DAVE YOST
OHIO ATTORNEY GENERAL

Civilian Identification
Office 877-224-0043
Fax 866-750-0214

BCI CIVILIAN BACKGROUND CHECK PROCEDURES

- Use only the BCI Civilian Background Check card for the State of Ohio background check. A release from submission of electronic fingerprint form must be completed and submitted with the card.

- The fee for a BCI check is $22.00. A money order, certified check, business check or personal check made payable to: Treasurer, State of Ohio, must accompany the card if you do not have a billable agency code established with BCI. Cash or starter checks will not be accepted.

- If payment is being submitted with a card, 1AB002 must be written in the Agency Code box and the address the result is to be sent to must be written in the Send Background Check Results To box. If the card is being billed to an agency code, write the agency code in the Agency Code box and the result will be returned to the address for the agency code.

- Each fingerprint card must be completed with required information (i.e., social security number, date of birth, etc.) this information may be validated with a driver's license or other photo I.D. All information should be typed or printed legibly.

- When taking fingerprints only fingerprinting ink should be used, and fingers should be rolled nail to nail.

- The Reason Fingerprinted field must be completed. Please check the appropriate box and specify the proper Ohio Revised Code section number that pertains to the reason fingerprinted if the box you check requires an Ohio Revised Code.

- If any of the aforementioned information is incomplete, fingerprint cards will be returned unprocessed. For questions regarding BCI civilian background checks, please call the Civilian Unit of BCI at 877-224-0043. Your cooperation is greatly appreciated.

Civilian Unit
Identification Department
Bureau of Identification & Investigation

Revised 01/14/19

CIVILIAN BACKGROUND CHECK

TYPE ALL INFORMATION IN BLACK

LAST NAME NAM | FIRST NAME | MIDDLE NAME

ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP

DATE OF BIRTH DOB (Month Day Year)

ALIASES AKA

SOCIAL SECURITY NO. SOC

DATE FINGERPRINTED

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

AGENCY CODE/or/ORI/AGC

1AB002

SEND BACKGROUND CHECK RESULTS TO: (Please check one)

X agency listed in agency code box

☐ other - specify _____

Vision Professionals Board
77 S. High St. 16th Floor
Columbus, OH 43215

DRIVERS LICENSE OR STATE ID NBR

REASON FINGERPRINTED
(Please Check One)

X ORC 4725.121

☐ Law enforcement (police, corrections applicant or criminal justice employment

☐ Other, please specify _____

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

BIM 12/98

Bureau of Criminal Investigation
P.O. Box 365
London, Ohio 43140

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
Agency Name
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)

_____
Applicant's Signature (Date)

_____
Parent/Guardian Name

_____
Parent/Guardian Signature (Minor Applicants only)