



This form is for National WebCheck agencies that need to update any contact information with BCI. If your agency has more than one WebCheck machine or location, you must complete a separate form for each machine or location.

Date: _____

Agency ID: _____

Agency name: _____

Agency address: _____

City: _____

State: _____

Zip: _____

County: _____

Does your agency fingerprint for people outside of your agency (general public)?

WebCheck machine vendor: _____

WebCheck contact name: _____

WebCheck contact email: _____

WebCheck contact phone number: _____

Billing contact name: _____

Billing contact email: _____

Billing contact phone number: _____

What information has changed? _____

Other important information? _____

*Please email the completed form to your Quality Assurance Specialist or to
NationalWebCheck@OhioAGO.gov*