

Clinton County Sheriff's Office

★ 1645 Davids Drive, Wilmington, Ohio 45177 ★ 937-382-1611 ★

Civilian Fingerprint / Web Check

Type of payments accepted: Exact amount of cash or personal check

_____ BCI (State of Ohio only) _____ FBI (Nationwide Check only) _____ BFBI (Both Ohio & Nationwide Checks)
\$30.00 \$30.00 \$55.00

Please print clearly

Last Name: _____ First Name: _____

Address: _____

Telephone Number: _____ Date of birth: _____ SS#: _____

Reason for background check: _____ Code: _____

Direct Copy (Circle Only One)

BMV Dealer License*	Ohio Department of Liquor Control*
BMV Deputy Registrar*	Ohio Department of Public Safety PI/SG*
Child Care Center Type A ODJFS	Ohio Medical Board
Occupational Therapy, Physical Therapy & Athletic	Ohio Veterinary Medicine License Board
Construction Board	OPOTA* Transaction #: _____
Ohio Board of Nursing	Lottery Commission
Ohio Board of Pharmacy	Social Worker Board
Ohio Department of Education	State Vision Professional Board
Ohio Department of Insurance*	State Speech & Hearing Professional Board
Ohio Racing Commission	Ohio Division of Real Estate and Professional Licensing
Ohio Department of Agriculture - Hemp	

***Cannot be mailed to an additional address**

Mail Background Check Results to:

Company Name: _____

Address: _____ Contact (if any) _____

City/State/Zip _____

All checks are conducted by the Ohio Bureau of Criminal Identification & Investigation, London, Ohio.

For the status or question regarding the background check(s) please contact them at 877-224-0043 or 740-845-2000

I certify the personal identifiers provided on this form are accurate. I voluntarily and knowingly authorize this WebCheck agency to submit information to the Ohio BCI&I to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. 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 all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Signature: _____ Date: _____

Completed by Sheriff's Office Units: _____