



## Colorado VECHS Program Application Colorado Volunteer and Employee Criminal History Service

Billing Preference:						
Invoiced once a month (please complete attached W-9 form)			Payment with every submission			
Business/Organization Name:						
Account Number / CONCJ Number (Existing Customers Only):						
Mailing Address:		Ste Num:	City:	State:	ZIP:	County:
Billing Address: Same as Mailing						
Business Phone:			Fax:			
Name of SDDS Administrator: <input type="checkbox"/> Same as POC (refer to User Agreement)			Name of Audit Administrator:			
Contact Phone:			Contact Phone:			
Email Address of SDDS Administrator:			Email Address of Audit Administrator:			
Legal Type of Entity (Select One):						
Governmental (Public)		Private - Non Profit		Private - Profit		
Please check all appropriate areas below that apply to the service(s) provided to children, the elderly, and/or the disabled. A "child" is any person, regardless of physical or mental condition, under eighteen years of age. A "disability" is a mental or physical impairment that substantially limits one or more major life activities, whether the impairment is congenital or acquired by accident, injury or disease, where such impairment is verified by medical findings.						
Type of Person(s)	Care or Treatment	Education, Training, or Instruction	Supervision	Recreation	Care Placement	
Child						
Elderly						
Disabled						
Please provide a mission statement below. Please attach an additional sheet if needed.						
PLEASE NOTE: Entities that are required to obtain state and federal criminal history background checks under other statutory provisions, on all or specific applicants must continue to comply with those statutes and the procedures that specifically apply to them. Requests for these required criminal history record checks may not be processed through the Colorado VECHS Program.						
Signature of Entity Head:				Date:		
<p><b>Please submit completed application, User Agreement and a copy of your registration from the Secretary of State to:</b>          Colorado Bureau of Investigation          Identification Unit VECHS Program          690 Kipling St, Suite 3000          Lakewood, CO 80215          (303) 239-4208</p>						
<b>CBI USE ONLY</b>						
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No						