

You must provide valid **Drivers License** (or Government issued photo ID) for Identification and **Social Security Card** for Verification to be fingerprinted

Webcheck# _____ Log# _____

Request for a Background Check via Electronic Fingerprinting

BCI/State \$35 FBI/Federal \$35 BCI and FBI/State and Federal \$55

Personal Information (please PRINT)

Name _____ Type of Photo ID _____
Date of Birth _____ SSN _____ State/Province _____
Address _____ Zip/Postal _____
City _____ Phone # _____
Email Address _____

Complete this portion only if an FBI background check is needed:

Sex	<input type="checkbox"/>	Race	<input type="checkbox"/>	Height	<input type="checkbox"/>	Weight	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Hair	<input type="checkbox"/>
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(Organization must be VECHS registered with BCI to use the "Volunteer Children's Act" FBI code.)

LAW CODE(s): Authorized Reason Code(s): ___ NCPA / VCA _____

Direct Copy to (circle only one):

Name and Address of organization
for results to be mailed to:
_Lancaster Pistol & Rifle Club_____
ATTN: Jeff Williamsen / Brian Geary _____
_Re: Membership_____

_PO Box 2402, _____
_Lancaster, OH 43130_____

PHONE #: (813) _382-2625 _____

- BMV Dealer Licensing
- BMV Deputy Registrar
- Childcare Ctr/Type A ODJFS
- Construction Board
- Lottery Commission
- OPOTA
- Occ./Phy. Therapy, Athletic Train.
- Ohio Board of Nursing Ohio
- Ohio Board of Pharmacy
- Ohio Dept Agriculture-Hemp Prog.
- Department of Education
- Ohio Dept. of Liquor Control
- Ohio Dept. of Public Safety/PISG
- Ohio Dept. of Insurance
- Ohio Div Real Estate/Prof Lic
- Ohio Medical Board
- Ohio Racing Commission
- Ohio Veterinary Med License Board
- Social Work Board
- State Speech/Hearing Pro Board
- State Vision Pro Board
- NONE**

I certify that the personal Identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate, criminal arrest, conviction and juvenile delinquency adjudication records to _Lancaster Pistol & Rifle Club_. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print)

Witness Name (please print)

Applicant's Signature Date

Witness Signature

Parent/Guardian' Printed name

Parent/Guardian Signature (Minor Applicants only)

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. Form update 9/2020