VECHS
Volunteer & Employee
Criminal History System
FDLEVECHS@fdle.state.fl.us

FDLE
Florida Department of Law
Enforcement
www.fdle.state.fl.us

VECHS Account Closure Request

I, _____, request the following VECHS entity be closed, effective

_____.

VECHS Entity Number (E/V):

Entity Name:

Physical Operating Address:

Mailing Address:
☐ Check if same as above

Contact Person:

Email Address:

Phone Number:

☐ By selecting this box, I hereby grant the Florida Department of Law Enforcement (FDLE) the necessary authority to delete any currently retained applicant fingerprints registered to E/V _____ in FALCON, beginning on the effective date provided above. I also understand that deletion of these retained applicant fingerprints will not waive or void outstanding invoices, fees, or other financial dues.

Entity Head: _____

Date: _____

Please return the completed form to:
Florida Department of Law Enforcement
Applicant Services Unit - VECHS
FDLEVECHS@fdle.state.fl.us
Fax (850) 488-4424