

Dealer/Salesperson License Registration

PLEASE PRINT

Name: _____

Dealer/Permit Name: _____

Address 1: _____

City, State, Zip: _____

Address 2: _____

Have you lived in Ohio for 5 years?

City, State, Zip: _____

Yes No

Application/Permit #: _____

SS#: _____

Have you applied yet? _____

Phone: _____

Payment: \$42.00

Cash _____ Check _____

Dealership Account _____

Clear results will be faxed to:

The BMV: (614) 308-5221

“Mailed” Results will be sent to:

P.O. Box 16521, Columbus, OH 43216

Release of Background Check Results

I hereby certify that I have given Secure Check, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BCI &I) and release that information to the Ohio Bureau of Motor Vehicles.

By placing my fingerprint images on the Webcheck Scanner, I am authorizing BCI &I to release criminal history information about me to Secure Check, Inc. and to the Ohio Bureau of Motor Vehicles for a period of one year from the date of this transaction.

I hereby release Secure Check, Inc., BCI & I and any and all individuals connected therewith from all liability in connection with the dissemination of such criminal history information.

Signature

Date

Mailed _____ No Hit _____

Data Base: _____

Authentication #: _____

Results Sent: _____