



Missouri VECHS Program Application
Missouri Volunteer and Employee Criminal History Service (MOVECHS)

Business/Organization Name:					
Charter Number (License Number):				County:	
Physical Operating Address in Missouri:					
Main Corporate/Organization Physical Address, if applicable:					
Mailing Address:					
Business Phone:			Fax:		
Name of Business/Organization Entity Head or Representative:				Title:	
Name of Point of Contact (POC):				Title:	
Contact Phone:			Email Address:		
Legal Type of Entity (Select One): <input type="checkbox"/> Governmental (Public) <input type="checkbox"/> Private - Non Profit <input type="checkbox"/> 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 (210.110 RSMo). An "elderly person" is a person who is sixty years of age or older. 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 (660.053 RSMo)					
Type of Person(s)	Care or Treatment	Education, Training, or Instruction	Supervision	Recreation	Care Placement
Child					
Elderly					
Disabled					
Please describe the services your business/organization provides that would qualify under this program. Please indicate what category of persons will be background checked and for what purpose.					
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 Missouri VECHS Program.					
Signature of Entity Representative:				Date:	
Please submit completed application, User Agreement and a copy of your Missouri business license to: Missouri State Highway Patrol CJIS Division Attn: MOVECHS Program P. O. Box 9500 Jefferson City, MO 65102-9500 (573) 526-6153					
MSHP USE ONLY			MSHP USE ONLY		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			Entity ORI/OCA:		
			MACHS #:		