



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 #

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

Gender	Race	Height	Weight	Eyes	Hair

BCI \$37.00	\$38.30	FBI \$40.25	\$41.66	BCI and FBI \$62.25	\$64.43
No Charge for Holland Village Residents & Law Enforcement					
BCI Springfield Schools & Holland Village Business \$27.00 \$27.95					
FBI Springfield Schools & Holland Village Business \$30.25 \$31.31					
BCI/FBI Springfield Schools & Holland Village Business \$52.25 \$54.08					
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		

Mail results to:

Company _____

Attention _____

Address _____

City, State, Zip _____

Telephone # _____

Direct Mail Options (Circle Only One)

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