



## WHOLESALE DISTRIBUTOR FINGERPRINT CARD REQUEST FORM

Pursuant to [ORC 4729.53](#) and [OAC 4729-9-16](#), criminal records checks are required for all owners or, if incorporated, officers of Ohio-licensed wholesale distributors of dangerous drugs. This process includes submitting fingerprints.

Out-of-state owners/officers must submit two sets of fingerprints - one on Federal Bureau of Investigation (FBI) form FD-258 and the other on Ohio Bureau of Criminal Investigation (BCI) form BIM 12/98 (Civilian Identification Fingerprint Card) to take to their local law enforcement agency to submit ink fingerprint impressions.

The Ohio Board of Pharmacy will provide up to 15 of each card at no charge by e-mailing this request form to [WDDD@pharmacy.ohio.gov](mailto:WDDD@pharmacy.ohio.gov).

Requests for quantities larger than 15 must be submitted directly to BCI by visiting the Ohio Attorney General's Office website at [http://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-Business-and-Nonprofit/Background-Check-Forms/2011-3-25\\_SupplyRequisitionForm\\_BCI-pdf.aspx](http://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-Business-and-Nonprofit/Background-Check-Forms/2011-3-25_SupplyRequisitionForm_BCI-pdf.aspx)

For more detailed information on this process, consult the instructions provided on the Ohio Board of Pharmacy application for wholesale distributor of dangerous drugs.

Date

### REQUESTER INFORMATION:

First, Last Name:	Organization Name:
Phone Number:	Mailing Address:
E-mail:	City, State, Zip Code:

#### FBI FINGERPRINT CARD(S)

Quantity: \_\_\_\_\_

#### BCI FINGERPRINT CARD(S)

Quantity: \_\_\_\_\_

### ADDRESS WHERE CARDS ARE TO BE MAILED:

Organization Name:	Attn:
Mailing Address:	City, State, Zip Code:

