



**DAVE YOST**

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.



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## 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		
2		
3		
4		
5		

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.**