

Part I – PRIVATE PROVIDER REQUEST TO DISCONTINUE REPRINTS

TO: Background Investigations Unit (BIU)

Department of Behavioral Health and Developmental Services (DBHDS)

P.O. Box 1797

Richmond, Virginia 23218-1797

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Provider representative should fill in requested information, sign and date the request form and forward the first page only to the BIU. Request form may be forwarded by mail or fax.

Fingerprints must have been rejected at least three times by the FBI and/or the State Police prior to submitting this request. In addition, more than one person should have tried to obtain good prints.

Licensed Provider Business Name	Licensed Provider Number (3 or 4 digit)
Applicant or Individual Name (Last, First, Middle)	Social Security Number <input type="checkbox"/> No SSN #

Please check what type of status

Individual Status	<input type="checkbox"/> Sponsored Residential Applicant	<input type="checkbox"/> Adult Living in Home
	<input type="checkbox"/> Sponsored Residential Employee	<input type="checkbox"/> Live In Companion
Applicant Status	<input type="checkbox"/> Owner	<input type="checkbox"/> New Hire
	<input type="checkbox"/> Transfer	<input type="checkbox"/> Original Employee

AGENCY WHOSE REPRINTS YOU WISH TO DISCONTINUE (check one) **State Police** **FBI** **Both**

- If you are requesting the discontinuance of fingerprint cards for only one agency (State Police or FBI), complete only the questions pertaining to that agency and enter N/A in the areas pertaining to the other agency. (Example = Termination of State Police reprints, enter N/A in FBI section)

STATE POLICE

Have prints been returned 3 times as non-classifiable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of persons who took fingerprints	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Names of persons who took fingerprints*	
1.	
2.	
3.	
<i>*If prints taken by a law enforcement agency, enter the agency's name.</i>	

FBI

Have prints been returned 3 times as non-classifiable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of persons who took fingerprints	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Names of persons who took fingerprints*	
1.	
2.	
3.	
<i>*If prints taken by a law enforcement agency, enter the agency's name.</i>	

REQUESTOR'S SIGNATURE		DATE	
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