

OPA REGISTRATION FORM

REQUESTED BACKGROUND CHECK

BCI&FBI:\$65

PAYMENT METHOD

	□MONEY ORDER	□CASH	□CHECK# □CREDIT CARD
			RESPONSIBLE FOR PAYMENT!
Applicant	Information:		
Name:			SS Number:
			Date of Birth:
City, State, Zip:			Email:
Daytime Ph	none Number: () _		
Note	: If you have <u>not</u> , and will be working w	ith children &/or elderly,	O CONSECUTIVE YEARS? YES: NO: Use the company/agency requesting to the sequired by Ohio law to obtain both BCI and FBI. However, the company/agency requesting to the sequired by Ohio law to obtain both BCI and FBI. However, the company/agency requesting to sequiple the sequiple seq
	BCI / FBI		Reason For Fingerprinting
	Results will be SENT	то:	☐ Pharmacy Tech
Address:			☐ Pharmacist
			□ Pharmacy Student
			│
Criminal Identifindicated above By placing my f Inc. and the con	fication and Investigation (BCI&I), the control of	nd Check, Inc. permissine Federal Bureau of In	BACKGROUND CHECK RESULTS asion to obtain all criminal history information pertaining to me in the files of the Ohio Bureau Investigation (FBI) (if requested), and release that information to the company/agency /individuals. The provided Herewith and all individuals connected therewith from all liability in connection with the control of the Packet Results.
fingerprinted. I	tional Background Check, Inc. can n understand this does not constitute a ith the process to complete this back	refund due to charges i	fingerprint images will be deemed readable by BCI&I, in which case I may need to be resincurred by BCI&I immediately after the data is transmitted. National Background Check, I rejected a second time.
			containing no criminal history) result within (10) ten business days or sooner or a "mailed" resiness days before being forwarded to the requested destination.
	Signature:		
	Date:		
FOR OFFICE US		Date Pr	Processed: Processed By: