

☐ BCI  
\$35.00

☐ FBI  
\$35.00

☐ BCI & FBI  
\$65.00

**PERSONAL INFORMATION (PLEASE PRINT)**

Type of Photo ID: ☐ Driver's License ☐ Photo ID ID: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Complete this portion if an FBI or a BCI and FBI background check is needed:**

Sex  Race  HT  WT  Eyes  Hair

Reason in Law (Ohio Revised Code Number and/or Federal Law) – **Must be provided by employer**

BCI Reason Code: \_\_\_\_\_ FBI Reason Code: \_\_\_\_\_

**Address for results to be mailed to:**

Direct from Atty. General's Office ☐ or retained at MVESC ☐

**Electronic Direct Copy to: (✓ only one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Ohio Dept. of Education*                                  | <input type="checkbox"/> Child Care Ctr-Type A-ODJFS*                          |
| <input type="checkbox"/> Ohio Board of Nursing*                                    | <input type="checkbox"/> Construction Board*                                   |
| <input type="checkbox"/> Ohio Board of Pharmacy*                                   | <input type="checkbox"/> Lottery Commission                                    |
| <input type="checkbox"/> Ohio Dept. of Public Safety/PISG                          | <input type="checkbox"/> Social Work Board                                     |
| <input type="checkbox"/> Ohio Dept. of Liquor Control                              | <input type="checkbox"/> State Speech and Hearing Professionals Board*         |
| <input type="checkbox"/> Ohio Racing Commission                                    | <input type="checkbox"/> State Vision Professionals Board*                     |
| <input type="checkbox"/> Ohio Dept. of Insurance                                   | <input type="checkbox"/> Ohio Division of Real Estate & Professional Licensing |
| <input type="checkbox"/> Ohio Medical Board*                                       | <input type="checkbox"/> Ohio Dept. of Agriculture – Hemp                      |
| <input type="checkbox"/> Ohio Veterinary Medical Licensing Board*                  | <input type="checkbox"/> Ohio Dental Board                                     |
| <input type="checkbox"/> Ohio Dept of Commerce – Medical Marijuana Control Program | <input type="checkbox"/> None  |
| <input type="checkbox"/> Occupation or Physical Therapy, Athletic Training*        |  |
| <input type="checkbox"/> BMV Dealer Licensing                                      |  |
| <input type="checkbox"/> BMV Deputy Registrar                                      |  |

**I have read and understand my Noncriminal Justice Applicant's Rights>\_\_\_\_\_ (Applicant's Initials)**

**Who is paying the fee for this service? ☐ Self ☐ Agency: If an agency is paying, a signed statement from the agency indicating payment is forthcoming must be presented prior to being fingerprinted.**

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.

**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.**

**Applicant's Name (Please Print)**

**Applicant's Signature (Date)**

**Parent/Guardian Name (Please Print)**

**Parent/Guardian Signature (Minor Applicants Only) (Date)**

**Witness' Name (Print)**

**Witness' Signature (Date)**

**FOR OFFICE USE ONLY:** Date Completed \_\_\_\_\_ Service Providers Initials \_\_\_\_\_ ☐ Cash ☐ Credit Card ☐ Bill



**DAVE YOST**  
OHIO ATTORNEY GENERAL



Identification Quality Assurance  
Office 740-845-2113  
Fax 866-400-5011

## NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be notified by the requesting agency that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>1</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>2</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/compact-council/guiding-principles-noncriminal-justice-applicants-privacy-rights>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If you need additional information or assistance, please contact the Identification Quality Assurance Unit at 740-845-2113 or [NationalWebcheck@ohioattorneygeneral.gov](mailto:NationalWebcheck@ohioattorneygeneral.gov).

<sup>1</sup> See 28 CFR 50.12(b).

<sup>2</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).