

**REQUEST FOR SERVICES FORM**

FOR OFFICE USE ONLY:  
Form of payment used: \_\_\_\_\_ Total Amount: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Transaction #: \_\_\_\_\_ License #: \_\_\_\_\_



**\*Circle Service(s) Requesting\***

- ° Fingerprinting – BCI / FBI ° Physical Exam ° DOT Drug Screen ° NON-DOT Drug Screen ° Rolled Ink Cards
- ° Instant Drug Test – 5 Panel / 12 Panel ° TB – 1 Step / 2 Step 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 getting FBI at all. 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 signing this document, applicant understands and agrees to above.

**STATE AGENCY DIRECT COPY (Select only ONE)**

- BMV Dealer Licensing Section  BMV Deputy Registrar  Child Care Center/Type A – ODJFS
- Construction Board  Lottery Commission  OT, PT, and Athletic Trainers Board
- OH Board of Nursing  Pharmacy Board  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)

\*\*\* 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\*\*\*

BCI Code: \_\_\_\_\_ FBI Code: \_\_\_\_\_  
By signing initials, applicant verifies that this is the code(s) that they choose to use.  
Applicant Initials: \_\_\_\_\_