



## VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT

### AUTHORITY FOR RELEASE OF INFORMATION FOR FINGERPRINT-BASED BACKGROUND CHECK

I have applied for a position that has been designated as "sensitive" with the Virginia Department of Emergency Management (VDEM). This designation permits the agency to conduct a fingerprint-based criminal history check. Therefore, I hereby authorize any investigator or duly accredited representative of VDEM bearing this release, or a copy thereof, to obtain any information from law enforcement/criminal justice agencies and report the results of such search to the designated representative of the agency named above. I direct that such information be released upon request to the bearer of this form. I understand that the information released is for official use by VDEM.

I submit to fingerprinting and understand that my fingerprints will be sent to the Federal Bureau of Investigation for a criminal history check.

I grant permission to release information to VDEM relating to my work experience, education and driving record.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempt to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that any and all information collected pursuant to this background check may be used in assessing my suitability for the position for which I have applied. The information will not be shared with parties outside of the agency where the position is located. I further understand that I may challenge the results of the background investigation conducted by the Virginia State Police or the Federal Bureau of Investigation and may request information needed to make such a challenge from VDEM.

<b>Signature (full name):</b>	<b>Social Security Number:</b>
<b>Print full name:</b>	
<b>Other names currently or previously used:</b>	
<b>Current address:</b>	
<b>Telephone number:</b> _____	<b>Date:</b> _____



# INFORMATION REQUEST

CRD 93 (07/01/2013)

**Purpose:** Use this form to request information from DMV records.

**Instructions:** Type or print clearly.

REQUESTER INFORMATION			
REQUESTER FULL NAME (last, first, mi, suffix)		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*	
ORGANIZATIONAL AFFILIATION (if any)	TELEPHONE NUMBER ( )	USE AGREEMENT NUMBER (if applicable)	
STREET ADDRESS		ACCESS CODE (if applicable)	
CITY	STATE	ZIP CODE	
REASON FOR REQUEST (be specific)			

SUBJECT INFORMATION			
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available), otherwise you do not need to complete this section.			
SUBJECT FULL NAME (last, first, mi, suffix)		<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.	
STREET ADDRESS			
CITY	STATE	ZIP CODE	

INFORMATION REQUESTED			
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.			
<input type="checkbox"/> <b>DRIVING RECORD INFORMATION</b> (Includes license history and conviction data) (complete SUBJECT INFORMATION above)			
SUBJECT DRIVER LICENSE NUMBER		or	SUBJECT BIRTH DATE (mm/dd/yyyy)
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.			
SUBJECT SIGNATURE			DATE (mm/dd/yyyy)
<input type="checkbox"/> <b>VEHICLE INFORMATION</b> (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)			
VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE MAKE	VEHICLE YEAR
<input type="checkbox"/> <b>POLICE CRASH REPORT</b>			
Check one or more boxes to indicate your involvement in the crash:			
<input type="checkbox"/> I was a DRIVER		<input type="checkbox"/> I was a PASSENGER	
<input type="checkbox"/> I legally REPRESENT an involved person		<input type="checkbox"/> I am a VEHICLE OWNER	
<input type="checkbox"/> I was NOT involved in the accident AND I do not legally represent an involved person		<input type="checkbox"/> I am the OWNER of property involved in the accident	
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the accident or to which the person has applied for issuance or renewal of a policy of automobile insurance		<input type="checkbox"/> I was injured	
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the accident or to which the person has applied for issuance or renewal of a policy of automobile insurance		<input type="checkbox"/> OTHER (explain) _____	
<b>IMPORTANT NOTE:</b> The Department may only release a full accident report to a person involved in the accident, or their legal or personal representative, in accordance with Virginia Code § 46.2-380. All other requesters are entitled to receive only the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer, in accordance with Virginia Code § 46.2-379.			
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)	
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	

\* Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.

Continues on Reverse Side

**INFORMATION REQUESTED (continued)**

<input type="checkbox"/> <b>DECEDENT PHOTO REQUEST</b> (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)			
DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Executor <input type="checkbox"/> Administrator

**CERTIFICATION**

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

REQUESTER SIGNATURE	DATE (mm/dd/yyyy)
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**OTHER INFORMATION (Be specific)**

**DMV CUSTOMER SERVICE CENTER USE ONLY**

Print Name of Requester (Last, First, Middle Initial)	Print Name of Requester's Representative (Last, First, Middle Initial)
Print Address (Street, City, State, Zip)	Print Address (Street, City, State, Zip)
Print Phone Number (Area Code, Number)	Print Phone Number (Area Code, Number)
Print E-mail Address	Print E-mail Address
Print Date of Birth (mm/dd/yyyy)	Print Date of Birth (mm/dd/yyyy)
Print Date of Request (mm/dd/yyyy)	Print Date of Request (mm/dd/yyyy)
Print Date of Requester's Signature (mm/dd/yyyy)	Print Date of Requester's Signature (mm/dd/yyyy)
Print Date of Representative's Signature (mm/dd/yyyy)	Print Date of Representative's Signature (mm/dd/yyyy)
Print Signature of Requester	Print Signature of Representative
Print Signature of Representative	Print Signature of Representative

