



MIAMI COUNTY SHERIFF'S OFFICE

201 W. MAIN ST., TROY, OH 45373

(937) 440-6085

DAVE DUCHAK, SHERIFF

Webcheck # _____

Log # _____

Request for a Background Check via Electronic Fingerprinting

BCI

FBI

BCI & FBI

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

State/Province _____

Date of Birth _____ SSN _____

Zip/Postal Code _____

Address _____

Phone# _____

City _____

Email Address _____

Sex _____ Race _____ Height _____

Weight _____ Hair _____ Eyes _____

Reason for background check: (BE SPECIFIC)

Address & Phone Number for results to be mailed to:

Direct Copy Options [select only one)

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 a criminal 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 _____. 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

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.

Parent/Guardian Name

Parent/Guardian's Signature (Minor Applicants only)