Office-Based Opioid Treatment Facility
Owner/Officer/Operator Criminal Records Check Form

Submit this form with your application as part of the eLicense system. It must be submitted as a single PDF document.

Please provide a complete list of all physician owner(s), owner(s), or, if incorporated, the following individuals must be listed: the president, vice president, secretary, treasurer, and chief executive officer, or any equivalent position for a corporation and, if a corporation is not publicly traded on a major stock exchange, each shareholder owning ten percent or more of the voting stock of the corporation who are required to submit fingerprints for a BCI&I and FBI criminal records check pursuant to OAC 4729:5-18-03.

NOTE: If the operator of the OBOT is a different entity than the business applying for licensure, the owner(s) and/or officers of that entity are also subject to criminal records checks requirements.

Name of Business

*Please provide the full **legal** name (no nicknames), title and last four digits of the officers/owners/operators.*

First Name	Last Name	Title	Last Four Digits SSN

If necessary, continue using a separate sheet of paper or duplicate this form.