Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8583 | Fax (866)-254-0312 www.dpor.virginia.gov



Information Management Section TRANSCRIPT REQUEST FORM Fee \$40.00 (per Entity request)

A license transcript is a court admissible document either incorporating the license history <u>or</u> stating that no license was found based on the information provided.

1.	What entity name would you like to have researched for this transcript?							
>	Individual Name(s)* of entity							
>	Business entity name(s)*							
	* The spelling of the entity name(s) is how the research will be conducted.							
>	If the entity is a business, include DBA, and/or fictitious name(s) - if applicable							
2.	What professional service does this entity (individual/business) offer?							
3.								
	Yes No] If yes, prov]	vide the Virginia	a License Number(s):				
	Unknown []						
4.	Transcript will	be mailed to:						
			City		State	Zip Code		
5.	Provide any additional information regarding this request:							
Thic t	transcript is bei	na reallested h	ov.					
	quester's Name	0 1						
Con	itact Number							
Primary Telephone Email Address								
LIIIC	ali Addiess	(Ema	il Address will be u	used for communication with DP	OR only.)			
>	Payment can be made by check or money order payable to the <u>TREASURER OF VIRGINIA</u> , <i>or</i> by a completed <u>credit card</u> payment form; available on this form or at <u>www.dpor.virginia.gov/Forms and Applications</u> .							
>	This request form (along with your payment) may be faxed to 866-254-0312 or mailed to the above address, attention: Information Management Section .							
055105	DATE	FEE	MISC SALE	ENTITY#	FILE #/LICENSE #	ISSUE DATE		
OFFICE USE ONLY			TR 01					



COMMONWEALTH OF VIRGINIA

$Department\ of\ Professional\ and\ Occupational\ Regulation,\ P.O.\ Box\ 29570,\ Richmond,\ VA\ 23242-0570$

Fax Number 877-340-9616.

This card is to be used for **CREDIT CARD PAYMENTS ONLY**. Complete and submit with your <u>renewal card or application</u>. For renewals, please include license number. Incomplete forms may be returned for completion and delay license processing.

Select Card type:	Visa MasterCard or Discover		
Credit Card Number	Card Expiration Da	ate:	_ /
Payment Amount:	\$Occupation License Number:		
Cardholder Name (Prin	t):		
Cardholder's Address:			
	City State Zip Code		
Cardholder's Signature:		Date	
Daytime Phone Number	r		
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DPOR DOES NOT ACCEPT AMERICAN EXPRESS.

This form should not be submitted by e-mail. E-mail is not secure and your credit card information could be at risk.