

Web Check Waiver

Please check the box for services required: BCII \$35 FBI \$40 BOTH \$70

Reason (O.R.C) Code _____ Reason (O.R.C) Code _____

Address for results to be mailed to:

Agency _____

Attention _____

Street Address _____

City _____ State _____ Zip Code _____ Telephone _____

If applicable, also send an electronic copy directly to (circle applicable organization/group):

- BMV Dealer Licensing
- BMV Deputy Registrar
- **Child Care Center/Type A& B - ODJFS**
- Construction Board
- Dental Board
- Department of Commerce-MMCP
- Lottery Commission
- OTPTAT/Occ/Phys. Therapy, Athletic Trainers Board
- Ohio Board of Nursing
- Ohio Dept of Agriculture-Hemp
- Ohio Department of Education
- Ohio Department of Insurance
- Ohio Department of Liquor Control
- Ohio Division of Real Estate
- Ohio Medical Board
- Ohio Peace Officer Training/OPOTA
- Ohio Racing Commission
- Ohio Veterinary Medical Licensing
- Pharmacy Board
- PI/SG Ohio Department of Public Safety
- Respiratory Care Board
- Social Work Board (CSWMFT)
- State Speech & Hearing Professional Board
- State Vision Professionals Board
- **None**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I hereby certify that I have given agency Ohio Bureau of Criminal Identification and Investigation (BCI&I) and FBI permission to obtain all criminal history information pertaining to me in the files of the Ohio BCI&I and FBI. By placing my fingerprints on the fingerprint scanner, I am authorizing Ohio BCI&I and FBI to release criminal history information about me to Ohio BCI&I and FBI for a period of one year from the date of this transaction. I hereby release Ohio BCI&I, FBI, and Action for Children, and any and all individuals connected therewith from all liability in connection with the dissemination of such history information.

Applicant's Name and Phone Number (Please Print) _____ Applicant's Signature _____ Date _____

Parent/Guardian Name (Minor Applicants Only) _____ Parent/Guardian Signature _____ Date _____

Payment type Cash _____ Debit/Credit Card _____ Other _____

AFC Use

By signing this form the applicant acknowledges that all information is accurate. The Applicant acknowledges that ALL information including the Social Security Number entered by the AFC Representative is accurate. Inaccurate information, including address, type of background check and/or ORC code may result in the need to repeat the background check at the applicant's expense.

Name _____ Signature _____

Transaction Number _____ Operator's Initials _____