____

_____

_____

Phone#: _____

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly 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 the BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records. 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.

_____
Applicant's Name (please print)

_____
Applicant's Signature **Date**

_____
Parent/Guardian Name (please print)

_____
Parent/Guardian Signature (minor applicants only)

_____
Witness Name (please print)

_____
Witness Signature **Date**

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.