

**Summary** - The state of Virginia requires a specific authorization form be signed and notarized to conduct the statewide criminal records search.

## **VASP Authorization Form**

The form is generated by clicking on the link below.

<https://vspapps.vsp.virginia.gov/catpublic/public/publicHome.html>

An example of the completed printed form can be found at the end of this document. Please see the sample form to view the location of the applicant signature and the notary location. Please note the notary stamp cannot be expired.

Any manual alterations such as using white out may result in the form being rejected by the state. Please do not alter the form to prevent delays in processing.

Please enter the information **exactly** as it is described below.

Social Security Number (SSN) is not required per the state of Virginia. However, if not provided the form may be rejected by the state without being processed. It is recommended that you provide your SSN. Please see the SSN section below.

No payment is needed when submitting the form to First Advantage.

The form that you have notarized should be mailed to First Advantage at the address below. It is highly recommended that you use Priority Mail, FedEx, UPS, or any other method that provides a tracking number.

First Advantage  
Attn: CRRG  
11800 Exit 5 Parkway Suite 120  
Fishers, IN 46037

The following information outlines the process that is required to process a statewide criminal record history check through the Virginia State Police.

Please log into the site by clicking on the link below:

<https://vspapps.vsp.virginia.gov/catpublic/public/publicHome.html>


You will be directed to the page in the screen print below to fill out all the fields. The form will be created at the end of the process.

Enter New Criminal History Background Search

**Form:** \* SP-167 Criminal History & Sex Offender and Crimes Against Minors Name Search

Once printed, the SP-167 form requires a notarized signature of the individual being searched and a notarized signature of the agency/individual named in the MAIL RESULTS TO section.

INDIVIDUALS requesting and receiving their OWN Results have the option for [Remote Online Electronic notarization through NotaryCam](#) for an additional \$15.00 fee. You may need to disable pop up blockers to proceed to NotaryCam.


NotaryCam®  
 Get your SP-167 notarized in minutes online with NotaryCam.
 

Get Started

Search Information

**Request Type:** \* Criminal History Search - \$15.00      **Purpose:** \* OTHER PURPOSE

**Specify Purpose:** \* EMPLOYMENT

**Last Name:** \*       **First Name:** \*

**Middle Name:**       **Maiden Name:**

**Suffix:** \* --Select--      **Race:** \* --Select--

**Sex:** \* --Select--      **Date of Birth:** \*   /  /  

**SSN:**       **Non-profit volunteer:**

Note - Please ensure that the Search Type, Request Type and Mail Reply To information and Method of Payment is completed exactly as it appears below.

Mail Results To

**Name/Agency:** \* FIRST ADVANTAGE      **Attention:** CRRG

**Address Line 1:** \* 11800 EXIT 5 PARKWAY      **Address Line 2:** SUITE 120

**City:** \* FISHERS      **State:** \* INDIANA

**Country:** \* UNITED STATES OF AMERICA      **Zip Code:** \* 46037 -

Contact Information

**Phone Number:**       **Email Address:**

((xxx)xxx-xxxx)      (example@domain.com)

Payment

**Fee:** \$15.00

**\*Please do not send checks or money orders to First Advantage**


Click on the "Confirm" button. You will then be brought to the next screen. Click on the "Generate" button. You will then be prompted to Open or Save the form. It is recommended that you save a copy to PDF format before you print it.

Enter New Criminal History Background Search

**Form:** \* SP-167 Criminal History & Sex Offender and Crimes Against Minors Name Search

Once printed, the SP-167 form requires a notarized signature of the individual being searched and a notarized signature of the agency/individual named in the MAIL RESULTS TO section.

INDIVIDUALS requesting and receiving their OWN Results have the option for [Remote Online Electronic notarization through NotaryCam](#) for an additional \$15.00 fee. You may need to disable pop up blockers to proceed to NotaryCam.


NotaryCam®  
 Get your SP-167 notarized in minutes online with NotaryCam.
 Get Started

Search Information

**Request Type:** \* Criminal History Search - \$15.00      **Purpose:** \* OTHER PURPOSE

**Specify Purpose:** \* EMPLOYMENT

**Last Name:** \*

**Middle Name:**

**Suffix:** --Select--

**Sex:** \* --Select--

**SSN:**

**First Name:**

**Maiden Name:**

**Race:** \* --Select--

**Date of Birth:**

**Non-profit volunteer:**

Mail Results To

**Name/Agency:** \* FIRST ADVANTAGE      **Attention:** CRRG

**Address Line 1:** \* 11800 EXIT 5 PARKWAY      **Address Line 2:** SUITE 120

**City:** \* FISHERS      **State:** \* INDIANA

**Country:** \* UNITED STATES OF AMERICA      **Zip Code:** \* 46037 -

Contact Information

**Phone Number:**   
(xxx)xxx-xxxx

**Email Address:**   
(example@domain.com)

Payment

**Fee:** \$15.00

**Pay Method:** \* Business Check

Please make all payments payable to Virginia State Police

**VSP Account Number:**   
(For Existing NCJI Account Holders)

Confirm Clear

You will then need to print the form. It will be 3 pages long. Only the first page must be sent to First Advantage.

The section titled "Affidavit for release of information" must be **signed and notarized**. Make a copy of the signed and notarized document for your records. See example below for the location to have notarized on the form.




It is highly recommended that you use Priority Mail, FedEx, UPS or another method that provides a tracking number.

The notarized form should be sent to:

First Advantage  
 Attn: CRRG  
 11800 Exit 5 Parkway Suite 120  
 Fishers, IN 46037

SP-167 (Revised 10-01-2018)

Example of a form from the VA website. The red square areas indicate First Advantage notes on how to complete the form.

PURPOSE OF THIS REQUEST (Check only one)				COUNTRY		0069155456
<input type="checkbox"/> DOMESTIC ADOPTION	<input type="checkbox"/> INTERNATIONAL ADOPTION			EMPLOYMENT		
<input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)	<input checked="" type="checkbox"/> OTHER (please specify)					
<b>NAME OF INDIVIDUAL TO BE SEARCHED: (Notarized Signature Required in Section 1 Below)</b>						
<u>LAST NAME</u>		<u>FIRST NAME</u>		<u>MIDDLE NAME</u>		<u>M</u>
DOE		JOHN				
<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>		<u>SOCIAL SECURITY NUMBER</u>		
U	M	01 / 01 / 2000 (MM/DD/YYYY)		123-45-6789		
<b>Section 1: AFFIDAVIT FOR RELEASE OF INFORMATION:</b>						
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.						
Notary must sign this section				Signature		
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____				; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)		
Signature of Notary Public _____				My commission expires: _____ My registration # is: _____		
<b>Section 2: SIGNATURE OF PERSON MAKING REQUEST: (Agency or Individual Notarized Signature Required)</b>						
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.						
First Advantage only. Do not fill out this section				Signature of Agency/Individual Making Request		
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____				; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)		
Signature of Notary Public _____				My commission expires: _____ My registration # is: _____		
<b>Section 2: SIGNATURE OF PERSON MAKING REQUEST: (Agency or Individual Notarized Signature Required)</b>						
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.						
				Signature of Agency/Individual Making Request		
State of _____ <input type="checkbox"/> County <input type="checkbox"/> City of _____				; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)		
Signature of Notary Public _____				My commission expires: _____ My registration # is: _____		
<b>NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: (If Agency or Agent is Receiving the Results, their Notarized Signature is Required in Section 2)</b>						
Mail Results To:						
NAME FIRST ADVANTAGE				Please provide your contact information in case there is a discrepancy with your form.  Phone: _____  Email: _____		
ATTENTION CRRG						
ADDRESS 11800 EXIT 5 PARKWAY SUITE 120						
CITY FISHERS	STATE IN	ZIP CODE 46037				
<b>FEES FOR SERVICE:</b>						
<input checked="" 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 volunteer status and include organization's name, address, and the tax exempt identification number.						
<b>METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)</b>			<b>Mail This Form To:</b>			
<input checked="" type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police)			Do not mail the form to the below address. Please see directions to mail to FADV			
CHARGE CARD: <input type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa 						
Account Number: _____						
Signature of Cardholder: _____			Virginia State Police Central Criminal Records Exchange – NCJ P. O. Box 85076 Richmond, Virginia 23285-5076			
<input type="checkbox"/> Virginia State Police NCJ Account Number: _____						
Select Business Check - Your credit card info or payment is not needed						

## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

### INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY 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:

\*\*\*

<b>PURPOSE OF THIS REQUEST:</b>	Primary reason for request.
<b>NAME INFORMATION TO BE SEARCHED:</b>	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. Social Security Numbers provided will be used to help identify the proper record and will be used for no other purpose.
<b>AFFIDAVIT FOR RELEASE OF INFORMATION:</b>	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).
<b>SIGNATURE OF PERSON MAKING REQUEST:</b>	Affidavit must be signed by authorized agent and notarized to receive the search results.
<b>NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AGENT MAKING REQUEST:</b>	Name and complete mailing address of the individual, agency or authorized agent to receive processed criminal record search must be completed.
<b>FEES FOR SERVICE:</b>	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.
<b>METHOD OF PAYMENT:</b>	Indicate method of payment

Mail the Completed SP-167 "Criminal History Record Request" to:

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



**Instructions For Requesting a Search of the "Sex Offender and Crimes Against Minors Registry"**

In accordance with Section 9.1-900 – 9.1-918, Code of Virginia, the Central Criminal Records Exchange of the Virginia Department of State Police is responsible for maintaining the above captioned Registry containing name, personal descriptive/conviction information and photographs of individuals convicted of specific sex offenses. The law also provides for the dissemination of sex offender registrations for the following purpose: Child/adult care, child minding, public/child protection, daycare services, volunteering services or employment. To request an inquiry of the Registry, SP-266 "Sex Offender and Crimes Against Minors Registry" name search forms may be obtained by downloading from the Virginia State Police website: <http://www.vsp.virginia.gov>.

There are two classifications of sex offenders: the sex offender and violent sex offender. A single name search can be conducted to determine if a person is convicted of a violent or sex offense by completing and SP-266 form. Violent sex offenders can be searched on the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <http://sex-offender.vsp.virginia.gov/sor/>.

**Cost Structure and Types of Records Searches Available**

\*\*\*

CRIMINAL HISTORY RECORD	\$15.00 per search of Criminal History Name File.
COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$20.00 for a COMBINATION criminal history record name search conducted and a Sex Offender and Crimes Against Minors name search.
COMPLETE SEX OFFENDER REGISTRY	\$15.00 per search of the Sex Offender Registry only through the submission of an SP-266 "Sex Offender and Crimes Against Minors" name search request form.
VIOLENT SEX OFFENDERS	No Charge for searches conducted of violent offender registrations ONLY through the Virginia State Police website: Virginia State Police Sex Offender and Crimes Against Minors Registry <a href="http://sex-offender.vsp.virginia.gov/sor/">http://sex-offender.vsp.virginia.gov/sor/</a> .
NON-PROFIT ORGANIZATION COMBINATION CRIMINAL HISTORY/SEX OFFENDER REGISTRY	\$16.00 for a COMBINATION criminal history record name search conducted for a "Criminal History Record Name Search" and "Sex Offender and Crimes Against Minors." The purpose of this search is for volunteering services for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.
NON-PROFIT ORGANIZATION COMPLETE SEX OFFENDER	\$8.00 for each name search of the Sex Offender Registry conducted for individuals volunteering for a non-profit organization. The SP-167 must be submitted attached to documentation explaining the purpose of the search is for volunteering services for a non-profit organization. The documentation must include the name of the organization, address and the tax-exempt identification number of the organization.