

REQUEST FOR SERVICES FORM

FOR OFFICE USE ONLY:

Form of payment used: _____ Total Amount: _____ Receipt # _____

Invoice (Name of Company): _____



***** By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant*****

Circle Service/s Requested Today

BCI FBI BCI & FBI Rolled Ink Cards

BMV Driver History Report DRUG TEST— DOT NON-DOT *Instant* 5 Panel or 12 Panel

Breath Alcohol Test Hair Follicle Drug Test DNA/Paternity Test Notary Passport Photo/s

Physical Exam TB Shot Other: _____

PERSONAL INFORMATION (please print)

Name: _____ Phone #: _____

SS#: _____ Email: _____

DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

REFERRING AGENCY: Revere Local Schools SELF PAY

DIRECT MAIL RESULTS TO:

Revere Local Schools

Attn: Terry Snow-Office of the Superintendent

PO BOX 340

Bath, OH 44210

DIRECT COPY

- OH BMV Dealer Licensing Section
- OH BMV Deputy Registrar
- Child Care Center/Type A – ODJFS
- OH Construction Board
- OH State Dietetic Board
- OH Lottery Commission
- OPOTA-OH Peace Office Training Academy
- OTPTAT-Occupational, Physical, Athletic Training
- OH Board of Nursing
- OH Board of Pharmacy
- OH Dept of Education
- OH Department of Liquor Control
- OH Dept. of Public Safety (PI/SG)
- OH Dept. of Insurance
- OH Medical Board
- OH State Racing Commission
- Orthotics Board
- OH State Respiratory Care Board
- Social Work Board

****BCI&I mandates all results be DIRECTLY MAILED to employer/recipient
Questions about BCI/FBI results contact 1.877.224.0043 option #7**

Applicants Signature Date

Witness Signature Date

Under 18 -----Parent/Guardian Signature