Reset Form Print Form

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

Department of Professional and Occupational Regulation

**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 *or* 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. Does this entity (individual/business) hold a license, certification or registration with our agency?
   - Yes ☐ If yes, provide the Virginia License Number(s): _____
   - No ☐
   - Unknown ☐

4. Transcript will be mailed to: _____

APT/Unit#

City State Zip Code

5. Provide any additional information regarding this request:

This transcript is being requested by:

Requester's Name: _____

Contact Number _____
Primary Telephone

Email Address _____
(Email Address will be used for communication with DPOR only.)

➢ Payment can be made by check or money order payable to the TREASURER OF VIRGINIA, *or* by a completed credit card payment form; available on this form or at www.dpor.virginia.gov/Forms and Applications

➢ This request form (along with your payment) may be faxed to **866-254-0312** or **mailed** to the above address, attention: **Information Management Section**.

| OFFICE USE ONLY | DATE | FEE | MISC SALE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|---|---|---|---|---|---|---|
| | | | 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 **renewal card or application**. 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 Date: _____ / _____ (Month / Year)

Payment Amount: $_____ Occupation License Number: | | | | | | | | | | |

Cardholder Name (Print): _____

Cardholder's Address: _____

_____
APT/Unit#

_____ _____ _____
City State Zip Code

Cardholder's Signature: _____ Date _____

Daytime Phone Number _____

**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.