

REQUEST FOR SERVICES FORM (RFS)

FOR OFFICE USE ONLY:

Form of payment used: _____ Total Amount: _____

Name of Company: _____

Transaction #: _____ License #: _____



Circle Service(s) Requesting

- ° Fingerprinting – BCI / FBI ° Physical Exam ° DOT Drug Screen ° NON-DOT Drug Screen ° Rolled Ink Cards
- ° Instant Drug Test – 5 Panel / 12 Panel ° TB – 1 Step / 2 Step Other: _____

Personal Information (Print)

****You must provide a VALID photo ID/Driver's License****

Name: _____ SS#: _____ DOB: _____

Address: _____ Phone #: _____

_____ Email: _____

City

State

Zip

Have you lived in Ohio consecutively for the last 5 years? YES NO

Complete information if getting FBI at all.

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye: _____ Hair: _____

Employer Address/Send Results to:

Attn: _____

****I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (High 5 Fingerprinting LLC) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. 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.****

By signing this document, applicant understands and agrees to above.

STATE AGENCY DIRECT COPY (Select only ONE)

- | | | |
|---|--|---|
| <input type="checkbox"/> BMV Dealer Licensing Section | <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Child Care Center/Type A – ODJFS |
| <input type="checkbox"/> Construction Board | <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> OT, PT, and Athletic Trainers Board |
| <input type="checkbox"/> OH Board of Nursing | <input type="checkbox"/> OH Dept of Education | <input type="checkbox"/> OH Dept. of Insurance |
| <input type="checkbox"/> OH Department of Liquor Control | <input type="checkbox"/> OH Dept of Agriculture - Hemp | <input type="checkbox"/> OH Div. of Real Estate & Prof. Licensing |
| <input type="checkbox"/> OH Medical Board | <input type="checkbox"/> OH Racing Commission | <input type="checkbox"/> OH Veterinary Medical Licensing Board |
| <input type="checkbox"/> Pharmacy Board | <input type="checkbox"/> OH Dept. of Public Safety (PI/SG) | <input type="checkbox"/> Social Work Board |
| <input type="checkbox"/> State Speech & Hearing Prof. Board | <input type="checkbox"/> State Vision Professionals Board | |

Applicants Signature _____ Date _____

High 5 Employee Signature _____ Date _____

Under 18 Parent/Guardian Signature (Must be present for Fingerprinting) _____

BCI Code: _____ FBI Code: _____
By signing initials, applicant verifies that this is the code(s) that they choose to use.

***** By signing this form, the applicant acknowledges that all information is accurate. Any mistakes or errors on this form are the responsibility of the applicant*****

Applicant Initials: _____