COMMONWEALTH OF VIRGINIA – DEPARTMENT OF STATE POLICE
REQUEST FOR FINGERPRINTS
(Non-Criminal Justice Purposes)

Section 19.2-392, Code of Virginia authorizes a fee, not to exceed $10.00 for the first set and $5.00 for additional sets, be collected for the taking of fingerprints when voluntarily requested by any person for purposes other than criminal arrests.

NOTE: All entries on this form must be printed in ink or typed.

1. Name of person, firm, partnership or corporation:

2. Street Address: (House number, Street, City, State & Zip)

3. Mailing Address (if different from street address)

4. Type of identification and number. Two forms of identification must be presented, one of which must contain a recent photograph or the person requesting the fingerprints. (Social Security or driver’s license or other identification number which shows name, date of birth, place of residence, and signature of requestor.

| Social Security Number | ________________ |
| Driver’s License Number | ________________ |
| Other (Specify) | ________________ |

5. Number of fingerprint sets requested
   Number of copies requested
   @ $10.00 - fee
   @ $5.00 - fee
   Total Fee Collected: ________________

Initials of VSP Employee receiving fee: ________________
Date Received: ________________

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.

6. I hereby certify that the information provided above is true and correct and request the indicated number of fingerprints be provided.

Date ________________ Signature of Requestor ________________

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

Date ________________ Name of Person Taking Fingerprints (Print)

Signature of Person Taking Fingerprints ________________

Location/Office Where Fingerprints are Taken: ___________________________________________