



**Botetourt County, Virginia
Department of Fire & EMS**

205 North Roanoke St, Suite 1
Fincastle, VA 24090
Phone (540) 928-22001
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: _____

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