

CRIMINAL CONVICTION REPORTING FORM

This form is to be used by **applicants** in conjunction with your DPOR license, certification, or registration application. The information requested is in regards to your affirmative response(s) to the question regarding felony/misdemeanor conviction in any jurisdiction and should be included with your application package.

If you did not report any criminal conviction(s) on your application or do not have any new criminal conviction(s) to report, this form is **not** required.

This form may also be used by **existing DPOR license** holders to report any new criminal conviction(s).

This form is to be submitted directly to DPOR/Board Section at the address provided above.

APPLICANT/LICENSEE

➤ Individual/Business Name: New Applicant or Existing Licensee

Individual Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ First (required) _____ Middle _____ Last (required) _____ Generation

Business/Sole Proprietor Name _____

➤ Profession: _____

➤ Virginia License Number (if applicable)

➤ Provide the last 4 digits of your identification numbers* :

Business FEIN Social Security Number or Virginia DMV Control Number:

* Use the same identification number as used on file with DPOR from previous applications.

CRIMINAL CONVICTION(S)

Applicants - if you answered "yes" on your license, certification or registration application for ever been convicted in any jurisdiction of a **felony/misdemeanor**, *complete the following table*.*

DPOR Licensee Holders - if you are reporting a **NEW felony/misdemeanor** conviction in any jurisdiction, *complete the following table*.*

- **"Convicted" includes:**
- Any local, county, state or federal misdemeanor and felony convictions (including moving traffic violations), and all military and foreign convictions.
 - Guilty verdict by judge or jury, a plea of guilty, or a plea of nolo contendere (or "no contest").
 - Convictions as a minor (under 18 years of age) *if tried as an adult*.
- **Exceptions to "Convicted": DO NOT DISCLOSE**
- Any violations adjudicated as a minor in the juvenile court system.
 - Convictions pardoned, set aside, reversed, expunged, pending disposition, adjudication withheld, deferred judgment or otherwise rendered inoperative.

| State/Jurisdiction | Conviction | Type of Conviction | Date of Conviction | Disposition (probation, parole, fine, sentence, etc.) | Status (check all those that apply) |
|--------------------|------------|---|--------------------|---|--|
| | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor | | | <input type="checkbox"/> Incarcerated <input type="checkbox"/> On Probation <input type="checkbox"/> On Parole |

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|--------------------|------------|---|--------------------|--|--|
| | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor | | | <input type="checkbox"/> Incarcerated <input type="checkbox"/> On Probation <input type="checkbox"/> On Parole |
| | | <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor | | | <input type="checkbox"/> Incarcerated <input type="checkbox"/> On Probation <input type="checkbox"/> On Parole |

❖ Provide a state or national criminal history or a certified copy of the final order, decree or case decisions by a court or regulatory agency with lawful authority to issue such order, decree or case decisions.

➤ *Original criminal history record* may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.

SIGNATURE

I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to consider the new criminal conviction(s) reported or to approve my pending application.

Signature _____ Date _____