



MARYSVILLE DIVISION OF POLICE
Request for a Background Check via
Electronic Fingerprinting
FORM MUST BE COMPLETED

Type of Transaction: BCI FBI BOTH

Personal Information (please print)

Name _____ DATE _____

Address _____ DOB _____

City/State/Zip _____ SSN _____

Phone # _____ Type of Photo ID & ID # _____

Complete this portion only if FBI background check is needed:

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

Reason for background check: BCI: _____ FBI: _____

(See attached BCI & FBI REASON FINGERPRINT CODES)

NAME & ADDRESS for Results to be Mailed to: (U.S. Mail)

Company/Name _____ ATTN: _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Direct Copy to (circle only one): Electronic copy to State Agencies Only

- | | | |
|------------------------------|------------------------------|--------------------------------|
| Ohio Dept. of Public Safety | Ohio Dept. of Education | Ohio Board of Nursing |
| BMV Dealer License | Ohio Dept. of Liquor Control | Respiratory Care Board |
| Ohio State Racing Commission | BMV Deputy Registrar | Child Care Center Type A ODJFS |
| Dietetic Board | Ohio Dept. of Insurance | Lottery Commission |
| OPOTA | NONE | OTHER _____ |

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information related to me. I also voluntarily and knowingly authorize BCI to disseminate criminal conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, and the FBI and their employees from all claims and liability related to this authorized criminal record and dissemination.

Applicant's Name (please print)

Officer Name (please print)

Applicant's Signature (date)

Officer 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. **Resubmissions will require an additional charge.**

Office Use Only: Payment Method _____ CO Unit # _____