

Web Check Waiver

Please check the box for services required:

- FBI \$40 – **FBI ORC/Reason Code** _____
- BCI \$35 – **BCI ORC/Reason Code** _____
- BOTH \$70 – Include **both** ORC/Reason Codes above.

Codes must be completed before your background check. Your employer will provide these codes to you.

Payment type: Invoice: Company/Organization Name: _____

- Cash (exact change) Debit/Credit Card Money Order Scheduled online & paid in advance

Send an electronic direct copy to (check only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Ohio Department of Education | <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> Ohio Medical Board |
| <input type="checkbox"/> PI/SG Ohio Dept. of Public Safety | <input type="checkbox"/> Ohio Department of Liquor Control | <input type="checkbox"/> Ohio Construction Board |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Ohio OT/PT/AT Board |
| <input type="checkbox"/> Ohio State Racing Commission | <input type="checkbox"/> Ohio Department of Insurance | <input type="checkbox"/> State Vision Professionals Board |
| <input type="checkbox"/> OPOTA | <input type="checkbox"/> Ohio Dept. of Agriculture – Hemp | <input type="checkbox"/> Social Work Board |
| <input type="checkbox"/> Ohio Board of Pharmacy | <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Child Care Center – Type A – ODJFS |
| <input type="checkbox"/> Ohio Dept. of Commerce – MMCP | <input type="checkbox"/> Ohio Division of Real Estate & Professional Licensing | <input type="checkbox"/> State Speech & Hearing Professionals Board |
| <input type="checkbox"/> Ohio Veterinary Medical Licensing Board | | <input type="checkbox"/> None |

Direct mail recipient (This is where results will be sent):

Company Name _____

Attention Name _____

Mailing Address of Recipient _____

Recipient City _____ Recipient State _____ Recipient Zip Code _____

Recipient Phone Number _____ Recipient Fax Number (optional) _____

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 the entities above. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, Action for Children, 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 (Print) _____ Phone Number _____

Applicant's Signature _____ Date _____

Parent/Guardian Name (Minor Applicants Only) _____ Parent/Guardian Signature _____ Date _____

Do not sign below until instructed to do so

_____ 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.

_____ Inaccurate information, including type of background check and/or ORC code may result in the need to repeat the background check at the applicant's expense.

_____ 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 provided on the form