

REQUEST FOR SERVICES FORM

FOR OFFICE USE ONLY:

Form of payment used: _____ Total Amount: _____

Name of Company: _____



Circle Service(s) Requesting

- ° BCI ° FBI ° BCI & FBI ° Rolled Ink Cards ° DOT Drug Screen ° NON-DOT Drug Screen
° Instant 5 Panel Drug Test ° Instant 12 Panel Drug Test ° Hair Drug Test ° Nicotine Testing ° Alcohol Testing
° Physical Exam ° 1st & 2nd TB Shot ° DNA/Paternity Test ° Notary ° Passport Photos
° BMV Driver History Report Other: _____

Personal Information (Print)

You must provide a VALID photo ID/Driver's License

Name: _____ SS#: _____ DOB: _____

Address: _____ Phone #: _____

City State Zip Email: _____

Have you lived in Ohio consecutively for the last 5 years? YES NO

Complete information if FBI is being conducted. Sex: _____ Race: _____ Height: _____ Weight: _____ Eye: _____ Hair: _____

Employer Address/Send Results to:

Attn: _____

Check ONLY if the state agency selected below allows a secondary address and current employer does not need results. (You will receive the results at the address above if box is checked.)

** BCI&I mandates all results be DIRECTLY MAILED to the employer/recipient. Questions about BCI/FBI results contact 1.877.224.0043 option #0 **

STATE AGENCY DIRECT COPY (Select only ONE)

- OH BMV Dealer Licensing Section OH BMV Deputy Registrar Child Care Center/Type A - ODJFS
OH Construction Board OH Lottery Commission OPOTA- OH Peace Office Training Academy
OH Board of Nursing OH Board of Pharmacy OH Dept of Education
OH Department of Liquor Control OH Dept. of Public Safety (PI/SG) OH Dept. of Insurance
OH Medical Board OH State Racing Commission Social Work Board
OH Veterinary Medical Licensing Board State Speech and Hearing Professionals Board State Vision Professionals Board

Applicants Signature Date

High 5 Employee Signature Date

Under 18 Parent/Guardian Signature (Must be present for Fingerprinting)

BCI Code: _____ FBI Code: _____

By signing initials, applicant verifies that this is the code(s) that they choose to use. Applicant Initials: _____

*** By signing this form, the applicant acknowledges that all information is accurate. Any mistakes or errors on this form are the responsibility of the applicant***