SOLICITATION PERMIT REQUEST FORM

Web Check#_____

Request for a Solicitation Background Check via Electronic Fingerprinting (Check One)

☑ **BCI ONLY**

Personal Information (please print)

Type of Photo ID and ID# _____

Name _____

Date of Birth _____ SSN _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Phone # _____

Email _____

_____

_____

Reason for background check: (Please Be Specific)

OTHER: Municipal Solicitation Permit Application

Address for results to be mailed to:

ATTN: Suzanne Beach
City of Upper Arlington
3600 Tremont Road
Upper Arlington OH 43221

Direct Copy Options (Select only one)

- ❑ Ohio Dept of Education
- ❑ Ohio Dept of Public Safety
- ❑ BMV Dealer Licensing
- ❑ OH State Racing Commission
- ❑ State Vision Professionals Bd
- ❑ ocial Worker Board
- ❑ Child Care Ctr-Type A-ODJFS
- ❑ Ohio Construction Board
- ❑ Ohio Board of Nursing
- ❑ Ohio Dept of Liquor Control
- ❑ BMV Deputy Registrar
- ❑ Ohio Dept of Insurance
- ❑ OPOTA
- ❑ State Speech & Hearing Professionals Board
- ❑ Ohio Board of Pharmacy
- ❑ Ohio Medical Board
- ❑ Ohio Veterinary Medical Licensing Board
- ❑ Occupational Therapy, Physical Therapy & Athletic Trainers Board
- ☑ None of the above

I certify that the personal identifiers provided on this form are accurate, and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification and 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 records to City of Upper Arlington. 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 dissemination. This authorization is good for one year from the date this background check was conducted.

_____
Applicant's Name (please print)

_____
Witness Name (please print)

_____
Applicant's Signature (see below) (DATE MANDATORY)

_____
Witness Signature (see below)

_____
Parent/Guardian Name

_____
Parent/Guardian Signature (Minor Applicants only)

****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. Please only sign in the presence of the officer taking fingerprint.**