



**ANDY WILSON**  
OHIO ATTORNEY GENERAL

## **Request for a Customer Number for New *Webcheck* Equipment**

### **Purpose:**

This form is required for new *Webcheck* customers to establish a billing account **and** for current customers that purchase new *Webcheck* machines. A separate customer number/billing account is required for every *Webcheck* machine.

### **Process:**

Electronically fill out this form in its entirety and e-mail it to:

[WebcheckRequest@OhioAGO.gov](mailto:WebcheckRequest@OhioAGO.gov)

**DO NOT PRINT AND MAIL THIS FORM.** A unique identifier for your new *Webcheck* machine will be e-mailed, within two (2) business days, to the e-mail addresses you provide in the form.



**Request for New BCI Webcheck Customer Number**

Name of Agency

Federal Tax ID

Indicate which vendor your will be using

- Biometric Information Management     DataWorks Plus     Innovative Biometric Systems

Address of Agency for Mailed Webcheck Results

Contact for Webcheck Submissions

Contact E-mail Address

Address

City  State  Zip Code  County

Phone Number  Fax Number

Is the physical location of the Webcheck machine the same as the address above?     Yes     No\*

\*If no, please provide physical location address:

Billing Contacts (\*Invoicing is paperless; please list at least one billing contact)

	Name	E-mail Address
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Do you currently have any other Customer ID's or Webcheck numbers assigned by BCI?

- Yes     No

\*If Yes, please list either: Name of Agency or 6 digit Customer ID number associated with the account

**Please email this form to [WebcheckRequest@OhioAGO.gov](mailto:WebcheckRequest@OhioAGO.gov) to submit this request. Please do not print this form to fill out manually.**