

CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To: Virginia State Police Central
 Criminal Records Exchange
 P.O. Box 85076
 Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- | | |
|---|---|
| <input type="checkbox"/> CHILD DAY CARE | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS |
| <input type="checkbox"/> DOMESTIC ADOPTION | <input type="checkbox"/> INTERNATIONAL ADOPTION |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE |
| <input type="checkbox"/> NURSING HOME OR HOMEHEALTH | <input checked="" type="checkbox"/> EMPLOYMENT |
| | <input type="checkbox"/> OTHER (Please Specify) _____ |

NAME TO BE SEARCHED:

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMB</u>		
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I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: ___ / ___ / _____ (MM/DD/YYYY)

Signature of Person Making Request: _____ Printed Name: _____

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:



<u>NAME</u> Town of Chilhowie Fire & EMS Department			
<u>ATTENTION</u> Jenna H. Ruffin, Lieutenant			
<u>ADDRESS</u> PO Box 5012			
<u>CITY</u> Chilhowie	<u>STATE</u> VA	<u>ZIP CODE</u> 24319	

FEES FOR SERVICE:

- | | |
|---|--|
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH | * FEES For Volunteers with Non-Profit Organizations: |
| <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <input type="checkbox"/> \$ 8.00 CRIMINAL HISTORY SEARCH |
| | <input type="checkbox"/> \$ 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 volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

CHARGE CARD: MasterCard  OR Visa  Certified Check or Money Order (attached, payable to Virginia State Police)

Account Number: _____ Virginia State Police Charge Account Number: _____

Expiration Date: _____

Signature of Cardholder: _____

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.

- | | |
|---|--|
| <input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record | <input type="checkbox"/> No Criminal Record – Fingerprint Search |
| <input type="checkbox"/> No Criminal Record – Name Search Only | <input type="checkbox"/> Criminal Record Attached |
| <input type="checkbox"/> No Sex Offender Registration Record | |

Purpose code: C
 N
 O

Date _____ By CCRE/ _____