

# REQUEST FOR SERVICES FORM (RFS)

**High 5 Fingerprinting**



Background Checks and More...

903 E Aurora Rd  
Macedonia, OH 44056  
(234) 808-4555

**Open: M-F 9am-5pm & SAT. 10am-2pm**  
**No Appointments Needed**

**FOR OFFICE USE ONLY:**

Form of payment used: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Transaction #: \_\_\_\_\_ License #: \_\_\_\_\_

### \*CIRCLE SERVICES REQUESTING\*

° **Fingerprinting:** BCI | FBI | FBI Rolled (FD-258)    ° **Physical:** Exam Only | w/ OSHA Eval. | w/ Lift

° **Drug Screen:** Non-DOT | DOT | Rapid Test | w/ ALC    ° **TB Testing:** 1 Step | 2 Step | QuantiFERON (Blood)

° **BMV Report:** 5-year | All-Time    ° **Exclusions Report (OIG)**    Other: \_\_\_\_\_

### PERSONAL INFORMATION (please print)

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

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

Complete information if getting FBI.

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye: \_\_\_\_\_ Hair: \_\_\_\_\_

### MAIL RESULTS TO:

\_\_\_\_\_  
**Attn:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### STATE AGENCY DIRECT COPY (Select only ONE)

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

### REASON FINGERPRINTED

BCI Code: \_\_\_\_\_ FBI Code: \_\_\_\_\_

Applicants Signature

Date

High 5 Employee Signature

Date

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

**\*\*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, the applicant understands and agrees to the above statement and acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.**