Request for Background Check via Electronic and Ink Fingerprinting

Background Checks are available Monday - Friday, 9:00am-4:00pm. (no webchecks noon-1pm)

Prior to processing webcheck, all costs must be paid by Card, Check or Money Order made out to Village of Holland. IF USING A CARD, A 3% PROCESSING FEE WILL BE CHARGED TO THE CARD USED FOR PAYMENT.

O BCI O FBI O	BCI and FBI O INK PRINTS
Personal Information (please print)	Reason for background check: (Be Specific)
Name	
Social Security Number	
Date of Birth	Reason Code(s):
Type of Photo ID and ID #	FBI ORC#
	BCI ORC#
Address	
City	Mail results to:
State, Zip Code	Company
Telephone #	Attention
Ohio Resident Yes No	Address
	City, State, Zip
Complete this portion only if an FBI background check is needed.	Telephone #
Gender Race Height Weight Eyes Hair	
	Direct Mail Options (Circle Only One)
BCI \$37.00 \$38.11 FBI \$39.00 \$40.17 BCI and FBI \$61.00 \$62.83 No Charge for Holland Village Residents & Law Enforcement	NONE OH Dept of Agriculture - Hemp BMV Dealer Licensing
BCI Springfield Schools & Holland Village Business \$27.00 \$27.81	OH Dept of Education BMV Deputy Registrar
FBI Springfield Schools & Holland Village Business \$29.00 \$29.87	OH Dept of Liquor Control Child Care Center - Type A - ODJFS
BCI/FBI Springfield Schools & Holland Village Business \$51.00 \$52.53 Springfield Township Fire and Rescue BCI & FBI \$51.00 \$52.53	OH Medical Board Commerce - Medical Marijuana Control Program OH Dept of Insurance Construction Board
Ink Rolled 2 Cards \$40.00 \$41.20 Holland Village Business \$30.00 \$30.90	OH Board of Nursing Lottery Commission
Ink Rolled \$10.00 \$10.30 each additional card.	OH Pharmacy Board Occupational or Physical Therapy, Athletic Training Board
	OH Dept of Public Safety - PI / SG OPOTA Ohio Peace Officer Training Academy
Check/Money Order Prices Card Prices Sorry, NO CASH!	OH Racing Commission Social Worker Board
3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	OH Division of Real Estate & Prof Licensing OH Veterinary Medical Licensing Board State Speech & Hearing Professionals Board State Vision Professionals Board
	on veterinary wedical electroning board.
	errors on this form are the responsibility of the applicant. I voluntarily and knowingly release and discharge the Ohio claims and liability related to this authorization and waiver
	this background check was conducted.
Applicant's Name (print)	Date
Applicant's Signature	
Parent / Guardian Name (minor applicants only)	
Parent / Guardian Signature (minor applicants only)	
Fee collected by Method of Payment & Number	Amount Paid Receipt Number
Fee collected by Method of Payment & Number	Arriount Palo Receipt Number
Service completed by	Date