

**XXII PK'CRIMINAL HISTORY RECORD NAME SEARCH REQUEST****PURPOSE OF THIS REQUEST (Check only one):**☐ DOMESTIC ADOPTION☐ INTERNATIONAL ADOPTION☐ VISA (INTERNATIONAL TRAVEL)☒ OTHER (please specify)**STATE INSPECTION**

0069043270

**NAME QHFFKX WCN TO BE SEARCHED: 'P qct k gf 'Uli pcwt g' Tgs wlt gf 'lp' Ugevkp '3'Dgny +**LAST NAMEFIRST NAMEMIDDLE NAMEMAIDEN NAME**CITIZEN****JOHN****Q**RACESEXDATE OF BIRTHSOCIAL SECURITY NUMBER**U****M****00 / / 0000****(MM/DD/YYYY)****000-00-0000****Ugevkp '3-AFFIDAVIT FOR RELEASE OF INFORMATION:****This section must be notarized**

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

Signature

State of \_\_\_\_\_ ☐ County ☐ City of \_\_\_\_\_ ; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

Signature of Notary Public

**Ugevkp '4-SIGNATURE OF PERSON MAKING REQUEST: 'Ci gpe{ 'qt 'lpf klf wciP qct k gf 'Uli pcwt g' Tgs wlt gf )**

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

**Safety Inspection Trooper will complete this line**

Signature of Ci gpe{ Individual Making Request

State of **Leave Blank** ☐ County ☐ City of **Leave Blank** ; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

Signature of Notary Public

**PCO G'CPF 'MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: 'H'Ci gpe{ or Agent is Receiving the Results, their Notarized Signature is Required in Section 2)****Mail Results To:**

NAME

**VSP - SAFETY DIVISION**

ATTENTION

**INSPECTION APPLICATION**

ADDRESS

**P.O. BOX 27472**

CITY

**RICHMOND**

STATE

**VA**

ZIP CODE

**23261**

Please provide your contact information in case there is a discrepancy with your form.

Phone: **(000)000-0000**Email: **johnqcitizen@mail.com****FEES FOR SERVICE:**☒ **\$15.00 CRIMINAL HISTORY SEARCH**☐ **\$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH**

\* FEES For Volunteers with Non-Profit Organizations:

☐ **\$8.00 CRIMINAL HISTORY SEARCH**☐ **\$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH**

\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.

**METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)**☐ Business or Certified check or Money order (payable to Virginia State Police)**CHARGE CARD:** ☐ MasterCard OR ☒ Visa 

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

☐ Virginia State Police PEI Account Number: **Leave blank****Mail This Form To:**

Virginia State Police  
Central Criminal Records Exchange – NEL  
P. O. Box 85076

Richmond, Virginia 23285-5076

**Do Not Mail / Must be given to the  
Safety Inspection Trooper**

**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only. Unless fingerprints are submitted, this request will only return Virginia Convictions.

☐ No Virginia Conviction Data – Does Not Preclude the Existence of an Arrest Record☐ No Virginia Criminal Record – Name Search Only☐ No Virginia Criminal Record – Fingerprint Search☐ No Virginia Sex Offender Registration Record☐ Virginia Criminal Record Attached

Date: \_\_\_\_\_ By CCRE/ \_\_\_\_\_

Purpose code:

☐ C☐ N☐ O