



OHIO CARD SCANNING FORM

(Please initial next to the requested one)

Type of Background Check: _____ BCI Only (\$40) _____ FBI Only (\$52) _____ BCI & FBI (\$72)

Payment Method: Check# _____ Visa/Mastercard/American Express

Name: _____ SS Number: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Email: _____

Daytime Phone Number: (_____) _____ - _____ How did you hear about us? _____

Gender: _____ Weight: _____ Eye Color: _____

Height: _____ Hair Color: _____ Race: _____

WHAT IS THE REASON FOR THE BACKGROUND CHECK (customer is required to provide this information):

If a specific Ohio Revised Code (ORC) is required, please provide it: _____ or Industry/Job _____

- CHILDCARE ODE TEACHER ODE EMPLOYEE ADOPTION/FOSTER
- HOME HEALTH DODD MEDICAID ADULT/NURSING FACILITY
- NURSING HOSPICE NOTARY LONG TERM/PASSPORT
- REAL ESTATE APPRAISAL HOME INSPECTION MEDICAL MARIJUANA
- LICENSING/PERMIT/OTHER - _____

WHERE SHOULD THE RESULTS OF THE BACKGROUND BE SENT:

If required, please circle one (1) for a direct electronic copy to be sent from BCI to the agency below:

OH Dept. Ed (ODE)	OT/PT& Athletic Trainers Board	*OH Dept. Liquor Control	*BMV Dealer Licensing
OH Board of Nursing	ODJFS – Type A Child Care Ctr.	*OH Dept. of Public Safety (PISG)	*BMV Deputy Registrar
Pharmacy Board	Speech & Hearing Prof. Board	*OH Racing Commission	*Lottery Commission
OH Medical Board	Vision Professionals Board	Ohio Vet. Med. Licensing Board	*OH Dept. of Insurance
Social Work Board	Construction Board	Ohio Div. of Real Estate & Prof. lic	Ohio Dept. of Ag. -Hemp

(Per BCI, if you select a direct copy option with an asterisk, your results cannot be sent to a second location)*

Company/Self: _____

Address: _____ **Attn:** _____

City, State, Zip: _____ **Phone:** (_____) _____ - _____

RELEASE OF BACKGROUND CHECK RESULTS

I hereby certify that I have given National Background Check, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I), the Federal Bureau of Investigation (FBI) (if requested), and release that information to the company/agency /individual indicated above. By placing my fingerprint images on the WEBCHECK Scanner, I am authorizing BCI&I to release criminal history information about me to National Background Check, Inc. and the company/agency /individual indicated above. I hereby release BCI&I and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I understand National Background Check, Inc. cannot guarantee that my fingerprint images will be deemed readable by BCI&I, in which case I may need to be re-fingerprinted. I understand this does NOT constitute a refund due to charges incurred by BCI&I immediately after the data is transmitted. National Background Check, Inc. will assist me with the process to complete this background check if I am rejected a second time. I understand that using the WEBCHECK System returns allows BCI up to thirty (30) business days to process the transaction, after which point BCI will forward the results to the intended destination.

Applicant Signature: _____ **Date:** _____

This registration form, completed and signed at the time of fingerprinting, is the official document of this transaction.

Credit Card Information: (Visa, MasterCard, American Express)

Card #: _____ EXP. Date: _____
 Name on card: _____ CVV Code/ Security Code: _____