



Department of Public Safety
Vermont Crime Information Center
45 State Drive
Waterbury VT 05671-1300

MEMORANDUM OF UNDERSTANDING
For National Child Protection Act Agencies Only

TO: Vermont Department of Public Safety
Vermont Crime Information Center
Criminal Records Section
45 State Drive
Waterbury, VT 05671-1300

Agency Federal Tax ID # _____

FROM: Agency Name: _____
Agency Address: _____

Agency Contact: _____
Contact Phone: _____
Email Address: _____

RE: Billing Agreement

Date:

This office agrees to pay the following fees per record check requested from VCIC: \$13.25 (thirteen dollars and twenty-five cents) per authorized individual (to include employees, license holders, applicants, etc.) and \$11.25 (eleven dollars and twenty-five cents) per authorized volunteer. To facilitate payment, a billing agreement is hereby entered into by the parties listed above. This office acknowledges that a User Agreement is already on file with VCIC.

Information provided through the National Child Protection Act (NCPA) authority cannot be shared or disseminated.

Billing will occur each month on the 5th day of the month. Payment in full is expected within 30 days of the date of the invoice. In the event that payments are not made in a timely fashion, VCIC reserves the right to discontinue processing record checks until such time as outstanding accounts are paid.

Name of Agency Contact: _____ Date: _____

Signature of Agency Contact: _____ Date: _____

Name of VCIC Contact: _____ Date: _____

Signature of VCIC Contact: _____ Date: _____