

## Web Check Waiver

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

**This must be completed before your background check. FBI ORC/Reason Code** \_\_\_\_\_

**Your employer will provide these codes to you. BCI ORC /Reason 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):

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

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 record 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 \_\_\_\_\_