

Deputy Registrar License Agency
 1221 Sunset Avenue
 Springfield, OH 45505
 (937) 328-5166

**Request for a Background Check
 via Electronic Fingerprinting**

Office use only

Operator _____ Verified By: _____

Status: Accepted _____ Rejected _____ Date: _____

Payment: Cash _____ Check/Money Order _____ Billed _____

Transaction Type

BCI - \$36.00

FBI - \$38.00

BCI&FBI - \$72.00

NAME: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: ___/___/___ SSN: _____

PHONE #: (____) _____

MAIL RESULTS TO:

Name: CLARK COUNTY PROBATE COURT
 Attn: Guardianship Clerk
 Address: 50 East Columbia Street, 5th Floor
 City,State,Zip: Springfield, OH 45502

Company Phone: (937) 521-1846

Reason for Background Check:

- _____ Individual over 18 residing w/Gdn - ORC # 2151.86
- _____ Guardianship – Applicant - ORC # 2151.412
- _____ Adoption - ORC # 2151.86

Direct Electronic Copy

- RMV Dealer Licensing
- BMV Deputy Registrar
- Childcare Center/Type A ODJFS
- Construction Board
- Department of Education
- Dietetic Board
- Lottery Commission
- OTPTAT Board
- Orthotics, Prosthetics, & Pedorthics Board
- Ohio Board of Nursing
- Ohio Dept. of Insurance
- Ohio Dept. of Liquor Control
- Ohio Medical Board
- Racing Commission
- Pharmacy Board
- PI/SG Ohio Dept. of Public Safety
- Respiratory Care Board
- Social Work Board

All information will be sent EXACTLY as it appears on this form.

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the *Ohio License Bureau* web check agency 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 web check provider 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. The authorization and waiver is valid for one year from the date this background check was conducted. I understand that there will be a charge to be re-fingerprinted if an incorrect mailing address is provided.

Signature _____ Date _____

Parent or Guardian Signature (For Minor's Only) _____ Date _____