



DAVE YOST
OHIO ATTORNEY GENERAL



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

Procedures for a State Background Check With e-Payment

- Use only BCI's [Civilian Background Check Card](#) for a state of Ohio background check. A [Request for Exemption from Electronic Fingerprint Submission Requirement](#) form must also be completed and submitted with the card.
- The fee for a BCI check is \$22. Go to the [e-Payment website](#) and follow the instructions. Once the payment has been made, write the ID number in the Reason Fingerprinted box under Other.
- If you yourself are paying for the background check via e-Payment, write 1AB002 in the Agency Code box. Also, be sure to include the appropriate address in the box labeled Send Background Check Results To. If an agency is paying for background check via e-Payment, write its code in the Agency Code box and the results will be returned to the address for that agency code.
- A fingerprint card must include all requested information (i.e., Social Security number, date of birth, etc.). This information may be validated with a driver's license or a photo ID card. All information should be typed or printed legibly.
- When taking fingerprints, use only fingerprinting ink; fingers should be rolled nail to nail.
- Be sure to check the appropriate box in the Reason Fingerprinted field. If the box you check requires an Ohio Revised Code section number pertaining to the reason fingerprinted, be sure to include that number.
- If any information is missing or incomplete, the fingerprint card(s) will be returned unprocessed.
- For questions regarding BCI civilian background checks, please call the BCI's Civilian Unit at 877-224-0043. Your cooperation is greatly appreciated.

Civilian Unit
Identification Division
Bureau of Criminal Investigation

Revised: 10-17-2024

CIVILIAN
BACKGROUND CHECK

TYPE ALL INFORMATION IN BLACK

LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME
ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP		DATE OF BIRTH <u>DOB</u> Month Day Year		ALIASES <u>AKA</u>
SOCIAL SECURITY NO. <u>SOC</u>		REASON FINGERPRINTED (Please Check One)		
DATE FINGERPRINTED	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		☒ <u>ORC</u> 4725.121	
SEND BACKGROUND CHECK RESULTS TO: (Please check one) ☒ agency listed in agency code box		AGENCY CODE/or <u>ORI/AGC</u> 1AB002		☐ Law enforcement (police, corrections applicant or criminal justice employment)
☐ other - specify _____		DRIVERS LICENSE OR STATE ID NBR		☐ Other, please specify _____
Vision Professionals Board 77 S. High St. 16th Floor Columbus, OH 43215				
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



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 _____ Agency Name. 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)

Applicant's Signature (Date)

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)