



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

DEALER LICENSING SECTION

CIVILIAN BACKGROUND CHECK

TYPE ALL INFORMATION IN BLACK

LAST NAME: NAM (4) FIRST NAME: MIDDLE NAME: ALIASES: 255

DATE OF BIRTH: DOB (5) Year

SOCIAL SECURITY NO.: SOC (6)

AGENCY CODE: ORI/AGC

REASON FINGERPRINTED (Please Check One)

OHIO RESIDENT MORE THAN 5 YEARS

SEND TO TEACHERS CERT (HURSIS): Yes No

DRIVERS LICENSE OR STATE ID NBR (7)

*Responsible for care, custody, control of children
 *Responsible for direct care of elderly
 *Required for licensing/permit
 Law enforcement (police, corrections applicant or criminal justice employment
 Other, please specify

*Required: specify Ohio Revised Code section number

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

BM 1298

Check one and mail to appropriate address

Betty D. Montgomery
Attorney General

Ted A. Almay
Superintendent

PAYMENT ENCLOSED
(MAKE CHECKS PAYABLE TO TREASURER, STATE OF OHIO
NOTE: ONLY CREDITED CHECKS, BUSINESS CHECKS OR
MONEY ORDERS CAN BE ACCEPTED.)

BILL TO AGENCY
*AGENCY CODE
*Required

If payment accompanies card, mail to:
c/o Fiscal Section

If agency is to be billed after record check has been completed, mail to:
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 _____ 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, _____ 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