

Request for Criminal/Traffic History

Type of Record Requested:

Name and Address for Results to be mailed to:

<input type="checkbox"/>	Local	Northwest Ohio	\$ 8
<input type="checkbox"/>	BCI	State of Ohio	\$ 37
<input type="checkbox"/>	FBI	United States	\$ 39
<input type="checkbox"/>	FBI/BCI	Federal and State	\$ 61

Date of Request		Last Name		First Name		Middle Name	
Address				City		State	Zip Code
Maiden Name/Other Names Used			Date of Birth (MM/DD/YY)			Social Security Number	
Race	Sex	Height	Weight		Eye Color	Hair Color	

Reason (ORC Code) for Background Check: _____

Direct Copy (Mark One):

- | | |
|---|--|
| <input type="checkbox"/> BMV Dealer Licensing
<input type="checkbox"/> BMV Deputy Registrar
<input type="checkbox"/> Child Care Ctr/Type A-ODJFS
<input type="checkbox"/> Construction Board
<input type="checkbox"/> Lottery Commission
<input type="checkbox"/> Occupation or Physical Therapy, Athletic Training
<input type="checkbox"/> Ohio Racing Commission
<input type="checkbox"/> OPOTA (Ohio Peace Officer Training Academy)
<input type="checkbox"/> Ohio Board of Nursing
<input type="checkbox"/> Ohio Veterinary Medical Licensing Board | <input type="checkbox"/> Ohio Department of Education
<input type="checkbox"/> Ohio Department of Public Safety/PISG
<input type="checkbox"/> Ohio Department of Insurance
<input type="checkbox"/> Ohio Department of Liquor Control
<input type="checkbox"/> Ohio Board of Pharmacy
<input type="checkbox"/> Ohio Medical Board
<input type="checkbox"/> Social Work Board
<input type="checkbox"/> State Speech & Hearing Professionals Board
<input type="checkbox"/> State Vision Professionals Board |
|---|--|

I hereby request the Criminal Justice Coordinating Council/NORIS to release ANY and ALL information concerning the listed subject's criminal/traffic records. I understand such information may include any CONVICTIONS, PRIOR ARRESTS, CHARGES CLEARED AND/OR PENDING WITHIN ANY JURISDICTION KNOWN TO THE CRIMINAL JUSTICE COORDINATING COUNCIL/NORIS. The Criminal Justice Coordinating Council/NORIS is not responsible for any subsequent release of this information once it has been provided to the listed person, agency or company.

Name of Requesting Company/Agency (Printed)		Name of Authorized Company/Agency Representative (Printed)	
Company/Agency Phone Number	Company/Agency Email	Authorized Company/Agency Representative Signature	

Name of Individual Requestor		Signature of Individual	
Phone Number		Date	

INSTRUCTIONS

To obtain criminal/traffic record information, **this form must be completed in its entirety.**

Submit this copy along with a money order or cashier's check to:
Criminal Justice Coordinating Council (CJCC) / NORIS DIVISION
 One Government Center, Suite 1720
 Toledo, OH 43604
 Ph: 567-200-6839 / Fax: 567-200-6858
 Email: crimhist@noris.org

DO NOT SEND CASH THROUGH THE MAIL.

Cash will not be accepted cash with mail in requests. Cash or credit card payments can be made in person (Minimum \$8 charge).

Hours: Monday – Friday 8:15 a.m. – 4:30 p.m.
 (closed 12-12:30 for lunch)
 The office is closed weekends and on all major holidays.

NO REFUNDS.

Results of fingerprint-based checks submitted to OH BCI may take up to a maximum of 30 days.