

Webcheck # _____

Log# _____

Request for a Background Check vis Electronic Fingerprinting

☐ BCI

☐ FBI

☐ BCI and FBI

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Phone # _____

City _____

Email Address _____

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

Sex ☐ Race ☐ Height ☐ Weight ☐ Hair ☐ Eyes ☐

Reason for background check:(Be Specific)

Address for results to be mailed to:

Direct Care Giver
DODD
#5123.081

Pure Quality Care
5151 Monroe St.
Suite # 215
Toledo, Ohio 43623

Direct Copy Options (Selcet only one)

Ohio Dept. of Education
Ohio Dept. of Public Safety
BMV Dealer Licensing

Ohio Board of Nursing
Ohio Dept. of Liquour Control
BMV Deputy Registrar

Ohio State Reading Commission
State Vision Professionals Board
Social Workers Board
Child Care Center - Type A - ODJFS
Ohio Construction Board

Ohio Dept. of Insurance
DPOTA
State Speech and Hearing Professionals Board
Lottery Commission
Ohio Board of Pharmacy

Ohio Medical Board
Ohio Veterinary Medical Licensing Board
Occupational Therapy, Physical Therapy
and Athletic Trainers Boards

NONE

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 revieww 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.