



STATE OF OHIO

Office of the Attorney General

**Request for Exemption from Electronic
Fingerprint Submission Requirement**

Ohio Attorney General's Office

Bureau of Criminal Identification and Investigation
P.O. Box 365
London, Ohio 43140

Instructions: Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Mail this form, together with your fingerprint card(s), to the above address.

APPLICANT'S NAME:

LAST

FIRST

M.I.

APPLICANT'S HOME ADDRESS:

Street

City

County

State

Zip

EMPLOYER or LICENSING AGENCY:

BASIS FOR EXEMPTION:

1. No regional access (>75 miles) to electronic fingerprinting services:

Nearest electronic fingerprint site: (Refer to public sites listed on the Attorney General's website at <http://www.webcheck.ag.state.oh.us/webcheckcommunity.htm>)

Business Name

Address

2. Other (see information sheet):

I request an exemption from the mandatory electronic fingerprint submission requirement.
I certify that the information I have provided on this request is true and correct.

Applicant's Signature

Date

The Ohio Attorney General's Office, Bureau of Criminal Identification and Investigation will evaluate your request and determine if adequate justification exists to accept your hard fingerprint card(s) in order to process this request for criminal background check information for employment, licensing, certification, child placement or adoption purposes.

How to Order OHIO Fingerprint Cards

Fill out the attached order form and return along with payment to BCI&I.



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

BCI&I Form Order Form

Instructions:

1. Complete this form
2. Enclose payment in the form of a money order, cashier's check or company check. Make check payable to "Treasurer, State of Ohio."
3. Mail the completed form and payment to:
BCI&I
Attn: Card Ordering Department
P.O. Box 365
London, Ohio 43140

****Note**** Agencies with an ORI or an agency code:
Mail to above address or FAX to (740) 845-2028.

Form Number	Description	Quantity
BIM-12-98	Civilian Identification Fingerprint Card \$10.00 for 100 or quantities of 10 for \$1.00	
BCI-3-72	Ohio Criminal Fingerprint Card (Livescan)	
BCI-3-72-W/ITN	Ohio Fingerprint Card with ITN	
BCI-3-72-Blk	Completely Blank (white card) (Livescan)	
FD-258	FBI Applicant Card - Free	
CCW-4-03	Concealed Carry Permit Fingerprint Card - Free (Sheriff's Office only)	
BCI-2-71	Final Disposition Report Form	
	Sexual Offender Registration Form (adult)	
	Sexual Offender Registration Form (juvenile)	
BCI-7-97	Sex Offender Fingerprint Card (adult/juvenile)	
BCI-2-96	Juvenile Fingerprint Card	
BCI-2-96-W/ITN	Juvenile Fingerprint Card with ITN	

****Note**** Any questions regarding your order should be directed to:
Mail Room Department (740) 845-2012
Please allow 7-10 business days for processing of order.

ORI or Agency Code: _____ (required)

Agency: _____

Agency point of contact and telephone number: _____

Complete street address: _____

City, State and ZIP code: _____



RICHARD CORDRAY
OHIO ATTORNEY GENERAL

SIGNATURE: _____ DATE: _____

Please copy this form for future orders.

Revised 5/3/06

CIVILIAN BACKGROUND CHECK

TYPE ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME



ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP

DATE OF BIRTH DOB
Month Day Year

ALIASES AKA

SOCIAL SECURITY NO. SOC

REASON FINGERPRINTED
(Please Check One)

DATE FINGERPRINTED

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

AGENCY CODE for ORI/AGC

OHIO RESIDENT MORE THAN 5 YEARS

Yes No

- *Responsible for care, custody, control of children (SB-38)
- *Responsible for direct care of elderly (HB-160)
- *Required for licensing/permit
- Law enforcement (police, corrections applicant or criminal justice employment)
- Other, please specify _____

SEND BACKGROUND CHECK RESULTS TO: (Please check one)

- agency listed in agency code box
- residence listed in address of person fingerprinted
- other - specify _____ Name - Address _____

SEND TO TEACHERS CERT
(4UR619)

Yes No

DRIVERS LICENSE OR STATE ID NBR

*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



Check one and mail to appropriate address



Marc Dann
Attorney General

John E. Monce, Jr.
Superintendent

PAYMENT ENCLOSED
(MAKE CHECKS PAYABLE TO TREASURER-STATE OF OHIO
NOTE: ONLY CERTIFIED 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 certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation (BCI&I) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____ Agency Name. 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. This authorization and waiver is valid for one year following the signature date below.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature (Date)

Witness Signature

Parent/Guardian Name

Parent/Guardian Signature (Minor Applicants only)