



# Request for Background Check via Electronic Fingerprinting

## Sheriff Roy E. Miller

TO BE FILLED OUT BY APPLICANT

**APPLICANTS INFORMATION (PRINT)**

NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ REASON CODE: \_\_\_\_\_

**TYPE OF CHECK**

- BCI - \$30
- FBI - \$42
- BOTH - \$72

**RESULTS MAILED TO:**

NAME / BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DIRECT COPY TO: (CHECK ONLY ONE) \*THIS SECTION MAY OR MAY NOT APPLY\***

- OHIO DEPARTMENT OF:  EDUCATION  LIQUOR CONTROL  PUBLIC SAFETY / PISG  INSURANCE  AG / HEMP PROGRAM
- OHIO BOARD OF:  NURSING  PHARMACY **BMV:**  DEALER LICENSING  DEPUTY REGISTRAR
- SOCIAL WORK BOARD  CONSTRUCTION BOARD  OT, PT, ATHLETIC TRAINING  OHIO MEDICAL BOARD
- CHILD CARE CENTER / TYPE A – ODJFS,  LOTTERY COMMISSION  OHIO RACING COMMISSION  STATE VISION PROF BOARD
- OPOTA  OHIO VET MEDICAL LIC BOARD  STATE SPEECH/HEARING PROF BOARD
- COMMERCE MEDICAL MARIJUANA  OHIO DIVISION OF REAL ESTATE & PROFESSIONAL LICENSING

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

\_\_\_\_\_  
APPLICANTS SIGNATURE DATE

\_\_\_\_\_  
PARENT / GUARDIAN NAME

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE (FOR MINORS ONLY) DATE

**BY SIGNING THIS FORM THE APPLICANT ACKNOWLEDGES THAT ALL INFORMATION ON THIS FORM IS ACCURATE. ANY MISTAKES OR ERRORS IN THIS SECTION ARE THE RESPONSIBILITY OF THE APPLICANT**

**FOR OFFICE USE ONLY:**

TRANSACTION NUMBER: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_