

Webcheck Fingerprint Information

Print

Sheriff's Office Use Only:

Clerk ID #

Please mark type(s) requested:

- BCI – State Of Ohio
 FBI - National

Date:

Last First Middle

Date of Birth Social Security # Sex Race Height Weight Hair Eyes

Current Address Telephone Number

City State Zip Code

O.R.C. Code - Reason for Fingerprinting

Ohio resident more than five (5) years YES NO

Electronic direct copy to: *(check only if applicable)*

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

Results Mailed to Address: *(must be business / school address)*

Recipient Name

Recipient Address

City State Zip Code

Waiver Information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (CXV656 - Butler County Sheriff) 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 WebCheck provider or 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.

This authorization and waiver is valid for one year from the date this background check was conducted.

SIGNATURE: _____

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

I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter. I was offered a copy of the Privacy Rights letter and I:

- Declined it
 Took it with me.