



**Botetourt County, Virginia  
Department of Emergency Services**

205 North Roanoke St, Suite 1  
Fincastle, VA 24090  
Phone (540) 473-2098  
Fax (540) 473-8288

**INFORMATION FOR CRIMINAL HISTORY / DMV REPORT**

This request is for:  DMV Report  Criminal Background  Both

Do you have a valid Virginia driver's license?  Yes  No

Virginia Driver's License Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Please print the following information in legible handwriting:

\_\_\_\_\_  
Last Name                      First Name                      Full Middle                      Suffix

If you have been married, please provide maiden name: \_\_\_\_\_

Sex:  Male  Female    Race:  Caucasian  African American  Other (specify) \_\_\_\_\_

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

I hereby certify that all information on this form to be used for a criminal background check and DMV report on myself is true and complete. Results of this check may be disseminated for the purpose of determining membership eligibility in any Botetourt County Emergency Services agency. I will not hold Botetourt County or the agency which I have applied with, responsible for any negative results, that may in the course of running my criminal history be discovered.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE TO AGENCY REQUESTING REPORT:**

- Allow up to three business days to receive report(s)
- Please provide the following contact information

Agency Contact: \_\_\_\_\_ Agency Name: \_\_\_\_\_

I would like to be notified of the results by:  Email  Phone

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Office Use Only:</b>	
Request Received: ____/____/____	Response Received: ____/____/____
Submitted to: <input type="checkbox"/> DMV <input type="checkbox"/> VSP	Response Reviewed: ____/____/____
Request(s) Submitted: ____/____/____	Department Notified: ____/____/____