



Ohio Department of Commerce Medical Marijuana Control Program

Department of Commerce Employee Background Check Guidance for Cultivators, Processors, and Testing Labs

FBI Fingerprint Card Completion Instructions

To ensure timely processing of your employee application please review and follow these instructions.

1. Fill in personal information. See below example for potential employee named John E Doe

List your full legal name on both your employee application and fingerprint card – verify they exactly match

2. Fill in Employer and Address EXACTLY as shown below and in the example:

**Ohio Department of Commerce – MMCP
77 South High St
Columbus, OH 43215**

3. Fill in the Reason Fingerprinted EXACTLY as show below and in the example:

ORC 3796.13

APPLICANT <small>Use Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK	
D-256 (Rev. 5-15-17) 1110-0046		LAST NAME Doe		FIRST NAME John		MIDDLE NAME Example				
SIGNATURE OF PERSON FINGERPRINTED John E Doe		ALIASES AKA Johnny		O R I OHBCI0000 ST BU LONDON, OH		DATE OF BIRTH Month Day Year 01/01/2000				
RESIDENCE OF PERSON FINGERPRINTED 123 My Street My City, OH 43215		CITIZENSHIP CTZ		SEX F	RACE O	HGT 5'7"	WGT 130	EYES Blue	HAIR Brown	PLACE OF BIRTH POB Columbus
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		LEAVE BLANK					
EMPLOYER AND ADDRESS Ohio Department of Commerce - MMCP 77 South High St Columbus, OH 43215		UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNU		CLASS				
REASON FINGERPRINTED ORC 3796.13		SOCIAL SECURITY NO. SOC 123-45-6789		MISCELLANEOUS NO. MNU		REF				

Please find additional information and blank card at:

<https://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-BCI-Criminal-Records-and-Background-Chec/Background-Check-Forms/FBI-fingerprint-card>



Ohio Department of Commerce Medical Marijuana Control Program

BCI Civilian Background Check Instructions

To ensure timely processing of your employee application please review and follow these instructions.

1. Fill in personal information. See below example for potential employee named John E Doe

List your full legal name on both your employee application and fingerprint card – verify they exactly match

2. Fill in Agency Code EXACTLY as shown below and in the example:

Ohio Department of Commerce – MMCP

3. Fill in the Reason Fingerprinted EXACTLY as show below and in the example:

ORC 3796.13

CIVILIAN BACKGROUND CHECK		TYPE ALL INFORMATION IN BLACK		
ADDRESS OF PERSON FINGERPRINTED: STREET, CITY, STATE, ZIP 123 My Street My City, OH 43215		LAST NAME <u>NAM</u> Doe	FIRST NAME John	MIDDLE NAME Example
DATE FINGERPRINTED	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	DATE OF BIRTH <u>DOB</u> Month Day Year 01 01 2000	ALIASES AKA Johnny	
SEND BACKGROUND CHECK RESULTS TO: (Please check one) <input checked="" type="checkbox"/> agency listed in agency code box <input type="checkbox"/> other - specify _____		SOCIAL SECURITY NO. <u>SOC</u> 123-45-6789	REASON FINGERPRINTED (Please Check One) <input checked="" type="checkbox"/> ORC <u>3796.13</u> <input type="checkbox"/> Law enforcement (police, corrections applicant or criminal justice employment) <input type="checkbox"/> Other, please specify _____	
		AGENCY CODE <u>ORI/AGC</u> Ohio Department of Commerce - MMCP		
		DRIVERS LICENSE OR STATE ID NBR OH123456		

Please find additional information and blank card at:

<https://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-BCI-Criminal-Records-and-Background-Chec/Background-Check-Forms/BCI-fingerprint-card>