

# HAZMAT ENDORSEMENT BACKGROUND RECORD CHECK

**Purpose:** Use this form to apply for a hazardous materials endorsement (hazmat) background check or Transportation Worker Identification Credential (TWIC) comparability (see instructions on page 3). This form collects information required by the Transportation Security Administration.

**Instructions:** Present the completed form at any designated DMV customer service center. (Note: Application fees are non-refundable.)

APPLICANT INFORMATION							
APPLICANT FULL NAME (last, first, middle, suffix)				APPLICANT PREVIOUS NAME (last, first, middle, suffix)			
I AM APPLYING FOR TWIC COMPARABILITY (see instructions on page 3) <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	HEIGHT __ FT __ IN	WEIGHT	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EYE COLOR	HAIR COLOR	
DATE OF BIRTH (mm/dd/yyyy)	CITY OF BIRTH		STATE OF BIRTH		COUNTRY OF BIRTH		
RESIDENTIAL ADDRESS			CITY		STATE	ZIP CODE	
MAILING ADDRESS (if different from residential address)		CITY		STATE/PROVINCE	ZIP CODE	COUNTRY	
PREVIOUS RESIDENTIAL ADDRESS		CITY		STATE/PROVINCE	ZIP CODE	COUNTRY	
COUNTRY OF CITIZENSHIP		NATURALIZATION DATE (if naturalized U.S citizen) (mm/dd/yyyy)		ALIEN REGISTRATION NUMBER (if naturalized citizen or lawful permanent U.S. resident)			
HAVE YOU SERVED IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH			DISCHARGE DATE (mm/dd/yyyy)		HONORABLE DISCHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT EMPLOYER NAME						TELEPHONE NUMBER	
CURRENT EMPLOYER ADDRESS		CITY		STATE/PROVINCE	ZIP CODE	COUNTRY	
SECOND CURRENT EMPLOYER NAME						TELEPHONE NUMBER	
SECOND CURRENT EMPLOYER ADDRESS		CITY		STATE/PROVINCE	ZIP CODE	COUNTRY	
Answer all of the following questions by checking the appropriate box.							
1. Have you been convicted or found not guilty by reason of insanity of any disqualifying crime in a civilian or military jurisdiction during the seven years before the date of this application? (See Section 1, Part B on the back of this application.)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. During the past five years were you released from military or civilian incarceration while serving a sentence related to one of the disqualifying offenses? (See Section 1, part B on the back of this application.)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you ever been convicted or found not guilty by reason of insanity of any disqualifying crime in any civilian or military jurisdiction? (See Section 1, Part A on the back of this application.)						<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you wanted or under indictment in any civilian or military jurisdiction for a disqualifying crime?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you been adjudicated as lacking mental capacity or involuntarily committed to a mental institution?						<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you a citizen of the U.S. who has not renounced your citizenship or a lawful permanent resident of the U.S. as defined in Section 101(a)(20) of the Immigration and Nationality Act?						<input type="checkbox"/> YES	<input type="checkbox"/> NO

CERTIFICATION		
<p>With this application, I certify that I have disclosed any and all information related to disqualifying crimes committed as required by Federal Regulation 49 CFR 1572.103. I understand my continuing obligation to disclose to the Transportation Security Administration within 24 hours if I am convicted or found not guilty by reason of insanity of any disqualifying crime, or adjudicated as a mental defective or committed to a mental institution, while I have a hazmat endorsement on a CDL.</p> <p>I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>		
APPLICANT SIGNATURE	TELEPHONE NUMBER	DATE (mm/dd/yyyy)

DMV USE ONLY				
STATE OF RECORD <b>VA</b>	ENDORSEMENT TYPE <b>HAZMAT</b>	DMV CUSTOMER NUMBER	TWIC DOCUMENT NUMBER	TWIC EXPIRATION DATE (mm/dd/yyyy)
DMV REPRESENTATIVE		AUTHORIZATION NUMBER	DMV LOCATION	DATE (mm/dd/yyyy)

## Hazmat Endorsement Background Check Application SUPPLEMENTAL INFORMATION

### SECTION 1: LIST OF DISQUALIFYING CRIMINAL OFFENSES FOR HAZMAT ENDORSEMENT

#### Part A. Permanently Disqualifying Criminal Offenses

A driver will be permanently disqualified from holding a hazmat endorsement on a CDL if he or she was ever convicted or found not guilty by reason of insanity of any of the following crimes.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>a. Espionage</li> <li>b. Treason</li> <li>c. A crime involving a severe transportation security incident.</li> <li>d. Unlawful possession, use, sale, distribution, manufacture, purchase, receipt, transfer, shipping, transporting, import, export, storage of, or dealing in an explosive or explosive device.</li> <li>e. Sedition</li> <li>f. A federal crime of terrorism as defined in 18U.S.C 2332b(g), or comparable state law.</li> <li>g. Improper transportation of a hazardous material under 49 U.S.C. 5124 or a comparable state law.</li> <li>h. Murder</li> </ul> | <ul style="list-style-type: none"> <li>i. Making any threat or maliciously conveying false information, knowing the same to be false, concerning the deliverance placement, or detonating of an explosive or other lethal device in or against a place of public use, a state or government facility, a public transportation system, or an infrastructure facility.</li> <li>j. Violations of Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. 1961, et. seq., or a state law that is comparable, where one of the predicate acts found by a jury or admitted by the defendant, consists of one of the offenses listed in Part A of this section.</li> <li>k. Conspiracy or attempt to commit any of these crimes.</li> </ul> |
|---|---|

#### Part B. Interim Disqualifying Offenses

A driver will be disqualified from holding a hazmat endorsement on a CDL if he or she was convicted or found not guilty by reason of insanity within the last seven years or was released within the last five years from military or civilian incarceration while serving a sentence related to one of the following crimes.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a. Assault with intent to murder</li> <li>b. Kidnapping or hostage-taking</li> <li>c. Bribery</li> <li>d. Immigration violations</li> <li>e. Arson</li> <li>i. Violations of Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. 1961, et. seq., or a state law that is comparable, other than the violations listed in paragraph (j.) of Part A: Permanently Disqualifying Criminal Offenses</li> <li>g. Distribution of, intent to distribute, or importation of a controlled substance</li> </ul> | <ul style="list-style-type: none"> <li>h. Rape or aggravated sexual abuse</li> <li>i. Extortion</li> <li>j. Smuggling</li> <li>k. Robbery</li> <li>l. Dishonesty, fraud, or misrepresentation, including identity fraud</li> <li>m. Unlawful possession, use, sale, manufacture, purchase, distribution, receipt, transfer, shipping, transporting, delivery, import, export, or dealing in a firearm or other weapon</li> <li>n. Fraudulent entry into a seaport as described in 18 USC.1036, or a comparable state law.</li> <li>o. Conspiracy or attempt to commit any of these crimes</li> </ul> |
|---|--|

#### Part C. Under Want or Warrant

A driver will be disqualified from holding a hazmat endorsement on a CDL if he or she is wanted or under indictment in any civilian or military jurisdiction for a felony listed under Part A or Part B until the want or warrant is released.

### SECTION 2: PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICES

**Privacy Act Notice:** The authority for collecting this information is 49 U.S.C. 114, 40113 and 49 U.S.C. 5103a.

**Purpose:** This information is needed to verify your identity and to conduct a security threat assessment to evaluate your suitability for a hazmat endorsement for a commercial driver's license. Furnishing this information, including your Social Security Number or alien registration number, is voluntary; however, failure to provide it will prevent the completion of your security threat assessment, without which you may not be granted a hazmat endorsement.

**Routine Uses:** Routine use of this information includes disclosure to the FBI to retrieve your criminal history record; to Transportation Safety Administration (TSA) contractors or other agents who are providing services related to the security threat assessment; to appropriate governmental agencies for licensing, law enforcement, or security purposes, or in the interests of national security; and to foreign and international governmental authorities in accordance with law and international agreement. For additional details, see TSA's system of records notice for DHS/TSA 002, published in the Federal Register at 69 Fed. Reg. 57348 (September 24, 2004).

### SECTION 3: CONTACT INFORMATION

For additional information, call the TSA Contact Center at (866) 289-9673 or visit the TSA website at <http://www.tsa.gov>.

## INSTRUCTIONS

Failure to accurately complete the Hazmat Endorsement Background Record Check Application may result in a delay in TSA processing your application. Use the instructions below to complete the application:

**Name:** Enter your full legal name. Also list any previous names that you have used.

**Transportation Worker Identification Credential (TWIC) comparability:** If you currently hold Transportation Worker Identification Credential (TWIC) with at least one year and five days remaining before it expires, you may be eligible to apply for a reduced fee HME. If you choose to use your TWIC when applying for an HME, the HME will expire on the same date as the TWIC. Applicants applying for reduced fee HMEs may apply for the HME at any DMV Customer Service Center. Full fee applicants requiring background records check must apply at the Customer Service Centers **with fingerprinting equipment**. For a fingerprinting location see [www.dmv.virginia.gov/drivers/#hazmat\\_loc.asp](http://www.dmv.virginia.gov/drivers/#hazmat_loc.asp), or call **804-497-7100** for assistance.

**Social Security Number:** Enter your nine-digit social security number.

**Identifying Information:** Enter your sex, weight, height, eye color and hair color.

**Date of Birth:** Enter the month, day and year of your birth.

**City of Birth:** Enter the city where you were born.

**State of Birth:** Enter the state in which you were born.

**Country of Birth:** Enter the country where you were born. Enter USA or another country.

**Residential Address:** Enter the address of where you physically reside, including city, state and zip code.

**Mailing Address:** If your mailing address is different from your residential address, enter your mailing address, including city, state, zip code and country.

**Previous Residential Address:** Enter your previous residential address, including city, state, zip code, and country, if applicable.

**Country of Citizenship:** Enter the country of which you are a citizen. Enter USA or another country.

**Naturalization Date:** Enter the date listed on the Naturalization Certificate or Document. Do not enter your date of birth.

**Alien Registration Number:** if you were born outside of the United States, and not a United States citizen by birth, you must enter this 9-digit number.

- The Alien Registration Number appears below the Naturalization Number on a Naturalization Certificate document.
- DO NOT enter the Naturalization Number in place of the Alien Registration Number.
- The Alien Registration Number may be preceded by an "A." Enter only the 9-digit number on the application. Do not enter "A" before it.
- If Alien Registration Number is only 8-digits, enter "0" in front of it to make it 9-digits.

**Have You Served in the U.S. Military:** if you have served in the military, you must check YES and enter the branch and discharge date. If you served in the reserves, be sure to indicate the applicable branch (e.g. Army Reserves, not just Reserves.)

**Discharge Date:** Enter the month, day and year of your military discharge. (Note: If you do not know the exact date, provide your best estimate. If you are still in the military, enter the military as your current employer and list your future discharge date, if known.)

**Honorable Discharge:** If you were in the military, use the checkbox to indicate the status of your discharge.

**Current Employer Name:** Enter the name of your current employer.

**Telephone Number:** Enter the telephone number of your current employer, including the area code.

**Current Employer Address:** Enter your employer's address, including city, state and zip code. If you do not know your employer's full address, leave all address fields blank.

**Country:** Enter the country in which your employer's business is located. Enter USA or another country.

**2nd Current Employer Name:** Enter the name of your second employer.

**Telephone Number:** Enter the telephone number of your second employer, including the area code.

**2nd Current Employer Address:** Enter your second employer's address, including city, state and zip code. If you do not know the full address, leave all address fields blank.

**Country:** Enter the country in which your second employer's business is located. Enter USA or another country.

**Background Questions:** Read the background questions carefully, then check YES or NO to answer each question.

**Certification:** Read the certification statement, then sign and date the form. Do not forget to enter your telephone number, including the area code.