



Fingerprint Request Information

All program instructors who will be in contact with minors (under 18 years of age) must provide fingerprint documentation AND/OR Certificate of Liability Insurance naming the City of Pickerington as additionally insured at the instructor's expense. Both fingerprint documentation and Certificate of Liability Insurance will be valid for one year.

This policy has been implemented to ensure the safety of all children who register for City of Pickerington Parks and Recreation programs.

Fingerprinting Options

1. Instructors who have valid fingerprint documentation on file from another location may submit documentation for classes.
2. Instructors may take the attached form to be processed at the City of Pickerington Police Department, 1311 Refugee Road, Pickerington, OH 43147 (614-575-6911) to be fingerprinted at the instructor's expense.
 - a. Instructors who have **NOT** lived in Ohio for the past five (5) years may be required to submit for the BCII and FBI fingerprints.

For any additional information regarding instructor information, please call the City of Pickerington Parks and Recreation Department at 614-833-2211.

Webcheck # _____

Log # _____

Request for Background Check via Electronic Fingerprints

Applicant is responsible for payment.

BCII
\$30.00

FBI
\$30.00

BCII & FBI Prints
\$60.00

Check One
Cash or Check Only
Photo ID is required (Ohio Drivers License or Ohio ID)

Personal Information (Please Print)

Type of Photo ID and ID# _____

Name: _____

ID # _____

Date of Birth: _____

Phone Number: _____

Address: _____

Email Address: _____

City: _____ State: _____ Zip: _____ SS# _____

Reason For Background Check: Parks and Recreation Vendor – working with minors

NOT FOR WORK OR FOR EMPLOYMENT (IE. Child Care, Daycare, Nursing, Teacher, Pharmacist)

DIRECT COPY TO (Circle One)

COMPANY NAME and ADDRESS for results to be mailed to

- BMV Dealer Licensing
- BMV Deputy Registrar
- Child Care Ctr/Type A – ODJFS
- Diabetic Board
- Lottery Commission
- NONE
- OPOTA (Ohio Peace Officer Training Academy)
- Ohio Board of Nursing
- Ohio Department of Education
- Ohio Department of Liquor Control
- Ohio Department of Public Safety/PISG
- Ohio Department of Insurance
- Ohio Racing Commission
- Respiratory Care Board
- Hazardous Waste Environment Background Investigation (*Must be mailed to Attorney Generals Office*)
- NONE

The City of Pickerington

Attn: Parks and Recreation Department

100 Lockville Road

Pickerington, Ohio 43147

614-833-2211

Phone Number

614-837-2201

Fax Number

I certify that the personal identifiers provided on this form are accurate and 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 to

_____. I voluntary and knowingly release and discharge

The Company Name or the Agency of whom you are printing for

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)

Officer/Witness Name (please print)

Applicant's Signature

Officer/Witness Signature

Parent/Guardian's Name

By signing this from the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

All Checks are conducted by the Ohio Bureau of Criminal Identification & Investigation in London, Ohio. For the status or questions regarding the background check(s) please contact them at (740) 845-2000

N/commo/forms/request for background check via electronic