

Date: _____

Invoice# _____

Marion County Sheriff's Office - Webcheck

100 Executive Drive

Marion, Ohio 43302, (740) 382-8244

Monday-Friday 8-4, **CLOSED** Holidays

Request for a Background Check via Electronic Fingerprinting

Select One:

O BCI

O FBI

O BCI and FBI

Personal Information (please print)

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Phone # _____

City _____

Have you been an Ohio Resident for the past 5 years?
(Circle One) YES NO

Complete this section only if an FBI check is needed:

Sex Eye Hair Race Height Weight

Reason for background check: (BE SPECIFIC)

Use Ohio Revised Code Number

BCI CODE: _____

Complete the FBI code only if FBI check is needed

FBI CODE: _____

Address for results to be mailed to: (ONLY ONE ADDRESS)

Business Name: _____

Address: _____

ATTN: _____

Direct Copy Options (Select only ONE)

Ohio Dept. of Agriculture – Hemp Program
Ohio Dept. of Education
Ohio Dept. of Public Safety/PISG
Ohio Div. of Real Estate & Prof. Licensing
BMV Dealer Licensing
Ohio Racing Commission
Ohio Veterinary Medical Licensing Board
Social Worker Board

Child Care Center - Type A - ODJFS
Construction Board
Ohio Board of Nursing
Ohio Dept. of Liquor Control
BMV Deputy Registrar
Ohio Dept. of Insurance
OPOTA (Ohio Peace Office Training
Academy)

Lottery Commission
Ohio Board of Pharmacy
Ohio Medical Board
State Speech and Hearing Professionals Board
State Vision Professionals Board
Occupational Therapy, Physical Therapy and
Athletics Trainers Board
Commerce Medical Marijuana Control

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 _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print) _____

Witness Name (please print) _____

Applicant's Signature _____ (Date) _____

Witness Signature _____

Parent/Guardian Name _____

Parent/Guardian Signature (Minor Applicants only) _____

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