



Virginia Statewide Search Instructions

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/catspublic/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 section. Please note the notary stamp cannot be expired.

If the notary is located in Virginia, the notary must provide their seal, signature, registration number and the expiration date for when their commission expires. Notaries not located in Virginia need to provide their signature, date of expiration and registration number.

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 by the state. 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 mailing 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/catspublic/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 of 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

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 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:

Mail Results To

Name/Agency: FIRST ADVANTAGE Attention: CRRG

Address Line 1: 11800 EXIT 5 PARKWAY Address Line 2:

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

Pay Method: Existing Virginia State Police Account

MAIL RESULTS TO Name must be the name of the Agency making the request.

VSP Account Number: B0700

(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 mailing service 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)				NAME SEARCH REQUEST
<input type="checkbox"/> DOMESTIC ADOPTION	<input type="checkbox"/> INTERNATIONAL ADOPTION			 0069155456
<input type="checkbox"/> VISA (INTERNATIONAL TRAVEL)	<input checked="" type="checkbox"/> OTHER (please specify) EMPLOYMENT			
NAME OF INDIVIDUAL TO BE SEARCHED: (Notarized Signature Required in Section 1 Below) LAST NAME: DOE FIRST NAME: JOHN MIDDLE NAME: _____				Barcode is required. If it is not located on the form the request will be rejected.
RACE: U	SEX: M	DATE OF BIRTH: 01 / 01 / 2000 <small>(MM/DD/YYYY)</small>	SOCIAL SECURITY NUMBER: 123-45-6789	
Section 1: AFFIDAVIT FOR RELEASE OF INFORMATION: 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: _____ <small>(MM/DD/YYYY)</small>				
_____ Signature of Notary Public		My commission expires: _____		My registration # is: _____
Section 2: SIGNATURE OF PERSON MAKING REQUEST: (Agency or Individual Notarized Signature Required) 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: _____ <small>(MM/DD/YYYY)</small>				
_____ Signature of Notary Public		My commission expires: _____		My registration # is: _____
Section 2: SIGNATURE OF PERSON MAKING REQUEST: (Agency or Individual Notarized Signature Required) 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: _____ <small>(MM/DD/YYYY)</small>				
_____ Signature of Notary Public		My commission expires: _____		My registration # is: _____
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)				
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				
CITY FISHERS	STATE IN	ZIP CODE 46037		
FEEES FOR SERVICE:				
<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		
<small>* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. All include organization's name, address, and the tax exempt identification number.</small>				
METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)			Mail This Form To	
<input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police)				
CHARGE CARD: <input type="checkbox"/> MasterCard OR <input type="checkbox"/> Visa				
Account Number: _____		Do not mail the form to the below address. Please see directions to mail to FADV.		
Signature of Cardholder: _____				
<input checked="" type="checkbox"/> Virginia State Police NCJI Account Number: B0700		Virginia State Police Central Criminal Records Exchange – NCJ P. O. Box 85076 Richmond, Virginia 23285-5076		

