

# FOR OFFICIAL USE ONLY

OHIO

## REQUIRED FORMS

- Ohio State Fingerprint Card (Both versions of the BIM12-98 Ohio State Fingerprint Card are acceptable.)
- Ohio Request Form

## INSTRUCTIONS FOR SUBMISSION

- The subject of the investigation must complete the Ohio Fingerprint Card and the Ohio Request form. This form is required to search the Ohio State Criminal Repository and fulfill the requirements of Public Law 101-647.
- There are two slightly different versions of the BIM12-98 Ohio State Fingerprint Card. Both are acceptable for submission, although one version does not have the "REASON FINGERPRINTED" section on the front and also does not have the area on the back for a witness to sign. See Required Fields below.

## OBTAINING STATE-SPECIFIC FINGERPRINT CARDS

- Ohio State Fingerprint cards (Form Number BIM-12-98) can be ordered at the following website address:

[https://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-BCI-Criminal-Records-and-Background-Chec/Forms-for-Law-Enforcement/2019-07-09\\_SupplyRequisitionForm\\_BCI-pdf.aspx](https://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-BCI-Criminal-Records-and-Background-Chec/Forms-for-Law-Enforcement/2019-07-09_SupplyRequisitionForm_BCI-pdf.aspx)

## REQUIRED FIELDS – OHIO BCI FINGERPRINT CARD

### **Front of card required fields include:**

- Last Name
- First Name
- Middle Name
- Date of Birth
- Social Security Number
- Aliases/AKA
- Driver's License or State ID Number
- Reason Fingerprinted:
  - Check box beside Other, please specify **Child Care Employment-H**
  - Depending on the version of the BIM12-98 Ohio State Fingerprint Card, if there is no block for Reason Fingerprinted, specify **Child Care Employment-H** in the block above the right ring fingerprint.
- Address of Person Fingerprinted: Street, City, State, Zip
- Signature of Official Taking Fingerprints
- Date Fingerprinted

### **Back of card required fields include:**

- Applicants Name
- Applicants Signature/Date
- Witness Name (print)
- Witness Signature
  - Depending on the version of the BIM12-98 Ohio State Fingerprint Card, if there is no area on the back for a witness name and signature, then the witness name and signature is not required.

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### REQUIRED FIELDS – STATE REQUEST FORM

- Last Name
- First Name
- M.I.
- Applicants Home Address (Street, City, County, State, Zip)
- Applicants Signature
- Date

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# STATE OF OHIO

Office of the Attorney General

**Request for Exemption from Electronic Fingerprint Submission Requirement**

**Ohio Attorney General's Office**

Bureau of Criminal Identification and Investigation  
P.O. Box 365  
London, Ohio 43140

**Instructions:** Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Mail this form, together with your fingerprint card(s), to the above address.

**APPLICANT'S NAME:**

LAST

FIRST

M.I.

**APPLICANT'S HOME ADDRESS:**

Street

City

County

State

Zip

**EMPLOYER or LICENSING AGENCY:**

Defense Counterintelligence and Security Agency (DCSA)

**BASIS FOR EXEMPTION:**

1. No regional access (>75 miles) to electronic fingerprinting services:

Nearest electronic fingerprint site: (Refer to public sites listed on the Attorney General's website at <http://www.webcheck.ag.state.oh.us/webcheckcommunity.htm>)

Business Name

Address

2. Other (see information sheet):

OUT OF STATE APPLICANT

I request an exemption from the mandatory electronic fingerprint submission requirement.  
I certify that the information I have provided on this request is true and correct.

Applicant's Signature

Date

The Ohio Attorney General's Office, Bureau of Criminal Identification and Investigation will evaluate your request and determine if adequate justification exists to accept your hard fingerprint card(s) in order to process this request for criminal background check information for employment, licensing, certification, child placement or adoption purposes.

# CIVILIAN BACKGROUND CHECK

TYPE ALL INFORMATION IN BLACK

LAST NAME **NAM** FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH **DOB**  
Month Day Year

ALIASES AKA \_\_\_\_\_

SOCIAL SECURITY NO. **SOC**

REASON FINGERPRINTED  
(Please Check One)

DATE FINGERPRINTED \_\_\_\_\_

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS \_\_\_\_\_

AGENCY CODE/ori/AGC \_\_\_\_\_

- ORC \_\_\_\_\_
- Law enforcement (police, corrections applicant or criminal justice employment)
- Other, please specify \_\_\_\_\_

SEND BACKGROUND CHECK RESULTS TO: (Please check one)

- agency listed in agency code box
- other - specify \_\_\_\_\_

DRIVERS LICENSE OR STATE ID NBR \_\_\_\_\_

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



**Bureau of Criminal Investigation**  
**P.O. Box 365**  
**London, Ohio 43140**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to \_\_\_\_\_ Agency Name. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI 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 following the signature date below.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature (Date)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature (Minor Applicants only)