Paulding County Sheriff's Office

PAULDING COUNTY COURTHOUSE LOCATION

115 N. Williams St., Paulding, OH 45879 • 419-399-8286 •

Monday – Friday 8:30am - 3:30pm

WebCheck

Type of Background Check needed: Confirmation #_____

O **BCI (State of Ohio only)** **$30.00 ***

O **FBI (Nationwide Check only)** **$30.00 ***

O **BFBI (Both Ohio & Nationwide Checks)** **$60.00 ***

- **Debit or Credit Card Only**

Please Print Clearly

Last Name: _____ First Name: _____ Middle Int.: _____

Date of Birth: _____ SSN#: _____

Address: _____ City: _____ State:_____ Zip:_____

Phone: _____

Reason for Background Check: _____ **Code:** _____

Mail Background Check Results to: Company Name: _____

Address: _____ Contact *(If Any)*:_____

City: _____ State: ____ Zip: _____

Phone: _____

Also Send Results to: Ohio Dept. of _____

Ohio Resident more than 5 years? O **Yes** O **No**

All Checks are conducted by the Ohio Bureau of Criminal Identification & Investigation, London, Ohio.

For the status or question regarding the background check(s) please contact them at (877) 224-0043 or (740) 845-2000.

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (Paulding County Sheriffs Office) 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.

This authorization and waiver is valid for one year from the date this background check was conducted.

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.

Signature: _____ Date: _____

Completed by Deputy: _____