



This form is for National WebCheck agencies that need to update any contact information with BCI. If your agency has more than one WebCheck machine or location, you must complete a separate form for each machine or location.

Date:
Agency ID:
Agency name:
Agency address:
City:
State:
Zip:
County:
Does your agency fingerprint for people outside of your agency (general public)?
WebCheck machine vendor:
WebCheck contact name:
WebCheck contact email:
WebCheck contact phone number:
Billing contact name:
Billing contact email:
Billing contact phone number:
What information has changed?
Other important information?
*Please email the completed form to your Quality Assurance Specialist or to