



Mobile Appointment – Request Form

**Company Information:**

Company Name: \_\_\_\_\_  
Address of Mobile Appointment: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Building Name/Room #: \_\_\_\_\_  
Parking Location or Parking Pass Needed: \_\_\_\_\_  
Building Security/Font Desk: Yes \_\_\_\_\_ No \_\_\_\_\_  
Contact Scheduling Appointment: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Onsite for Appointment: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Appointment Information:**

Date(s) \_\_\_\_\_  
Time: from \_\_\_\_:\_\_\_\_(am/pm) to \_\_\_\_ :\_\_\_\_(am/pm) Time: from \_\_\_\_:\_\_\_\_(am/pm) to \_\_\_\_:\_\_\_\_(am/pm)  
Number of Individuals: \_\_\_\_\_  
Pricing:

Fingerprinting Requested: **BCI** - \$40 \_\_\_\_\_ **FBI** - \$52 \_\_\_\_\_ **BCI/FBI** - \$72 \_\_\_\_\_  
BCI Code: \_\_\_\_\_ FBI Code: \_\_\_\_\_  
Optional Fingerprint Storage \$20 \_\_\_\_\_  
Fingerprint Cards - \$35 \_\_\_\_\_  
Drug Testing: Oral/Urine (circle one) \_\_\_\_\_ Type: 5-panel \$40 \_\_\_\_\_ 10-panel \$50 \_\_\_\_\_

Number of prints requested: \_\_\_\_\_  
Number of drug tests requested: \_\_\_\_\_  
Number of storage requested: \_\_\_\_\_

**Payment:**

Direct Bill \_\_\_\_\_ Account Name: \_\_\_\_\_  
Company Pays \_\_\_\_\_ If company: Check \_\_\_\_\_ CC \_\_\_\_\_  
Individual Pays \_\_\_\_\_ Cash/Check/Visa/Mastercard/American Express

**Results:**

Where will results need to be sent:  
Web Results\*\* \_\_\_\_\_ Account Name \_\_\_\_\_  
Or  
Mailed \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_

Send results directly to which Ohio Board/Department: (Circle One)

Nursing \_\_\_\_\_ Medical \_\_\_\_\_ Insurance \_\_\_\_\_ Education \_\_\_\_\_ Pharmacy \_\_\_\_\_ CSWMFT \_\_\_\_\_ ODJFS \_\_\_\_\_ PI/SG \_\_\_\_\_

\*All mobile requests must be confirmed before appointment is scheduled. A representative will contact you in regards to the request.

\*\*Web Results may not be available to all companies or groups. FBI Results MUST be mailed.

Contact Us/Return Request To

1486 Bethel Road, Columbus, OH 43220 P: 877.932.2435 F: 614.457.8930 [contactus@fastfingerprints.com](mailto:contactus@fastfingerprints.com)