

# FINGERPRINTING REQUEST APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Aliases or Nicknames: \_\_\_\_\_ Social Security # \_\_\_\_\_

\*Have you been a resident of Ohio for the past five consecutive years?  YES  NO

**MOST CURRENT ADDRESS:** \_\_\_\_\_

\*\*List your legal residence (include complete street address, apartment number, city, state, and zip code)\*

Phone number to reach you at: \_\_\_\_\_

## Please be sure to complete this section for all areas of need

### Reason you are being fingerprinted:

- Child Care Center  Public School District  OPOTA  Security  Home Health/Elderly  
 Home Health/Children  Massage Therapy  Dental  Medical Imaging  Nursing  
 Occupational/Physical Therapy  Other: \_\_\_\_\_

**\*If you are not an Owens member, please skip to Licensing purposes**

Name of person/department at **Owens** to receive results: \_\_\_\_\_

**Applicant or Prospective Owens employees:** Department index to be charged: \_\_\_\_\_

Supervisor/Department Representative Signature: \_\_\_\_\_ Campus \_\_\_\_\_

### If this request is for licensing purposes and a direct copy needs to be sent, please select from the list below:

- Ohio Board of Nursing  Ohio Department of Education  OPOTA  Ohio Dept. of Liquor Control  
 Ohio Dept. of Public Safety/PISG  Ohio Department of Insurance  
 Other License: \_\_\_\_\_

**Mail results to this address -Please fill out completely \*\*will be sent by BCI OR FBI NOT Owens**

**\*\*PLEASE NOTE WE CANNOT FAX RESULTS TO EMPLOYERS/BUSINESSES\*\***

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**→ IF RESULTS ARE NOT BEING MAILED, CHECK AND INITIAL HERE:**  \_\_\_\_\_

I would like to pick up a copy when ready Yes  No  **\*\*(You cannot receive a copy if there is an address above)**

Check the appropriate box: (At least one background option must be selected.)

- BCI only  FBI only  BCI and FBI together

DATE STAMP

\_\_\_\_\_  
Signature of person being printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dept. of Public Safety Customer Service Representative

\_\_\_\_\_  
Date