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 or stating that no license was found based on the information provided

		or stating t	that no neens	e was found based on the	e information provided.							
	•	·		esearched for this transcrip								
	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	plicable										
2.	What professional service does this entity (individual/business) offer?											
3.		istration with our agency?										
	Yes If yes, provide the Virginia License Number(s):  No											
	Unknown											
4.	Transcript will be mailed to:											
_			City		State	Zip Code						
5.	Provide any additional information regarding this request:											
TI: (		( 11										
	ranscript is bei quester's Name	•	by:									
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Con	tact Number		Primary Telephone									
Ema	ail Address											
		(Ema	il Address will be	used for communication with DP	OR only.)							
>	Payment can be made by check or money order payable to the <u>TREASURER OF VIRGINIA</u> , or 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 <b>866-254-0312</b> or <b>mailed</b> to the above address, attention: <b>Information Management Section</b> .											
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OFFICE USE	DATE	FEE	MISC SALE	ENTITY#	FILE #LICENSE #	ISSUE DATE						
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.

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Select Card type: [	Visa [	MasterCar	d or	Disco	ver									
Credit Card Number							Car	d Exp	iration	n Date	:	/ th	Ye	ear
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This form should not be submitted by e-mail. E-mail is not secure and your credit card information could be at risk.