

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* \$39.00* \$66.00*

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

Sex		Race		Height		Weight		Eyes		Hair	
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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)

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