

Request for Criminal/Traffic History

Charge \$ _____

Cash \$ _____

Company Name and Address for Results to be mailed to: _____

Type of Record Requested:

- Local Northwest Ohio \$ 10
- BCI State of Ohio \$ 37
- FBI United States \$ 39
- FBI/BCI Federal and State \$ 61

Company Name: _____
 Attention: _____
 Address: _____
 City, State, Zip: _____

INSTRUCTIONS: To obtain criminal/traffic record information, this form must be completed in its entirety.

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Maiden Name/Other Names Used		Date of Birth (MM/DD/YYYY)		Social Security Number	
Race	Sex	Height	Weight	Eye Color	Hair Color

Reason (ORC Code) for Background Check: BCI: _____ FBI: _____

Direct Copy (Mark One):

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> BMV Dealer Licensing <input type="checkbox"/> BMV Deputy Registrar <input type="checkbox"/> Child Care Ctr/Type A-ODJFS <input type="checkbox"/> Commerce - Medical Marijuana Control Program <input type="checkbox"/> Construction Board <input type="checkbox"/> Lottery Commission <input type="checkbox"/> Occupation or Physical Therapy, Athletic Training <input type="checkbox"/> Ohio Racing Commission <input type="checkbox"/> OPOTA (Ohio Peace Officer Training Academy) <input type="checkbox"/> Ohio Board of Nursing <input type="checkbox"/> Ohio Board of Pharmacy <input type="checkbox"/> None | <ul style="list-style-type: none"> <input type="checkbox"/> Ohio Dental Board <input type="checkbox"/> Ohio Department of Agriculture - Hemp <input type="checkbox"/> Ohio Department of Education <input type="checkbox"/> Ohio Department of Public Safety/PISG <input type="checkbox"/> Ohio Department of Insurance <input type="checkbox"/> Ohio Department of Liquor Control <input type="checkbox"/> Ohio Division of Real Estate Professional <input type="checkbox"/> Ohio Veterinary Medical Licensing Board <input type="checkbox"/> Ohio Medical Board <input type="checkbox"/> Social Work Board <input type="checkbox"/> State Speech & Hearing Professionals Board <input type="checkbox"/> State Vision Professionals Board |
|--|---|

I hereby request the Criminal Justice Coordinating Council/NORIS to release ANY and ALL information concerning the listed subject's criminal/traffic records. I understand such information may include any CONVICTIONS, PRIOR ARRESTS, CHARGES CLEARED AND/OR PENDING WITHIN ANY JURISDICTION KNOWN TO THE CRIMINAL JUSTICE COORDINATING COUNCIL/NORIS. The Criminal Justice Coordinating Council/NORIS is not responsible for any subsequent release of this information once it has been provided to the listed person, agency or company.

Name of Requesting Company (Printed)		Name of Authorized Company Representative (Printed)	
Company Phone Number	Company Email	Authorized Company Representative Signature	

Your Signature	Phone Number	Date
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Criminal Justice Coordinating Council (CJCC/NORIS)
 One Government Center, Suite 1720
 Toledo, OH 43604
 Ph: 567-200-6839 / Fax: 567-200-6858
 Email: crimhist@noris.org

Cash or credit card payments accepted. Hours:
 Monday – Friday 8:15 a.m. – 4:30 p.m.
 (closed 12-12:30 for lunch)
 The office is closed weekends and on all major holidays.
NO REFUNDS.

Results of fingerprint-based checks submitted to OH BCI may take up to a maximum of 30 days.

Office Initials: _____

Waiver information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI 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 and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

_____		_____	
Applicant's name (please print)		Witness name (please print)	
_____		_____	
Applicant's signature	Date	Witness signature	Date
_____		_____	
Parent/Guardian name (minor applicants only)	Parent/Guardian signature	Date	

Please read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

_____ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Declined it.

_____ Took it with me.

_____ Requested that it be sent to me at the email address below:

Email: _____