



OHIO CARD SCANNING FORM
FAX COMPLETED FORM TO: 614-635-2879 OR
EMAIL TO: CONTACTUS@FASTFINGERPRINTS.COM

This registration form completed and signed is the official document of the transaction. All information collected and received during the process of fingerprinting and dissemination of background check results is kept confidential and meant for National Background Check, Inc. (NBCI) use only. This form MUST be submitted to us in order to copy your fingerprints.

1) MAIL RESULTS TO (please select one):
[] APPLICANT OR [] COMPANY/AGENCY

2) HAVE YOU LIVED IN OHIO FOR THE PAST FIVE (5) CONSECUTIVE YEARS?..... YES [] NO []
(Note: If you have not, and will be working with children &/or elderly, it is required by Ohio law to obtain both BCI and FBI. However, the company/agency requesting the background check may request to do a FBI background check, if they so choose, even if you have lived in Ohio for the past (5) five years)

3) WHAT IS THE REASON FOR THE BACKGROUND CHECK (customer is required to provide this information):
[] GETTING A LICENSE/PERMIT [] WORKING WITH CHILDREN [] WORKING WITH ELDERLY [] OTHER

*If a specific Ohio Revised Code (ORC) is required, please provide it: _____ or Industry/Job _____

REQUESTED BACKGROUND CHECK
Please INITIAL next to which type of background check you are being fingerprinted for:
BCI Only \$40.00 FBI Only \$52.00 BCI&FBI \$72.00
(INITIALS) (INITIALS) (INITIALS)

PAYMENT METHOD:
[] CHECK #: _____ (IF PAYING BY CHECK ~ MAIL THIS FORM AND CHECK PAYMENT TO): NBCI
1486 BETHEL ROAD
COLUMBUS, OHIO 43220
[] CREDIT CARD (IF PAYING BY CREDIT CARD ~ FAX OR EMAIL THIS FORM IF YOU ARE NOT COMFORTABLE PROVIDING THIS PAYMENT INFO. VIA FAX/EMAIL, PLEASE CONTACT NBCI CORPORATE TO PAY OVER THE PHONE AT (614) 457-8900 OR (877) 932-2435 AND A REPRESENTATIVE CAN ASSIST YOU. (VISA, MC, AMEX): _____ CREDIT CARD #: _____
EXP. DATE: ____/____/____ CVV CODE: _____ NAME AS IT APPEARS ON CARD: _____
AUTHORIZED SIGNATURE: _____
I AUTHORIZE NBCI TO CHARGE MY CREDIT CARD TO PAY FOR THE ABOVE BACKGROUND CHECK.

(Print clearly; illegible writing will delay delivery)

6) APPLICANT INFORMATION:
Name: _____ SS Number: _____ - _____ - _____
Address: _____ Date of Birth: _____
City, State, Zip: _____ Race: _____
Gender: _____ Height: _____
Weight: _____ Hair Color: _____
Eye Color: _____ Email: _____
Daytime Phone Number: (____) _____ - _____ How did you hear about us? _____

7) COMPANY/AGENCY INFORMATION:
Company/Agency Name: _____
Address: _____ Attn: _____
City, State, Zip: _____ Phone: (____) _____ - _____

RELEASE OF BACKGROUND CHECK RESULTS
I hereby certify that I have given National Background Check, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI&I), the Federal Bureau of Investigation (FBI) (if requested), and release that information to the company/agency /individual indicated above. By placing my fingerprint images on the WEBCHECK Scanner, I am authorizing BCI&I to release criminal history information about me to National Background Check, Inc. and the company/agency /individual indicated above. I hereby release BCI&I and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information. I understand National Background Check, Inc. cannot guarantee that my fingerprint images will be deemed readable by BCI&I, in which case I may need to be re-fingerprinted. I understand this does NOT constitute a refund due to charges incurred by BCI&I immediately after the data is transmitted. National Background Check, Inc. will assist me with the process to complete this background check if I am rejected a second time.

I understand that using the WEBCHECK System returns a "no hit" (those containing no criminal history) result within (10) business days or sooner or a "mailed" result (those that contain a criminal arrest history) could take up to (30) thirty business days before being forwarded to the requested destination.

Applicant Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY: Date Received: _____ Processed By: _____ Date Processed: _____