



# DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
Office 800-346-7682

P.O. Box 309  
London, OH 43140

## REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

**For those applying to attend an Academy, return this completed form to your commander.**

### INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is both BCI and FBI
- Reason Fingerprinted is “Law Enforcement Employment” or “Law Enforcement/Criminal Justice” for BCI and “Law” for FBI
- This is a **Direct Copy** transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs to be entered.
- In the event that an electronic WebCheck® is not an option, Fingerprint Cards can be submitted. Please email [AskOPOTA@OhioAGO.gov](mailto:AskOPOTA@OhioAGO.gov) for assistance regarding the process and requirements.

### TO BE COMPLETED BY APPLICANT

**I am scheduled** to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

\_\_\_\_\_ beginning on \_\_\_\_\_  
(Academy Name) (Date)

**OR**

**I am applying** for reciprocity licensure or certification as a peace officer in the State of Ohio.

As part of the enrollment process, OPOTC requires that I have a criminal record background check conducted within 150 days of the above date by the Ohio Bureau of Criminal Identification (BCI) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Previous Name(s) or Alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last 5 of SSN **ONLY**: \_\_\_\_\_ (FULL SOCIAL SECURITY NUMBER REQUIRED AT THE TIME OF FINGERPRINTING)

Address (including P.O. Box, if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Fingerprinting Agency: \_\_\_\_\_

Signature of Person Being Fingerprinted: \_\_\_\_\_ Date Fingerprinted: \_\_\_\_\_