



**DAVE YOST**  
OHIO ATTORNEY GENERAL



Civilian Identification  
Office 877-224-0043  
Fax 866-750-0214

## **Procedures for Requesting a Copy of an Ohio Background Check With e-Payment**

A copy of a background check may be requested only if the original background check was processed for an Ohio Revised Code reason that permits updates and if the new background check is needed for an Ohio Revised Code reason that permits updates. If you are unsure whether your request meets those parameters, please call the Civilian Unit of BCI's Identification Division at 877-224-0043.

- You may request a copy of the Ohio BCI background check only. The FBI results are not permitted to be sent to any address other than the one indicated with the original background check. In such cases, a new FBI background check is required.
- To obtain a Request for Copy of Ohio Background Check please complete the form on the second page. If the request for a copy is made within 30 days of the original background check, there is no fee for processing and the request can be faxed to 866-750-0214.
- A request for a copy made more than 30 days after the original background check costs \$8. Go to the [e-Payment website](#) and follow the instructions. Once the payment has been made, write the ID number at the bottom of the form under the Date line.
- A copy request must be received within 11 months of the original fingerprint submission to allow for processing time before the background check expires.
- The request can be mailed to: BCI, PO Box 365, London, Ohio 43140.

Civilian Unit  
Identification Division  
Bureau of Criminal Investigation

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## REQUEST FOR COPY OF OHIO BACKGROUND CHECK:

REASON FINGERPRINTED ON LAST BACKGROUND CHECK: \_\_\_\_\_

REASON FINGERPRINTED FOR THIS BACKGROUND CHECK: \_\_\_\_\_

\*The Ohio Revised Code must be listed in both spaces above

NAME (must be the same name submitted with fingerprints):

\_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

SEND BACKGROUND RESULT TO:

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_ PLEASE CHECK IF YOU WANT YOUR RESULT SENT TO THE OHIO DEPT. OF EDUCATION FOR TEACHER CERTIFICATION.

Return this letter with your payment of \$8 (if required), payable to Treasurer, State of Ohio.

I hereby certify that I have given the above mentioned person or agency permission to obtain a copy of any conviction record pertaining to me in the files of the Ohio Bureau of Criminal Investigation.

**\*REQUIRED:**

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ APPLICANT'S PHONE NUMBER: \_\_\_\_\_

Updated 03/07/19