

SCIOTO COUNTY SHERIFF'S OFFICE

Civilian Fingerprint Background Check

Type of Fingerprint Background Check Requested:

- BCI (State of Ohio Only) FBI (Nationwide Check Only) BFBI (Both—Ohio & Nationwide Checks)
- \$32.00* \$36.00* \$63.00*

Complete this portion "only" if an FBI background check is needed:

Sex	<input type="text"/>	Race	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>	Eyes	<input type="text"/>	Hair	<input type="text"/>
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Please Print Clearly

Last Name: _____ First Name: _____
Date of Birth: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Ohio Resident more than 5 years? Yes No

(BE SPECIFIC)

Reason for Background Check: _____

Mail Background Check Results to:

Company Name: _____
Address: _____ Attn To (If Any): _____
City: _____ State: _____ Zip: _____

Direct Copy to (check "only" one)

- | | | |
|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Ohio Dept. of Education | <input type="checkbox"/> Social Work Board |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> Ohio Dept. of Insurance | <input type="checkbox"/> State Speech and Hearing Professionals Board |
| <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Ohio Dept. of Liquor Control | <input type="checkbox"/> State Vision Professionals Board |
| <input type="checkbox"/> Child Care CTO/Type A ODJFS | <input type="checkbox"/> Ohio Division of Real Estate | |
| <input type="checkbox"/> Commerce - Medical Marijuana Control Program | <input type="checkbox"/> & Professional Licensing | |
| <input type="checkbox"/> Construction Board | <input type="checkbox"/> Ohio Medical Board | |
| <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Ohio Peace Officer Training | |
| <input type="checkbox"/> Occupation or Therapy, Athletic Training | <input type="checkbox"/> Ohio Racing Commission | |
| <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board | |
| <input type="checkbox"/> Ohio Dental Board | <input type="checkbox"/> Pharmacy Board | |
| <input type="checkbox"/> Ohio Dept. of Agriculture- Hemp | <input type="checkbox"/> Ohio Dept. of Public Safety/PISG | |

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

Signature: _____

Date: _____