



FINGERPRINT CARD SCANNING PROCEDURE

NBCI: 877-932-2435 (questions regarding procedure)
BCI&I: 877-224-0043 (questions regarding results)

National Background Check, Inc. can scan and digitize a BCI and/or a FBI fingerprint cards for Ohio legislative reasons and transmit the data and fingerprints electronically to the Ohio Bureau of Criminal Identification & Investigation (BCI&I). Cards are processed and transmitted within 24 hours of receipt.

You must submit this form with each mailing to ensure accuracy of the response

To take advantage of the NBCI Fingerprint Card Scanning service, please follow the below procedure:

1. **Continue getting your ink-rolled prints completed as usual.**
2. **Complete all necessary fields on the ink card and make sure the card is signed by the applicant.**
3. **Indicate number of card(s) in each section and name(s) on card(s).** *Note: A civilian (BCI) fingerprint card can only be used for Ohio BCI transactions. A FBI fingerprint card can be used for any transaction; BCI only, FBI only or both. If you are submitting a combined BCI/FBI for one person, there is no need to submit 2 cards if they are obtaining both. Only one FBI card will be sufficient.*
4. **Include payment** (see bottom of page for payment options).

• **Total BCI Cards** _____ **X \$40.00 =** _____
 Name(s): 1) _____ 4) _____
 2) _____ 5) _____
 3) _____ 6) _____

• **Total FBI Cards** _____ **X \$50.00 =** _____
 Name(s): 1) _____ 4) _____
 2) _____ 5) _____
 3) _____ 6) _____

(If more space is needed, please list additional names on the back of this form)

• **Total combined BCI/FBI submissions** _____ **X \$70.00 =** _____
 Name(s): 1) _____ 4) _____
 2) _____ 5) _____
 3) _____ 6) _____

5. **Complete the below submission information** (person sending the card)
 Submitters Name _____ Submitters phone number (_____) _____ - _____
 Submitters e-mail Address: _____ @ _____

6. **Results will be delivered by U.S. mail from BCI&I to:**
 Company: _____
 Attention: _____

 Address City State Zip

7. **Please select the Ohio legislative reason for fingerprinting:**
 Responsible for care, custody, control of children
 Responsible for direct care of elderly
 Required for licensing/permit: _____
 Other: _____

8. **Mail the fingerprint card(s) and this procedure form to:**

NATIONAL BACKGROUND CHECK, INC.
 ATTN: FINGERPRINT CARD SCANNING DIVISION
 1486 BETHEL RD.
 COLUMBUS, OH 43220

PLEASE SELECT ONE OF THE BELOW OPTIONS FOR PAYMENT:

- CHECK: Made payable to **NBCI or National Background Check, Inc.**
- DIRECT BILL: _____ (for those sending us 50+ cards per year - account setup required)
 (Direct Bill Account Company Name)
- CREDIT CARD: (VISA, MasterCard, American Express)

Card #: _____ Expiration Date: ____/____/____
 Name as it appears on card: _____ CVV Code/Security Code _____
 I authorize National Background Check, Inc. to charge the above credit card for fingerprint card processing.

Signature _____ Title _____ Date _____