



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

DEALER LICENSING SECTION

CIVILIAN BACKGROUND CHECK		TYPE ALL INFORMATION IN BLACK																																		
ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP		LAST NAME: <u>NAM</u> (4)	FIRST NAME: _____ MIDDLE NAME: _____																																	
DATE FINGERPRINTED: (2)		DATE OF BIRTH: <u>DOB</u> (5) Year	ALIASES: <u>ASA</u>																																	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: (5)		SOCIAL SECURITY NO.: <u>SOC</u> (6)	REASON FINGERPRINTED (Please Check One)																																	
SEND BACKGROUND CHECK RESULTS TO: <input type="checkbox"/> agency listed in agency code box <input type="checkbox"/> residence listed in address of person fingerprinted <input type="checkbox"/> other - specify _____		AGENCY CODE: <u>ORI/AGC</u>	<input type="checkbox"/> *Responsible for care, custody, control of children <input type="checkbox"/> *Responsible for direct care of elderly <input type="checkbox"/> *Required for licensing/permit <input type="checkbox"/> Law enforcement (police, corrections applicant or criminal justice employment) <input type="checkbox"/> Other, please specify _____																																	
OHIO RESIDENT MORE THAN 5 YEARS <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVERS LICENSE OR STATE ID NBR: (7)																																		
*Required: specify Ohio Revised Code section number _____																																				
<table border="1"> <tr> <td colspan="2">1. R. THUMB</td> <td colspan="2">2. R. INDEX</td> <td colspan="2">3. R. MIDDLE</td> <td colspan="2">4. R. RING</td> <td colspan="2">5. R. LITTLE</td> </tr> <tr> <td colspan="2">6. L. THUMB</td> <td colspan="2">7. L. INDEX</td> <td colspan="2">8. L. MIDDLE</td> <td colspan="2">9. L. RING</td> <td colspan="2">10. L. LITTLE</td> </tr> <tr> <td colspan="5">LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY</td> <td colspan="2">L. THUMB R. THUMB</td> <td colspan="5">RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY</td> </tr> </table>					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				
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																													

		Check one and mail to appropriate address			
Betty D. Montgomery Attorney General				Ted A. Almay Superintendent	
<input type="checkbox"/> PAYMENT ENCLOSED <small>(MAKE CHECKS PAYABLE TO TREASURER, STATE OF OHIO NOTE: ONLY CREDITED CHECKS, BUSINESS CHECKS OR MONEY ORDERS CAN BE ACCEPTED.)</small>		<input type="checkbox"/> BILL TO AGENCY		*AGENCY CODE *Required	
If payment accompanies card, mail to:		If agency is to be billed after record check has been completed, mail to:			
c/o Fiscal Section		c/o Civilian Background Check Unit			
Bureau of Criminal Identification and Investigation P.O. Box 365 London, Ohio 43140					
I hereby certify that I have given _____ Agency Name _____ permission to obtain a copy of any arrest or conviction record pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation. I understand that, if this release is statutorily required as a condition of employment, _____ Agency Name _____ will be provided with any additional arrest or conviction record pertaining to me entered into the files of the Bureau of Criminal Identification or Investigation for a period of one (1) year following the date of the execution of this release. I hereby release the Ohio Bureau of Criminal Identification and Investigation and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.					
(9) _____ Applicant's Signature		DATE		(10) _____ Witness Name (please type)	
				(11) _____ Witness Signature	

INSTRUCTIONS FOR COMPLETING CIVILIAN BACKGROUND CHECK
(FINGERPRINT CARD)

The card must be completed by your local law enforcement agency and returned to the Bureau of Motor Vehicles, Dealer Licensing Section with the processing fee. **Do not send the fingerprint card directly to B.C.I. & I.** Acceptable fingerprint card(s) may be obtained only by contacting the Dealer Licensing Section at (614) 752-7636.

The following sections of the fingerprint card must be completed:

- 1) Applicant's home address, including city, state and zip code
- 2) Date fingerprints were taken
- 3) Signature of person taking the fingerprints
- 4) Applicant's full name
- 5) Applicant's date of birth
- 6) Applicant's social security number
- 7) Applicant's driver license or state ID number
- 8) Complete set of fingerprints. Prints must be clear, rolled nail to nail, and cannot be too light or dark. Only black ink may be used.
- 9) Applicant's signature, and the date the card is signed
- 10) Name of person witnessing applicant's signature of waiver
- 11) Signature of witness