



CRIMINAL HISTORY RECORDS REQUEST

Purpose: Use this form to request a criminal history for the purpose of evaluating applicants for and holders of a motor carrier certificate or license subject to the provisions of Chapters 20 (§ 46.2-2000 et seq.) and 21 (§ 46.2-2100 et seq.) as authorized in the Code of Virginia § 19.2-389.30.

Instructions: The criminal history applicant completes Section 1 and Section 2. Please note that Section 2 must be completed in the presence of a notary public. The criminal history applicant then submits the completed form to DMV Motor Carrier Services as part of the application package.

SECTION 1. APPLICANT INFORMATION			
FULL LEGAL NAME: LAST	FIRST	MIDDLE	
SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH
PLACE OF BIRTH (city or county)			
PLACE OF BIRTH (state or country)			

SECTION 2. AFFIDAVIT FOR RELEASE OF INFORMATION
As provided in Code of Virginia § 19.2-389.30, I hereby give consent and authorize the Department of Motor Vehicles Law Enforcement Division to search the files of the Central Criminal Records Exchange for any criminal history records and report the results of such search to the agent or individual authorized in this document.
Signature of Applicant _____
State of _____; County/City of _____; to wit:
Subscribed and sworn to before me this _____ day of _____, 20_____.
My commission expires _____, 20_____.
_____ SIGNATURE OF NOTARY PUBLIC

DMV USE ONLY: AUTHORIZING AGENT MAKING REQUEST		
In accordance with Code of Virginia § 19.2-389.30, I hereby request the criminal history record of the individual named above and swear or affirm that I have the consent of the person to obtain his/her record and will not further disseminate the information received, except as provided by law.		
REQUESTOR NAME	REQUESTOR SIGNATURE	DATE (mm/dd/yyyy)

VCIN OPERATOR		
Response based on comparison of information about person named in request against a master name index contained in files of the Virginia State Police Central Criminal Records Exchange <u>only</u> .		
<input type="checkbox"/> No Conviction Data Found <input type="checkbox"/> No Criminal History Record Found <input type="checkbox"/> CCRE Criminal History Record matching the applicant attached.		
NAME OF VCIN OPERATOR	SIGNATURE OF VCIN OPERATOR	DATE (mm/dd/yyyy)

WARNING REGARDING VCIN INFORMATION
UNAUTHORIZED DISSEMINATION WILL SUBJECT THE DISSEMINATOR TO CRIMINAL AND CIVIL PENALTIES