

FINGERPRINT FORM

For R.I. jobs requiring a NATIONAL background check by State statute

FIRST NAME	LAST NAME	(Maiden Name)
/ /	()	
Date of Birth	Place of Birth (State / Country)	Telephone Number
/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
Social Security Number	E-mail	

Current Address (If different than address on ID)

Please have the paperwork provided by the facility or employer, form of payment & your I.D. ready.

\$35.00

\$40.00 if an additional State check is required.

* BCI does NOT accept cash payments *

Make checks/money orders payable to BCI. There is a credit/debit card surcharge of \$0.60 - \$1.20

Check off one of the following:

<input type="checkbox"/> Twin River/Tiverton Casino	<input type="checkbox"/> RI Nursing License	<input type="checkbox"/> School
<input type="checkbox"/> Retail Sales/Store lottery	<input type="checkbox"/> RI Nursing New Employer	<input type="checkbox"/> Probate Guardian
<input type="checkbox"/> Precious Metals	<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Youth Protection Act
<input type="checkbox"/> Burglar Alarm Agent	<input type="checkbox"/> Personal Care Aide	<input type="checkbox"/> Home / Owner Childcare/Daycare (State required)
<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Med. Marijuana - Caregiver/Purchaser	<input type="checkbox"/> Childcare / Daycare CENTER (State required)
<input type="checkbox"/> Security Business OWNER	<input type="checkbox"/> Cultivation/ Hemp/ Compassion Center	<input type="checkbox"/> Dept. of Administration - FTI Employment & Vendors
<input type="checkbox"/> Security guard (State required)	<input type="checkbox"/> Firefighter (State required)	

*Please provide the facility or business name:

RISOR NSOR