

## MINIMUM REQUIREMENTS TO APPLY FOR ENTRANCE TO PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY PRE-EMPLOYMENT TRAINING PROGRAMS:

Individuals who wish to make application to Piedmont Regional Criminal Justice Training Academy Pre-Employment training programs *must meet the following minimum requirements*. Failure to meet any one of the following may disqualify such individual from making application.

### INDIVIDUAL REQUIREMENTS:

- ◆ A *birth certificate* documenting United States citizenship, and that the potential candidate has or will have reached their eighteenth (18<sup>th</sup>) birthday no later than the day of program opening.
- ◆ A valid vehicle operator's license, if the training program requires the pre-employment student to operate a motor vehicle as a part of the required curriculum.
- ◆ An *official* high school diploma, and *official* transcripts documenting attendance, grades, and that the potential candidate has successfully been awarded a high school diploma, or; *official* documents that indicate successful completion of GED requirements.
- ◆ An *original* Piedmont Regional Criminal Justice Training Academy health screening and physician referral form signed by a licensed physician stipulating no training restrictions or disabling health conditions, where applicable.
- ◆ A completed Piedmont Regional Criminal Justice Training Academy Applicant Report for Mandatory Drug Testing reporting a *negative* presence of illegal drugs.
- ◆ A completed Virginia fingerprint based criminal history records check, which indicates the potential candidate *has not* been convicted of or plead guilty or no contest to a felony, or any offense that would be a felony if committed in Virginia.
- ◆ Completed fingerprint based criminal history examinations for all States of residency in which the potential candidate has resided beyond their fourteenth (14<sup>th</sup>) birthday.
- ◆ *No* misdemeanor convictions or guilty pleas of domestic violence restricting the purchase or possession of firearms or ammunition.
- ◆ Sufficient financial resources to pay tuition, fees and complete program pre-evaluations and examinations. Certain programs *may* require the candidate to purchase specific training equipment.

PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY

PRE-EMPLOYMENT TRAINING PROGRAM  
APPLICATION

Type of Pre-Employment training for which you are making application:

Law Enforcement \_\_\_\_\_

Jailor \_\_\_\_\_

Court Security/Civil Process \_\_\_\_\_

Dispatcher \_\_\_\_\_

Date of application: \_\_\_\_\_

Are you a naturalized United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not a natural U. S. Citizen, are you *actively* seeking U.S. citizenship?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*A Birth Certificate from the government agency in the state which you were born must be attached.

What is your current State of Residency? \_\_\_\_\_

List all States of Residency beyond your fourteenth (14th) birthday.

Social Security number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle

Current Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

Current Employer: \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

High School Education:

Name of School \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Location of School \_\_\_\_\_

\* Copy of Official Diploma and sealed transcripts *must* be attached.

I received a GED: Yes \_\_\_\_\_ No \_\_\_\_\_

Agency where GED requirements were met \_\_\_\_\_

Date of completion of GED requirements: \_\_\_\_\_

\* Copy of GED Certificate *must* be attached

College/University Education:

Name of college/university from which you graduated (or highest level achieved)

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Date of Graduation: \_\_\_\_\_

Type of degree received (highest level achieved)

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\* Sealed official transcripts *must* be attached.

Are you a veteran of the United States Armed Forces: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Date of discharge \_\_\_\_\_

Are you licensed by an appropriate government agency to operate a motor vehicle:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ State: \_\_\_\_\_ Operator's License #: \_\_\_\_\_

Special accommodations required? \_\_\_\_\_

Are you currently a part-time or full-time employee of a recognizable criminal justice agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of agency \_\_\_\_\_

The following rules, procedures and guidelines apply to Pre-Employment Training by Piedmont Regional Criminal Justice Training Academy.

1. Successful completion of a Piedmont Regional Criminal Justice Training Academy Pre-Employment training program *does not* guarantee an applicant a position or job with a criminal justice agency.
2. Prior to admission to the Academy Pre-Employment training program and subsequent to employment as a law enforcement officer the applicant shall meet all requirements specified under 15.2-1705 of the Code of Virginia. I further understand that Academy admissions standards also must be met to matriculate to any Academy Pre-Employment training program.
3. Failure to disclose background information relevant to convictions, misdemeanors and traffic infractions will constitute grounds for immediate dismissal and all training received shall be considered null and void.
4. All Pre-Employment candidates will be financial responsible for program application fees, tuition, and equipment necessary to participate in the training program. Pre-Employment candidates shall be prepared to pay for these costs prior to program opening.
5. Pre-Employment candidates shall be required to complete at their expense specific background and medical checks to certify that they may participate in the training

program. These application requirements must be complete in full *prior* to the application being processed.

6. Specific medical, physical and drug testing requirements must be met to matriculate to Academy Pre-Employment training courses.
7. Pre-Employment admission evaluation costs *are not* refundable.
8. Following successful completion of the Academy Pre-Employment training program and subsequent to employment you must comply with State training mandates for field training, firearms training and driver training.
9. Do you understand each of the above rules, procedures and guidelines?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please sign below:

 \_\_\_\_\_

## CANDIDATE WORK HISTORY

Please document your work history, starting with your current place of employment. List all employment including part-time positions.

PLACE OF EMPLOYMENT:	DATES OF JOB EMPLOYMENT:	IMMEDIATE TITLE:	SUPERVISOR:	CONTACT PHONE NUMBER:
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## REFERENCES

List three (3) individual references who can provide *relevant information* as to your ability to excel in the Academy pre-employment program for which you are making application. *Identify only those individuals who are available for contact.*

NAME	TITLE	ADDRESS	PHONE/CONTACT NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please list each residence (complete address) for the past ten years.

	ADDRESS	DATES OF RESIDENCY	NEIGHBORHOOD REFERENCE NAME ADDRESS, PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

THE PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, HANDICAP, AGE, OR ANY OTHER NON-MERIT FACTORS IN ADMISSIONS, ACCESS, OR TREATMENT IN ITS PROGRAMS AND ACTIVITIES.

## CERTIFICATE OF RECOMMENDATION

*This section must be completed by the Chief, Sheriff or Executive Director of the recommending Criminal Justice Agency.*

I, \_\_\_\_\_, Chief of Police, Sheriff, or Director of the \_\_\_\_\_, a Criminal Justice Agency which has active membership with the Piedmont Regional Criminal Justice Training Academy hereby **recommend** candidate, \_\_\_\_\_ to make application to the Piedmont Regional Criminal Justice Training Academy Pre-Employment training program. I have advised candidate \_\_\_\_\_, that he/she has only my **RECOMMENDATION** to attend the Piedmont Regional Criminal Justice Training Academy Pre-Employment training program, and that my agency **will not** be financially responsible for any costs nor will my agency provide weapons or police vehicles necessary for use in portions of this training.

I understand the Academy procedures outlined within this program. *A thorough background investigation will be performed by the Academy Executive Director. Applicant must meet all the requirements stipulated for law enforcement officer employment under 15.2-1705 of the Code of Virginia. The Piedmont Regional Criminal Justice Training Academy Curriculum & Admissions Committee will review this application and then make a recommendation to the full Board of Directors' to be approved and voted on for the applicant to attend.* I understand that this applicant must meet all Academy entrance requirements, and that admission to the Pre-Employment program will be competitive. I have advised this applicant that successful completion of the Pre-Employment training program conducted at the Piedmont Regional Criminal Justice Training Academy **does not** guarantee a position or job within my agency.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### Academy Use Only

RECEIVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

MEMORANDUM OF UNDERSTANDING BETWEEN PRE-EMPLOYMENT  
APPLICANT AND THE PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING  
ACADEMY

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APPLICANT FULL LEGAL NAME

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TYPE OF PRE-EMPLOYMENT TRAINING FOR WHICH YOU ARE APPLYING

By signing this agreement, both \_\_\_\_\_  
Social Security # \_\_\_\_\_, and the Piedmont Regional  
Criminal Justice Training Academy agree to a specific understanding and obligations of all  
requirements and provisions outlined in the Piedmont Regional Criminal Justice Training  
Academy policy and procedures related to Pre-employment training. Both parties understand  
and agree to meet standards mandated by the Department of Criminal Justice Services.

**The Piedmont Regional Criminal Justice Training Academy agrees to:**

- ◆ Provide the training necessary to certify this applicant to meet the standards set forth by the Department of Criminal Justice Services.
- ◆ Provided this applicant successfully completes the mandates required for certification for this Pre-Employment program, report to the proper authorities within established time frames completion of required training.
- ◆ Provide classroom equipment and expendable supplies for the academic environment.
- ◆ Maintain records and relevant training information for the prescribed period of time, and at the written request of this applicant report relevant information to qualified parties or agencies.
- ◆ Provide staff sufficient for the guidance of this applicant in meeting academic and performance standards required for certification.
- ◆ Have established policy and procedures which identify structure and guidelines to this applicant for the safe and orderly pursuit of training necessary for certification.
- ◆ Provide proper supervision and leadership that ensures each student has the right to be free from harassment because of age, color, creed, national origin, sex or physical impairment.



## MEMORANDUM OF UNDERSTANDING

Applicant \_\_\_\_\_ Social Security # \_\_\_\_\_,  
understands and agrees that:

1. I *will not* provide false, misleading or incorrect information concerning my background record in order to gain admittance to Academy training programs. I understand that should I knowingly provide false, misleading or incorrect information concerning my past record, that my candidacy for application to Academy training programs shall be dismissed and forever be barred.
2. I *have not* been convicted of, or plead guilty or no contest to a felony or any other offense that would be a felony if committed in Virginia.
3. I *have* explicitly disclosed to Academy staff *all* convictions of guilty pleas, or no contest pleas, of Class 1, 2, 3, and 4 misdemeanors, or any other offense that would be a Class 1, 2, 3, or 4 misdemeanor if committed in Virginia.
4. I *have not* been convicted, or plead guilty or no contest to a misdemeanor offense of *domestic violence* as defined in the federal statute that would prohibit me from purchasing or possessing firearms or ammunition.
5. I *have* a clear understanding of the requirements established by law through 15.2-1705 of the Code of Virginia and *with no exception* meet these requirements.
6. I understand that successful completion of a Piedmont Regional Criminal Justice Training Academy Pre-employment Training Program *is not* an offer or guarantee of employment.
7. I shall release relevant background information to the Academy staff, and sign an "Authorization for Release of Information." I also understand and agree to provide samples for drug screening to a certified medical professional utilizing proper medical procedures.
8. I understand that I am responsible for all costs related to the Pre-employment Training Program, and that the tuition cost for the Entry Level Law Enforcement Program is \$3,000.00 and \$1,500.00 for the Entry Level Jail School Program.  
  
I also understand that tuition monies paid *will not be* refunded if I fail to notify Academy staff *in writing* of my intent to withdraw after the designated 15 day "drop" period. *Monies refunded will be prorated and any equipment and training material cost will be deducted.*
9. I understand that I am financially responsible for specific equipment which may be necessary to complete the Pre-Employment training for which I am requesting admission. I further understand that the Academy staff has the responsibility to inspect

and approve all equipment and supplies purchased by me *prior to use in the* Piedmont Regional Criminal Justice Training Academy Pre-employment Training program.

10. I *have* an understanding of *all* Pre-employment program *admission prerequisites*. I understand that I am financially responsible for these evaluations and examinations, and that a *\$150.00 Application Fee* for these admission evaluations will not be refunded should I not be selected for admission to the Piedmont Regional Criminal Justice Training Academy Pre-employment Training Program.
11. I *have* a clear understanding that *all required* admissions materials shall be submitted at a time designated by Academy staff and that failure to provide such materials will result in not being considered for admission to the Piedmont Regional Criminal Justice Training Academy Pre-employment Training Program.
12. I understand and agree to abide by all Academy rules and regulations and policy and procedures. Violations of such rules and regulations and policy and procedures will result in my immediate dismissal from the Piedmont Regional Criminal Justice Training Academy Pre-employment Training Program and all training received shall be considered null and void.
13. I understand that as an entry level student I will be under the supervision of the Piedmont Regional Academy staff, and will be assigned certain household tasks and duties while attending training. This will include specific squad assignments for clean-up duties and details.
14. I understand, and agree that I *cannot* be employed full or part-time to the extent that such employment would affect my academic or skills performance in such a way that would jeopardize my safety, or successful completion of the Pre-employment Training Program for which I am being considered for admission. I further agree that interpretation of my performance shall be monitored by Academy staff and adjudged accordingly.
15. I have received a copy of, read and understand the procedures of Piedmont Regional Criminal Justice Training Academy policy and procedure #301 entitled "Sexual Harassment."
16. I understand that it is the intention of the Piedmont Regional Criminal Justice Training Academy to comply with Title II of the Americans with Disabilities Act (ADA) of 1990. Therefore, should I need special accommodations to participate in this program, I will notify Academy staff.
17. I understand that the Department of Criminal Justice Services will be regulating the Piedmont Regional Criminal Justice Training Academy and the Piedmont Regional Criminal Justice Pre-employment Training Program. Therefore, I have knowledge and

a clear understanding that following successful completion of the Piedmont Regional Criminal Justice Training Academy Pre-Employment Training Program that:

- ◆ Subsequent to employment, each pre-employment student graduate must comply with all field training, Emergency Vehicle Operation course, Firearm Certification or on the job training requirements as required by applicable rules. No credit toward mandated field training, Emergency Vehicle Operation, Firearms Certification or on the job training may be attained during pre-employment student status.
- ◆ If I *am not* employed by a criminal justice agency within twenty-four (24) months following *completion* of Pre-employment training, that I may be required to request waiver of training upon employment.
- ◆ Subsequent to employment, each pre-employment student graduate who *has not* completed mandatory firearms training must comply with all firearms range exercises conducted during an approved entry-level law enforcement training school with the type and caliber of handgun and shotgun to be carried or immediately accessible in the performance of duty.
- ◆ Subsequent to employment, each pre-employment student graduate who *has not* completed mandatory driver training must complete all behind the wheel driver training range exercises with a law enforcement vehicle conducted during an approved entry-level law enforcement training school.

**BY SIGNING THIS DOCUMENT BOTH PARTIES UNDERSTAND AND AGREE TO ALL STIPULATIONS ARTICULATED WITHIN.**

**PIEDMONT REGIONAL CRIMINAL  
JUSTICE TRAINING ACADEMY:**

**APPLICANT:**

BY: \_\_\_\_\_ NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

State of Virginia; County/City of \_\_\_\_\_  
to wit:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**HOLD HARMLESS AGREEMENT/RELEASE OF LIABILITY FOR  
PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY  
PRE-EMPLOYMENT TRAINING**

I \_\_\_\_\_, an applicant to the Piedmont Regional Criminal Justice Training Academy *Pre-employment Training Program* understand that this program may involve activities and situations where my safety, comfort and well being may be jeopardized.

I \_\_\_\_\_, understand that criminal justice training is dangerous. This training requires situations that depict what a criminal justice professional must do when faced with "*real life*" experiences. I have been advised that I may be required to actively participate in physical confrontations, where physical injury may occur.

I \_\_\_\_\_, understand that this program may require strenuous physical exercise and place me in situations that could create psychological stress at times where I must make spontaneous judgements.

I fully recognize the risk involved in these activities and do hereby assume *full responsibility* for such risks and release Piedmont Regional Criminal Justice Training Academy and its agents from any and all liability arising from my participation in the Piedmont Regional Criminal Justice Training Academy Pre-employment Training Program.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

State of \_\_\_\_\_; County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC



# PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Hospital, Medical Association, U. S. Armed Forces, Maritime Services, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, Other Authorized person at a School (College, Business, Trade, or High School) or

Any Past or Present Employer, Credit Bureau or Retail Merchant's Association, Bank, Financial Institution, or any other Credit Extending Agency, or any other State, Federal, County, or City Agency or Municipality.

I, \_\_\_\_\_ ( \_\_\_\_\_ )  
Name Maiden Name

Address \_\_\_\_\_  
Street or Road City or Town Zip Code

I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to, \_\_\_\_\_ or its agent upon presentation of this release or copy hereof.

Armed Forces Service or Serial Number, if any \_\_\_\_\_

Veterans Administration Claim Number, if any \_\_\_\_\_

Social Security Number \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature (Sign Before Notary Only)

State of Virginia, County/City of \_\_\_\_\_

This day \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Release of information subject to this authorization is not in conflict with the Fair Credit Reporting Act, Public Law 91-508, nor Virginia Statutes relating to the Privacy Protection Act.

WordPre-employment Release of Authorization 2010

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**

**INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY RECORD NAME SEARCH REQUEST FORM**

~~Pay By Certified Check/Money Order or Business Check made payable to Virginia State Police~~  
~~OR we accept VISA and MasterCard~~  
Personal Checks Not Accepted

Effective November 1, 2010, the public is hereby placed upon notice that returned checks or dishonored money orders and/or credit card payment denials will incur a handling fee of \$50 in addition to the amount of the original payment.

Requesting goods or services will be deemed to be acceptance of these terms.

Code of Virginia §2.2-4805.

Discard these Instructions Prior to Submitting to State Police

Refer to Page 2 of these Form Instructions for Pricing Structure and Types of Name Searches Available

If you are interested in obtaining a name search of the "Sex Offender and Crimes Against Minors Registry," refer to the instructions on page 2 of this form.

The Form Must be **TYPED OR NEATLY HAND-PRINTED**.  
Complete the Criminal History Record Request by following these instructions:

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**PURPOSE OF THIS REQUEST:**

Primary reason for request.

**NAME INFORMATION TO BE SEARCHED:**

Name, race, sex, date of birth, and social security number on whom the criminal record name search is to be conducted. Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.

**AFFIDAVIT FOR RELEASE OF INFORMATION:**

Individual's signature on which the search is to be conducted. The signature indicating consent must be notarized for the search to be conducted and mailed to the individual or authorized agent (if applicable).

**SIGNATURE OF PERSON MAKING REQUEST:**

Affidavit must be signed by authorized agent and notarized to receive the search results.

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST:**

Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.

**FEES FOR SERVICE:**

Indicate fee that is submitted, based upon type of request. Fees for volunteer of non-profit organizations must be accompanied with their tax exempt number.

**METHOD OF PAYMENT:**

Indicate method of payment.

Mail the Completed S.P. 167 "Criminal History Record Request" to:

Virginia State Police  
Central Criminal Records Exchange - NF  
P.O. Box 85076  
Richmond, Virginia 23261-5076

### CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

**PURPOSE OF THIS REQUEST (Check only one):**

- ADOPTION-DOMESTIC                       ADOPTION-INTERNATIONAL 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
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**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 of Person

State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_ 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 in Section 1 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 Person Making Request

State of \_\_\_\_\_; County/City of \_\_\_\_\_, to wit: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_ My registration # is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:



NAME <b>Piedmont Regional Criminal Justice Training Academy</b>
ATTENTION
ADDRESS <b>1024 DuPont Road</b>
CITY                      STATE                      ZIP CODE <b>Martinsville,                      Virginia                      24112</b>

**FEES FOR SERVICE:**

- |   |   |
|---|---|
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH                            | * FEES For Volunteers with Non-Profit Organizations:                                |
| <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | <input type="checkbox"/> \$8.00 CRIMINAL HISTORY 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 volunteering status and include organization's name, address, and your 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 Date: \_\_\_\_\_
- 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.

- |   |  |
|---|--|
| <input type="checkbox"/> No Conviction Data - Does Not Preclude the Existence of an Arrest Record | <input type="checkbox"/> No Criminal Record - Fingerprint Search |
| <input type="checkbox"/> No Criminal Record - Name Search Only                                    | <input type="checkbox"/> Criminal Record Attached                |
| <input type="checkbox"/> No Sex Offender Registration Record                                      |  |

Purpose code:     C  
                           N  
                           O

Date \_\_\_\_\_ By CCRE/\_\_\_\_\_