



OHIO FINGERPRINT CARD SCANNING FORM

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 transmit 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):

Please select the Ohio legislative reason for fingerprinting:

- Responsible for care, custody, control of children Responsible for direct care of elderly
 Required for licensing/permit: _____ Other: _____

4) Does this need to go to Ohio Department of Education?..... YES NO

REQUESTED BACKGROUND CHECK

Please **INITIAL** next to which type of background check you are being fingerprinted for:

BCI Only \$40.00
(INITIALS)

FBI Only \$50.00
(INITIALS)

BCI&FBI \$70.00
(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: _____
Address: _____
City, State, Zip: _____
Race: _____
Eye Color: _____
Weight: _____
Daytime Phone Number: (_____) _____ - _____

SS Number: _____ - _____ - _____
Date of Birth: _____
Email: _____
Hair Color: _____
Height: _____
Gender: _____
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:** _____