

## Request for Background Check via Electronic and Ink Fingerprinting

Please print and fill out the information before coming into our office.  
Background Checks are available Monday - Friday, 10:30 am to 1:30 pm.

Prior to processing webcheck, all costs must be paid by check or money order made out to Village of Holland.

BCI   
  FBI   
  BCI and FBI   
  INK PRINTS

**Personal Information (please print)**

**Reason for background check: (Be Specific)**

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

Reason Code(s):
FBI ORC #
BCI ORC #

Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State, Zip Code \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Ohio Resident    Yes    No

**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    FBI \$40.25    BCI and FBI \$62.25**  
 No Charge for Holland Village Residents & Law Enforcement  
 BCI Springfield Schools & Holland Village Business \$27.00  
 FBI Springfield Schools & Holland Village Business \$30.25  
 BCI/FBI Springfield Schools & Holland Village Business \$52.25  
  
 Ink Rolled 2 Cards \$40.00.    Holland Village Business \$30.00  
 Ink Rolled \$10.00 each additional card.  
  
 All costs must be paid by check or money order to  
 Village of Holland prior to processing webcheck.

**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
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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		