



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.**

☐ BCI ☐ FBI ☐ BCI and FBI ☐ INK PRINTS

Personal Information (please print)

Name _____
Social Security Number _____
Date of Birth _____
Type of Photo ID and ID # _____

Address _____
City _____
State, Zip Code _____
Telephone # _____
Ohio Resident ☐ Yes ☐ No

Reason for background check: (Be Specific)

Reason Code(s): _____

FBI ORC # _____

BCI ORC # _____

Mail results to:

Company _____
Attention _____
Address _____
City, State, Zip _____
Telephone # _____

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

Gender	Race	Height	Weight	Eyes	Hair

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

BCI Springfield Schools & Holland Village Business **\$27.00 \$27.81**

FBI Springfield Schools & Holland Village Business **\$29.00 \$29.87**

BCI/FBI Springfield Schools & Holland Village Business **\$51.00 \$52.53**

Ink Rolled 2 Cards **\$40.00 \$41.20** Holland Village Business **\$30.00 \$30.90**

Ink Rolled **\$10.00 \$10.30** each additional card.

Check/Money Order Prices Card Prices Sorry, NO CASH!

Direct Mail Options (Circle Only One)

NONE
OH Dept of Agriculture - Hemp
OH Dept of Education
OH Dept of Liquor Control
OH Medical Board
OH Dept of Insurance
OH Board of Nursing
OH Pharmacy Board
OH Dept of Public Safety - PI / SG
OH Racing Commission
OH Division of Real Estate & Prof Licensing
OH Veterinary Medical Licensing Board
BMV Dealer Licensing
BMV Deputy Registrar
Child Care Center - Type A - ODJFS
Commerce - Medical Marijuana Control Program
Construction Board
Lottery Commission
Occupational or Physical Therapy, Athletic Training Board
OPOTA Ohio Peace Officer Training Academy
Social Worker Board
State Speech & Hearing Professionals Board
State Vision Professionals Board

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. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI, the FBI and their employees, the Village of Holland 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 from the date 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 _____

Service completed by _____

Date _____

Revised 07/08/2025