

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  Race  Height  Weight  Eyes  Hair

**(Organization must be VECHS registered with BCI to use the "Volunteer Children's Act" FBI code.)**

**LAW CODE(s):** Authorized Reason Code(s): \_\_\_ NO ORC - Gun Club Membership \_\_\_\_\_

#### 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)  
  
\_\_\_\_\_  
Applicant's Signature                      Date  
  
\_\_\_\_\_  
Parent/Guardian' Printed name  
  
\_\_\_\_\_  
Parent/Guardian Signature (Minor Applicants only)

\_\_\_\_\_  
Witness Name (please print)  
  
\_\_\_\_\_  
Witness Signature

**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