

FBI/BCI Webchecks
Ellet License Bureau
2420 Wedgewood Dr. #8
Akron, OH 44312

330 733 8688

~~BCI \$40.00~~
FBI \$40.00 *only*

CASH ONLY

WEBCHECK# _____

DATE: _____

Request for Background Check via Electronic Fingerprinting

Classified FBI Only

BCI _____ FBI BCI & FBI _____

Personal Information (PLEASE PRINT)

Type of Photo ID _____ ID/DL/Passport Number _____ State/Organization ID Issued from _____

NAME: _____ ALIAS: _____

ADDRESS: _____ SUITE/APT _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SEX: M F Social Security Number: _____

PHONE: _____ EMAIL ADDRESS: _____



RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

AUTHORIZED REASON CODE #: 3319.39

REASON FOR BACKGROUND CHECK _____

ELECTRONIC/DIRECT COPY TO... (Please circle one)

- 1) BMV Dealer Licensing
- 2) BMV Deputy Registrar
- 3) Child Care Center/Type A - ODJFS
- 4) Construction Board
- 5) Department of Education
- 6) Lottery Commission
- 7) Occupational Therapy, Physical Therapy and Athletic Trainers Board
- 8) Ohio Board of Nursing
- 9) Ohio Department of Insurance
- 10) Ohio Department of Liquor Control
- 11) Ohio Medical Board
- 12) Ohio Racing Commission
- 13) OPOTA Ohio Peace Officer Training Academy
- 14) Ohio Veterinary Medical Licensing Board
- 15) Pharmacy Board
- 16) PI/SG Ohio Department of Public Safety
- 17) Social Work Board
- 18) State Speech and Hearing Professionals Board
- 19) State Vision Professionals Board
- 20) NONE OF THE ABOVE

Results to be mailed to

40 Field Local Schools
2900 St Rt 43 Mogadore Oh
44260
Attn: Bev Bable

Phone (Required) 330 673 2659
Fax: 330 673 0270

over

I understand that there will be a charge to be re-fingerprinted if the address or personal information provided is incorrect. I am initialing here to verify that I have double checked the information provided to process my background Check. (Initial here) _____.

National Webcheck Waiver

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Kent License Bureau Webcheck agency to submit information to the Ohio Bureau of Criminal Records to check for information related 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, the Kent License Bureau and all of their employees from all claims and liability related to this authorization of criminal review and dissemination. The authorization and waiver is valid for one (1) year from the date this background check was conducted.

Signing below verifies that you have read and agree with the National Webcheck Waiver.

X _____
Signature

X _____
Customer's PRINTED Name

X _____
Witness Signature

X _____
Witness PRINTED Name

By signing this form the applicant acknowledges that all the information on this form is accurate. Any mistakes or errors made on this form are the responsibility of the applicant. NO REFUNDS.