

Clinton County Sheriff's Office

1645 Davids Drive, Wilmington, Ohio 45177 937-382-1611

Civilian Fingerprint / Web Check

Type of payments accepted: Exact amount of cash or personal check

BCI (State of Ohio Only) \$30.00

FBI (Nationwide Check only) \$30.00

BCI & FBI (Both Ohio & Nationwide Checks) \$55.00

Personal information (please print):

Name: _____ Date of birth: _____ SSN: _____

Address: _____ City/State/ZIP code: _____

Phone #: _____

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

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Reason for background check (be specific): _____

Ohio Revised Code number requiring background check: BCI _____ FBI _____

*If above reason is "Law Enforcement" specify the job title: _____

*If above reason is "Other", you must specify the actual reason for the background check: _____

Where should the results of this background check be sent?

Direct copy options (CIRCLE ONLY ONE)

* Cannot be mailed to an additional address

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety*	Ohio Department of Liquor Control*	Ohio Construction Board
BMV Dealer Licensing*	BMV Deputy Registrar*	Ohio OT/PT/AT Board
Ohio State Racing Commission*	Ohio Department of Insurance*	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture - Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission*	Child Care Center - Type A - ODJFS
Ohio Dept. of Commerce - MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professionals Board
NONE		

If Direct Copy option "NONE" was chosen above, or if the Direct Copy option chosen allows for a secondary copy, enter the mailing address below:

Agency name: _____ Attn: _____

Street address: _____

City: _____ State: _____ ZIP code: _____

Waiver information

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 WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI 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 (please print)

Witness name (please print)

Applicant's signature

Date

Witness signature

Date

Parent/Guardian name (minor applicants only)

Parent/Guardian signature

Date

Please read and initial below

_____ 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.

**** Below only for FBI Background Check ****

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Declined it.

_____ Took it with me.