



Request for Background Check via Electronic and Ink Fingerprinting

Background Checks are available **Monday - Friday, 8:30am-4:00pm.**

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 3.5% 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~~ **\$41.40** Holland Village Business ~~\$30.00~~ **\$31.05**

Ink Rolled ~~\$10.00~~ **\$10.35** each additional card.

Check/Money Order Prices

Card Prices

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 10/30/2024