



Florida Department of Law Enforcement  
Criminal Justice Information Services Division/User Services Bureau

**Volunteer & Employee Criminal History System ([VECHS](#))**  
**Application for Qualified Entities**

Criminal History Record Checks pursuant to the National Child Protection Act of 1993, as amended,  
and Section 943.0542, Florida Statutes (850) 410-8324 or [publicrecords\\_VECHS@fdle.state.fl.us](mailto:publicrecords_VECHS@fdle.state.fl.us)

ENTITY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
NUMBER STREET NAME UNIT # CITY STATE ZIP CODE

PHYSICAL ADDRESS: \_\_\_\_\_  
NUMBER STREET NAME UNIT # CITY STATE ZIP CODE

COUNTY: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ENTITY HEAD: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

LEGALTYPE OF ENTITY: ☐ Governmental (Public) ☐ Private, Non-Profit ☐ Private, for Profit

Please check all that apply to the service(s) provided by your entity to children, the elderly or disabled:

Type of Person(s)	Care or Treatment	Education, Training or Instruction	Supervision	Recreation	Care Placement
Child					
Elderly					
Disabled					

**SUMMARY OF TYPE OF SERVICES YOUR ENTITY PROVIDES** - Please describe in detail the services your entity will provide and how those services will directly impact children, the elderly or disabled: (continue on separate page, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to request state & national criminal history checks through the VECHS Program on YOUR current or prospective FLORIDA employees, volunteers, contractors and vendors? YES NO If no, please explain (continue on separate page, if necessary):

\_\_\_\_\_  
\_\_\_\_\_

(Contractors or vendors may be checked through the VECHS Program, if they have or may have unsupervised access to the children, elderly, or disabled persons for whom a qualified entity provides care. Click [here](#) to view the Fee Schedule for the VECHS Program.)



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APPLICATION CONTINUED:

Are you currently required by [law](#) to obtain state and national (Level 2) criminal history record checks on any of your current or prospective employees, volunteers, contractors or vendors? YES NO

If yes, what state agency monitors your entity and these required record checks? Please check all that apply:

<input type="checkbox"/>	<a href="#">Florida Department of Children and Families (DCF)</a>
<input type="checkbox"/>	<a href="#">Florida Department of Education (DOE)</a>
<input type="checkbox"/>	<a href="#">Florida Agency for Healthcare Administration (ACHA)</a>
<input type="checkbox"/>	<a href="#">Florida Department of Elder Affairs (DOEA)</a>
<input type="checkbox"/>	Other (Please explain):
<input type="checkbox"/>	Other (Please explain):

Do you understand that current or prospective employees, volunteers, contractors or vendors that are otherwise statutorily required to receive a state and national (Level 2) background check are not eligible for the VECHS Program? YES NO

It is your responsibility to determine if your entity is otherwise statutorily required to complete background investigations on current or prospective employees, volunteers, contractors or vendors. Please verify your statutory requirements for background investigations with one of the above agencies or [Florida Statutes](#) before submitting your application. If you have contacted these agencies and still have questions regarding eligibility, please contact FDLE VECHS Program at (850) 410-8324 or [publicrecords\\_VECHS@fdle.state.fl.us](mailto:publicrecords_VECHS@fdle.state.fl.us).

SIGNATURE OF ENTITY HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail this completed application, [user agreement](#), and [CWCS registration form](#) to FDLE at the address below.  
Applications will not be accepted via email or fax.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
USER SERVICES BUREAU - ATTN: VECHS UNIT - P.O. BOX 1489  
TALLAHASSEE, FL. 32302-1489  
(850) 410-8324

References: [Title 42 U.S.C. Ch.67, Sub.Ch.VI, §5119\(a\)](#) and [Florida Statute §943.0542](#)

Livescan devices allow for the electronic submission of fingerprints and descriptive data to FDLE for processing. Qualified entities must first complete and submit a [Civil Workflow Control System \(CWCS\) Registration form](#) to FDLE for processing. Once your CWCS Registration form has been received and approved by FDLE, you will receive an e-mail confirmation stating your entity is authorized to submit fingerprints electronically. A list of approved service providers and Livescan vendors can be found at [www.fdle.state.fl.us/backgroundchecks](http://www.fdle.state.fl.us/backgroundchecks).