

**IT IS THE APPLICANT'S RESPONSIBILITY TO KNOW THE INFORMATION NEEDED ON THIS FORM, NOT THE STAFF OF THE NOBLE COUNTY SHERIFF'S OFFICE**

**Request For A Background Check Via Electronic Fingerprinting or Local Check**

BCI&I     FBI     BCI&I and FBI     Local Check only

**Personal Information (Please Print)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Address: \_\_\_\_\_  
Street Number & Name SSN: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code Phone #: (    ) \_\_\_\_\_

**COMPLETE THIS PORTION ONLY IF AN FBI BACKGROUND CHECK IS NEEDED**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Reason For Background Check: \_\_\_\_\_

**Exact Reason and/or Reason Code**

**Address For Results To Be Mailed To:**

**Direct Copy To: (Check One)**

\_\_\_\_\_  
Business/Individual Name

\_\_\_\_\_  
Attn:

\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
City, State, Zip Code

- Child Care Center/Type A-ODJFS
- Ohio Board Of Nursing
- Ohio Dept. Of Education
- Ohio Dept. Of Liquor Control
- Ohio Div. Of Real Estate & Prof. Bd.
- Ohio Medical Board
- Ohio Pharmacy Board
- OT, PT & Athletic Trainers Board
- Social Work Board
- State Speech & Hearing Prof. Board
- State Vision Professionals Board
- None

- BMV Dealer Licensing
- BMV Deputy Registrar
- Commerce-Medical Marijuana
- Construction Board
- Lottery Commission
- Ohio Dept. of Agriculture-Hemp
- Ohio Dept. Of Insurance
- Ohio Racing Commission
- Ohio Veterinary Medical Lic. Board
- OPOTA
- PI/SG Ohio Dept. Of Public Safety

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to above listed. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees and the Noble County Sheriff's Office and their employees from all claims and liability related to this authorized criminal record review and dissemination.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature

I have reviewed the screen and by signing this form, the applicant acknowledges that all information on this form and screen is accurate. Any mistakes or errors are the responsibility of the applicant.

Web Check # \_\_\_\_\_

Operator: \_\_\_\_\_