



CRIMINAL CONVICTION - SUPPLEMENTAL FORM
Requesting an Informal Fact Finding (IFF) Conference

➤ This form may be duplicated or completed electronically by visiting www.dpor.virginia.gov/FormsAndApplications.

Pursuant to § 54.1-204 of the Code of Virginia:

No person shall be denied a license, certification or registration of any regulated occupation or profession solely because of a prior criminal conviction. However, if the criminal conviction relates to the applicant being unfit or unsuited to engage in such an occupation or profession, this request may be denied, but not without scheduling and conducting an Informal Fact Finding (IFF) Conference through the Department of Professional and Occupational Regulation (the Department).

By completing, signing and submitting this Criminal Conviction - Supplemental Form, you are requesting the Department to proceed with processing your application and conducting an IFF Conference if necessary. The information requested below is **not required**, but is helpful information that will become an important part of your application file. The information provided below will help expedite this process.

APPLICANT INFORMATION

➤ Individual/Business Name:

Individual Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ First (required) _____ Middle _____ Last (required) _____ Generation

Business/Sole Proprietor Name _____

➤ Apply for licensure as a: _____

➤ File Number (Referenced on your DPOR letter)

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➤ Provide the last 4 digits of your identification numbers*:

Business FEIN Social Security Number or Virginia DMV Control Number:

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* Use the same identification number as used on file with DPOR from previous applications.

Complete the following questions for each conviction listed on your Criminal Conviction Reporting Form:

Multiple offenses that occurred on the same day or at the same time, can be reported as one event.

Attach a separate sheet of paper if additional space is needed.

1. Criminal Conviction - Additional Information:

List the Conviction(s): _____

Jurisdiction _____ Date of Conviction: _____

A. Provide a detailed explanation of the facts and circumstances that led to your conviction:

(Photocopies of this sheet may be required if reporting more than one conviction.)

B. Describe in detail your conduct and work activities **before** the conviction:

C. Describe in detail your conduct and work activities **after** the conviction:

D. Explain how you have changed as a result of your conviction:

Include a list of all classes, training program(s), information on the status of incarceration, parole or probation; documentation of rehabilitation efforts; and letter(s) of reference. You may provide proof and certificates.

Provide any additional information about yourself or your circumstances you wish the department to take into consideration in regards to your conviction(s) listed above:

SIGNATURE

I, the undersigned, certify that the foregoing statements and answers are true, and that I have not suppressed any information that might affect the Board's decision to approve my pending application.

Signature _____ Date _____

This form is to be submitted directly to DPOR/Board Section at the address provided above.