



**Sheriff Larry L. Sims**  
Warren County Sheriff's Office

**Chief Deputy Barry K. Riley**  
Webcheck Application

**Check the type of transaction required:** BCI  FBI  Both  **Teachers certificate:** Yes  No

**Please provide the appropriate code (if applicable)** BCI: \_\_\_\_\_ FBI: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**Phone number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Mail Results To:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**NATIONAL WEBCHECK WAIVER:** I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (7JT416-Warren County Sheriff's Office) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

**WebCheck Applicant's Signature:** \_\_\_\_\_

**For Office Use Only**

**Unit Number:** \_\_\_\_\_ **Date of Transaction:** \_\_\_\_\_ **Type of Transaction:** BCI FBI Both

**Amount of Payment:** \$ \_\_\_\_\_ **Type of Payment:** Cash Check