

FORM B



# CIVIL WORKFLOW CONTROL SYSTEM



- Automated Processing Of Criminal History Requests
- Using Fingerprint Based Livescan Technology
- Average Response Time - 48 Hours

## CUSTOMER REGISTRATION FORM

Please submit your completed form by either fax or email:

- **Fax to FDLE Criminal History Service's VECHS Unit at (850) 488-4424**
- **Email to PublicRecords\_VECHS@fdle.state.fl.us**

If you have any questions please call the VECHS Unit at (850) 410-8324

# =VECHS=

Volunteer & Employee Criminal History System

1) QUALIFIED ENTITY NAME:

2) ASSIGNED ORI NUMBERS (*QUALIFIED ENTITY NUMBERS*):

EMPLOYEES

VOLUNTEERS

<b>E</b>	<b>V</b>
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3) NAME OF PRIMARY CONTACT PERSON:

NAME OF ALTERNATE CONTACT PERSON:

<input type="text"/>	<input type="text"/>
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4) PHONE NUMBER FOR PRIMARY CONTACT PERSON:

ALTERNATE CONTACT PHONE NUMBER:

<input type="text"/>	<input type="text"/>
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5) **ONE** CONTACT EMAIL ADDRESS FOR ADMINISTRATIVE AND/OR GENERAL CORRESPONDENCE:

**\*EMAIL ADDRESS MUST MATCH PRIMARY CONTACT PERSON**

6) STREET ADDRESS:

7) CITY:

STATE:

ZIP CODE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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8) **ONE** EMAIL ADDRESS FOR AUTOMATED RESULT NOTIFICATIONS AND/OR CRIMINAL HISTORY RELATED MESSAGES:

**FDLE USE ONLY** (PLEASE DO NOT WRITE BELOW):

TCN Number Sequence: \_\_\_\_\_

Date / Time Entered Into CWCS: \_\_\_\_\_

Entered Into CWCS – eGov CHS Member: \_\_\_\_\_

Fingerprint Retention: YES  NO

Date / Time Received: \_\_\_\_\_

Assigned Purpose Code: \_\_\_\_\_ Fees: \_\_\_\_\_

Information Verified - VECHS Member: \_\_\_\_\_