



Location and Time Service is available:  
 Tuesday, Wednesday and Thursday 9:00 a.m. – 3:00 p.m.  
 Donty Horton Home Care –BCI DEPARTMENT  
 10901 Reed Hartman Highway #112,  
 Cincinnati, Ohio 45242 Phone: 513-463-3442

**Request for a Background Check via Electronic Fingerprinting**

- BCI \$45
- FBI \$45
- BCI & FBI \$60

Personal Information (please print)

Type of Photo ID & ID# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ SSN \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Complete this portion only if an FBI background check is needed:**

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Reason for background check: \_\_\_\_\_  
 Address for results to be mailed to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Direct Copy to (circle only one):**

- Ohio Dept. of Public Safety
- BMV Dealer License
- Ohio State Racing Commission
- Dietetic Board
- Ohio Pharmacy Board

- Ohio Dept. of Education
- Ohio Dept. of Liquor Control
- BMV Deputy Registrar
- Ohio Dept. of Insurance
- OPOTA
- Social Work Board

- Ohio Board of Nursing
- Respiratory Care Board
- Child Care Ctr – Type A-ODJFS
- Lottery Commission
- Ohio Construction Board
- NONE

I certify that the personal identifiers provided on the form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation and/or the Federal Bureau of Investigation to conduct a criminal records check for the information relating to me. I voluntarily and knowingly release and discharge the Ohio Attorney General’s Office, BCI, and the FBI and their employees from all claims and liability related to this authorized criminal record review and dissemination.

\_\_\_\_\_  
 Applicant’s Name (please print)

\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Parent/Guardian Name

\_\_\_\_\_  
 Parent/Guardian Signature (Minor Applicants Only)

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

**DHHC USE ONLY: Record payment type**

Business \_\_\_\_\_ Amount: \_\_\_\_\_  
 Money Order \_\_\_\_\_ Amount: \_\_\_\_\_  
 Other \_\_\_\_\_