



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 VA CCC Plus, through 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 VA CCC Plus, through PPL.
5. You can email, fax, or mail the complete and notarized Criminal History Record Name Search to VA CCC Plus, through 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).

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST			
PURPOSE OF THIS REQUEST (Check only one):			
<input type="checkbox"/> DOMESTIC ADOPTION		<input type="checkbox"/> INTERNATIONAL ADOPTION _____	
<input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)		<input type="checkbox"/> 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.			
State of _____		to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)	
Signature of Notary Public _____		My commission expires: _____ My registration # is: _____	
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.			
State of _____		to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)	
Signature of Individual Making Request _____		My commission expires: _____ My registration # is: _____	
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:			
<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH		<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH	
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER 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 volunteer status and include organization's name, address, and the tax exempt identification number.			
METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)			
<input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police)		<input type="checkbox"/> MasterCard OR <input type="checkbox"/> Visa VISA	
Account Number: _____ Expiration: _____		Signature of Cardholder: _____	
<input type="checkbox"/> Virginia State Police Charge Account Number: _____		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.			
<input type="checkbox"/> No Conviction Data - Does Not Preclude the Existence of an Arrest Record		Purpose code: <input type="checkbox"/> C	
<input type="checkbox"/> No Criminal Record - Name Search Only		<input type="checkbox"/> N	
<input type="checkbox"/> No Sex Offender Registration Record		<input type="checkbox"/> O	
<input type="checkbox"/> No Criminal Record - Fingerprint Search			
<input type="checkbox"/> Criminal Record Attached			
Date: _____ By CCRE/ _____			

DO NOT send this request or monies to the VA State Police. Send to VA CCC Plus, through PPL by: Fax: 1-866-709-3319, email: vappifax@pcqus.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?

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