



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
 PO Box 1300 • Richmond, VA 23218
 Phone: (804) 786-4700 • Fax: (804) 786-6344
www.dcj.virginia.gov

Want to EXPEDITE your application?
 — SUBMIT ONLINE —
 Online Regulatory Licensing System
www.dcj.virginia.gov/online

CRIMINAL HISTORY PROCESSING FORM – FEE \$25.00

IMPORTANT INFORMATION

To ensure a timely processing of a criminal history records check, the following must be done:

- Submit your registration, certification or license application with this form.
- Submit legal presence documentation.
- You will need to schedule an appointment to be fingerprinted for your Criminal History records check. Please visit <https://fieldprintvirginia.com> or call 877-614-4364. **You will need to use the corresponding Fieldprint Code listed below.** The Virginia Department of Criminal Justice Services (DCJS) will automatically be notified of updates related to the process.
- The Criminal History records check is only valid for 120 days from date of submittal. If applying for a credential under the regulation of DCJS, please ensure all applicable application forms are submitted within 120 days.

Applicant Information

SSN or DCJS ID:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address (if different than mailing address):		City, State, Zip:	
Email Address:			
Home Phone: ()	Business Phone: ()	Fax: ()	
Employer Business Name:			DCJS ID: 11-

Reason for Fingerprinting

Private Security Services <i>Virginia Code §§9.1-138-9.1-150</i> Field Print Code: FPVADOCJPSS <input type="checkbox"/> Business License <input type="checkbox"/> Training School Certification <input type="checkbox"/> Individual Registration <input type="checkbox"/> Compliance Agent Certification <input type="checkbox"/> Instructor Certification <input type="checkbox"/> Electronic Security Personnel <input type="checkbox"/> Detector Canine Handler Examiner Certification	Special Conservator of the Peace (SCOP) <i>Virginia Code §§9.1-150.1-9.1-150.4</i> Field Print Code: FPVADOCJSCOP <input type="checkbox"/> SCOP Registration	Bail Bondsmen <i>Virginia Code §9.1-185 (et seq.)</i> Field Print Code: FPVADOCJBB <input type="checkbox"/> Property or Surety License
		Bail Enforcement Agent <i>Virginia Code §9.1-186 (et seq.)</i> Field Print Code: FPVADOCJBEA <input type="checkbox"/> Bail Enforcement Agent License

Eligibility

1. Are you a United States citizen or legal resident alien? Yes No
 If no, you are ineligible for registration, certification and licensure.

Criminal History Records Check

1. Are you currently under a Protective Order(s)? Yes No
If yes, provide a copy of each Protective Order(s) and the Release Date: _____.
If more than one, provide information on a separate page for each additional Protective Order.
Locality Information for Protective Order: State _____ County/City/Town of _____

2. Have you **ever** been convicted or found guilty of a felony or misdemeanor (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial?
 Yes* No

***If Yes, please complete the Criminal History Supplemental Information Form found on our website.**

***** Failure to provide supplemental documentation will result in a delay in the processing of your form*****

Affirmation

I, the undersigned, certify that all information contained on the form is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of the pertinent information may be cause for denial and may result in criminal charges.

I hereby give consent and authorize the Virginia State Police and the Federal Bureau of Investigations to process my fingerprints for a criminal history records check and report the results of such record to the Virginia Department of Criminal Justice Services (DCJS). I authorize the Virginia State Police to archive my fingerprints for the purpose of reporting any future criminal history information. I fully understand that if I am arrested this information may be reported to the DCJS.

Print Name: _____

Signature: _____

Date: _____
mm/dd/yy

All fees are non-refundable. Forms received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA, **or** pay by credit card using the Credit Card form available on our website. This form must be included with your form package when paying by credit card.

We do not accept cash.