

REQUEST FOR SERVICES FORM

FOR OFFICE USE ONLY:

Form of payment used: _____ Total Amount: _____

Name of Company: _____

Transaction #: _____ License #: _____



Circle Service(s) Requesting

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

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (High 5 Fingerprinting LLC) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

By initialing, applicant understands and agrees to above _____

STATE AGENCY DIRECT COPY (Select only ONE)

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