



Lake County Sheriff's Office

Sheriff Frank Leonbruno

Concealed Handgun Licensing/Offender Registration

84 North State St. Painesville, Ohio 44077 (440)350-5676 Fax: (440)350-5888
email: rharps@lakecountyoio.gov website: www.lakecountyoio.gov/sheriffoffice

BACKGROUND CHECKS

Applicant Name _____ Phone number _____

Applicant Address _____

Which type of background do you need? **BOTH**
(**BCI**- State of Ohio only, **FBI**- Federal background check, or **both**).

ORC/REASON CODE.

LAW ENFORCEMENT

****ORC/REASON CODE must be provided and cannot be changed after submission. It is recommended that you review the reason code book or contact the individual who sent you to get the background.****

Results to be mailed to:

Name of company to receive background: **DIRECT COPY OPOTA**

Address of Company _____ City _____

State _____ Zip Code _____ Special Attention to _____

NATIONAL

WEBCHECK

WAIVER:

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (CTP546 - Lake 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.

Print Name

Signature

Date