SP-167 (Revised 10-01-2018)

*****Bar Code Required*****

VIRGINIA CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):

☐ DOMESTIC ADOPTION ☐ INTERNATIONAL ADOPTION _____ COUNTRY

☐ VISA (INTERNATIONAL TRAVEL) ☒ OTHER (please specify) STATE INSPECTION

0069043270

NAME OF INDIVIDUAL TO BE SEARCHED: (Notarized Signature Required in Section 1 Below)

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
CITIZEN	JOHN	Q	

RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
U	M	00 / / 0000 (MM/DD/YYYY)	000-00-0000

Section 1: AFFIDAVIT FOR RELEASE OF INFORMATION: This section must be notorized

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

Section 2: SIGNATURE OF PERSON MAKING REQUEST: (Agency or Individual Notarized Signature Required)

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 Agency/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

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: (If Agency 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 NCJI Account Number: Leave blank

Mail This Form To:

Virginia State Police
Central Criminal Records Exchange – NCJ
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