Web Check Waiver

Please check the box for services required:

☐ FBI $40 – **FBI** ORC/Reason Code _____

☐ BCI $35 – **BCI** ORC/Reason Code _____

☐ BOTH $70 – Include **both** ORC/Reason Codes above.

Codes must be completed before your background check. Your employer will provide these codes to you.

Payment type: ☐ Invoice: Company/Organization Name: _____

☐ Cash (exact change)   ☐ Debit/Credit Card   ☐ Money Order   ☐ Scheduled online & paid in advance

Send an electronic direct copy to (check only one):

☐ Ohio Department of Education
☐ PI/SG Ohio Dept. of Public Safety
☐ BMV Dealer Licensing
☐ Ohio State Racing Commission
☐ OPOTA
☐ Ohio Board of Pharmacy
☐ Ohio Dept. of Commerce – MMCP
☐ Ohio Veterinary Medical Licensing Board

☐ Ohio Board of Nursing
☐ Ohio Department of Liquor Control
☐ BMV Deputy Registrar
☐ Ohio Department of Insurance
☐ Ohio Dept. of Agriculture – Hemp
☐ Lottery Commission
☐ Ohio Division of Real Estate & Professional Licensing

☐ Ohio Medical Board
☐ Ohio Construction Board
☐ Ohio OT/PT/AT Board
☐ State Vision Professionals Board
☐ Social Work Board
☐ Child Care Center – Type A – ODJFS
☐ State Speech & Hearing Professionals Board
☐ None

Direct mail recipient (This is where results will be sent):

Company Name _____

Attention Name _____

Mailing Address of Recipient _____

Recipient City _____   Recipient State _____   Recipient Zip Code _____

Recipient Phone Number_____   Recipient Fax Number (*optional*) _____

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the entities above. I voluntarily and knowing release and discharge the Ohio Attorney General's Office, BCI, Action for Children, 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 following the signature date below.

Applicant's Name (Print) _____   Phone Number _____

Applicant's Signature _____   Date _____

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

_____**Do not sign below until instructed to do so**_____

I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility. I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate. Inaccurate information, including type of background check and/or ORC code may result in the need to repeat the background check at the applicant's expense.

Applicant's Name (Print) _____   Transaction Number _____

Applicant's Signature _____   Service Date _____

Operator Name (Print) _____   Walk-In? ☐