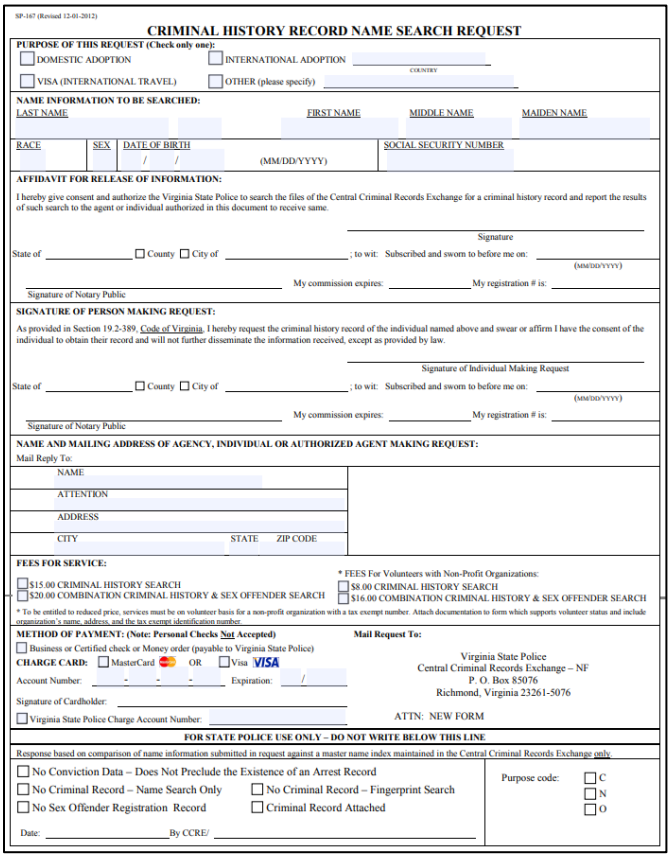
VA State Police Request for Criminal History Record Name Search Instructions

All Attendants are required to complete a Criminal History Record Name Search Request. This form gives permission for the Virginia State Police to search for a person's name in their database of criminal convictions and to report their findings to Public Partnerships, LLC (PPL). The information you provide must be to the best of your knowledge and belief.

How do I complete this form?

1. Print CLEARLY and in black ink. Do NOT strike out or use Whiteout/correction tape on this form.
2. Review and complete ALL fields in the NAME INFORMATION TO BE SEARCHED box and locate a Notary Public in your area.
3. Bring the completed form to your NOTARY PUBLIC and have them complete the AFFIDAVIT FOR RELEASE OF INFORMATION section; sign in the presence of your Notary Public. The original form must be notarized with an embossed (raised) seal or contain the notary's stamp.
4. Do NOT send any form of payment to PPL.
5. You can email, fax, or mail the complete and notarized Criminal History Record Name Search to PPL. If faxing or emailing, please make sure the embossed notary seal is shaded over so it will be visible thru the fax. (Ink stamp is preferred).



SP-167 (Revised 12-01-2012)

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):
☐ DOMESTIC ADOPTION ☐ INTERNATIONAL ADOPTION _____ COUNTRY
☐ VISA (INTERNATIONAL TRAVEL) ☐ OTHER (please specify) _____

NAME INFORMATION TO BE SEARCHED:
LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME
RACE | SEX | DATE OF BIRTH / / (MM/DD/YYYY) | SOCIAL SECURITY NUMBER

AFFIDAVIT FOR RELEASE OF INFORMATION:
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

SIGNATURE OF PERSON MAKING REQUEST:
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.

_____ Signature of Individual Making Request
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

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:
Mail Reply To:
NAME
ATTENTION
ADDRESS
CITY STATE ZIP CODE

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 VISA
Account Number: _____ Expiration: _____
Signature of Cardholder: _____
☐ Virginia State Police Charge Account Number: _____

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

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.
☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record
☐ No Criminal Record – Name Search Only ☐ No Criminal Record – Fingerprint Search
☐ No Sex Offender Registration Record ☐ Criminal Record Attached
Purpose code: ☐ C ☐ N ☐ O
Date: _____ By CCRE/ _____

DO NOT send this request or monies to the VA State Police. Send to PPL by: Fax: 1-866-709-3319, email: vapplfax@pcgus.com, or mail to: Public Partnerships LLC, 4991 Lake Brook Drive, Suite 190, Glen Allen, VA 23060.

Please make sure both the attendant's id as well as the consumer's id are at the top of the form.

Where can I find a Notary Public?

Your employer may know a Notary Public. Town halls, police stations, and banks are likely to have a Notary Public, who will witness as you sign the form. Call first to see if someone is available to help you.

Who reviews the results?

PPL will review the results and provide information to your employer. If you have a criminal history, PPL will send your employer a letter. Your employer will need to call PPL for additional information. Your employer may need to complete additional information after they have spoken with PPL.
If you need assistance please email PPL at pplva@pcgus.com or contact the PPL Customer Service Center at 1-833-549-5672.