



**High 5 Representative(s)
for Appointment**

(office use only)

MOBILE APPOINTMENT REQUEST FORM

COMPANY INFORMATION

Company Name: _____

Address of Mobile Appointment: _____
Street City State Zip

Building Name/Room #: _____

Scheduling Contact: _____

Phone: _____ Email: _____

Onsite Contact: _____

Phone: _____ Email: _____

APPOINTMENT INFORMATION

Date(s) & Time Frame(s): _____

Number of People Total: _____

How many Fingerprints --- BCI: _____ FBI: _____ BCI & FBI: _____ Rolled Ink (FD-258 Cards): _____

BCI Code: _____ **FBI Code:** _____

How many Drug Tests --- 5 Panel Instant: _____ 12 Panel Instant: _____ NON-DOT: _____ DOT: _____

PAYMENT

Invoice _____ -- Billing Email: _____

Company Pays _____ -- Check _____ CC _____

Individual Pays _____ -- (Can pay via cash, check or card)

RESULTS – Circle a State Agency where results are to be sent, if any. **Agencies listed with an (*) allow for a secondary address**

- | | | |
|-------------------------------------|-----------------------------------|---|
| BMV Dealer Licensing Section | BMV Deputy Registrar | Child Care Center/Type A – ODJFS* |
| Construction Board* | Lottery Commission | OT, PT, & Athletic Trainers Board* |
| OH Board of Nursing* | OH Department of Education* | OH Department of Insurance |
| OH Department of Liquor Control | OH Dept. of Agriculture – Hemp* | OH Div. of Real Estate & Prof. Licensing* |
| OH Medical Board* | OH Racing Commission | OH Veterinary Medical Licensing Board* |
| Pharmacy Board* | OH Dept. of Public Safety (PI/SG) | Social Work Board* |
| State Speech & Hearing Prof. Board* | State Vision Professionals Board* | |

Company Name: _____

Attention: _____

Street Address: _____

City/State/Zip: _____

This is where all results will be sent if no state agency is selected. Only agencies marked with an asterisk (*) will allow a secondary address which you may enter on left.

****All mobile appointment requests must be confirmed before being scheduled. A High 5 Representative will contact you regarding your request****

Return Request by EMAIL or FAX

903 E. Aurora Rd, Macedonia, OH 44056 P: (234) 808-4555 F: (234) 808-4505 E: info@high5.biz