



**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: _____

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 TR 01	ENTITY #	FILE #/LICENSE #	ISSUE DATE
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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

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 Card Expiration Date: _____ / _____
Month Year

Payment Amount: \$ _____ Occupation License Number:

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Cardholder Name (Print): _____

Cardholder's Address: _____

_____ 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.