

Prepaid Legal Service Plan Seller

Online Registration Procedures
For First Time Registrants

Navigating to the Online Application

The first step to register as a Prepaid Legal Service Plan Seller in Virginia is to access the login page of the online application (<http://www.vdacs.virginia.gov/food-prepaid-legal-service-plan-sellers.shtml>).

Once on the Prepaid Legal Service Plan Sellers webpage, **click** on the link for the online application:



Information for Legal Services Plan Sellers

- Renew Your Registration Application (Returning Users)
- Initial Registration Application (First Time Users/Create An Account) 

As a first time registrant, you need to click on “[Create your individual VDACS Online Account](#)”

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Virginia Department of Agriculture and Consumer Services

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- Social Media

Log On to access Prepaid Legal Service Plan Sellers Online Registration

Don't have a VDACS Online Account? [Create your individual VDACS Online Account](#).

Please enter your email address and password into the fields below to log on.

Log On

Email Address:

Password:

Log On

Forgot your password? [Request a temporary password](#).

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[Web Policy](#) | [Contact Us](#)

On this page you will enter information for each block. **Please Note:** the system only recognizes the following special characters: () _ . - ! % ^ , []. Use all required elements, but make the password easy for you to remember as you will be required to log back into your account to print your certificate, when issued, as well as to renew your registration. Once all blocks have been completed, click on “**Create my VDACS Online Account**” (bottom right).

Create my individual VDACS Online Account

Please use the form below to create a new VDACS Online Account.

• indicates required fields

VDACS Online Account Information

- Email Address:
- Password:
Your password is case-sensitive and must have at least:
 - 8 characters minimum
 - 1 uppercase letter (A-Z)
 - 1 lowercase letter (a-z)
 - 1 digit (0-9)
 - 1 special character from the following list: ! % ^ () _ . - , []
- Confirm Password:
- First Name:
- Last Name:
- Phone Number:

Cancel

Create my VDACS Online Account

Items to note regarding accessing your account:

- Once you create your password, we recommend you write it down somewhere safe where you can easily access it again. Be sure to write it down exactly as you've entered it when creating your account, as the password is case-sensitive. You will need to log back in to your account to print your certificate once the registration has been approved and issued.
- Too many unsuccessful logins will result in your account being locked. We cannot unlock your account – you will have to wait for the 30 minute time period to expire. The lock will occur every time you attempt to login incorrectly after the first lockout, so be careful when you enter your password.
- If you need to create a new password, please review our tutorial on "How To: Change Your Password" prior to requesting the new password. While you can request a temporary password anytime, with no restriction to the number of requests, **you can only change your password once in a 24 hour period.**

The first page of the application is self explained. Be sure to enter the information required for every box indicated with a * - these boxes are required and the application will not allow you to move forward until they are completed. Once all boxes have been completed, click on “**Next.**”

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- indicates required fields

Your Full Name
Note: Please provide your complete legal name. If you do not have middle name or suffix, please check the appropriate check boxes.

- First Name:
- Middle Name:
☐ I do not have a middle name.
- Last Name:
- Suffix:
☐ I do not have a suffix.

Physical Address

- Physical Street Address:
- City:
- State:
- Zip Code:

Mailing Address
If same as physical address, check here ☐

- Mailing Address:
- City:
- State:
- Zip Code:

Contact Information

- Daytime Telephone No.:
- Secondary Telephone No.:

CloseQuit

Next >>



Page 2 of the application is shown below. You are required to answer all of the compliance questions.

Question 1 asks for the Legal Services Organization (LSO) on whose behalf you will sell legal services plans. If your LSO is not listed, you will need to contact this office before you will be able to proceed. Click on the box to the left of the name of your LSO.

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Statutory Compliance

1) Select the Legal Services Organization(s) on whose behalf you will sell legal services plans in the Commonwealth of Virginia.

If the name of the Legal Services Organization is not included in the list below, please contact the Office of Charitable and Regulatory Programs at (804) 786-1343 and press option 5 or by email at ocrpregulatory@vdacs.virginia.gov.

- ☐ Legal Resources of Virginia, Inc. (29558)
- ☐ -- Legal Resources Master Plan c/o Legal Resources of Hampton Roads, Inc. (29558)
- ☐ Legal Service Plans of Virginia, Inc. (29557)
- ☒ -- LegalShield (29557)
- ☐ -- Pre-Paid Legal Services, Inc. (29557)
- ☐ United Legal Benefits of Virginia, Inc. (29561)
- ☐ US Law Shield of Virginia, Inc. (29559)
- ☐ US Legal Plans, Inc. (29560)

2) Are you an independent associate **directly** affiliated with the Legal Services Organization(s) identified in Question 1?

Yes ☒ No ☐

3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?

Yes ☐ No ☒

NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.

Question 2 asks if you are working directly with the LSO. You must click either “Yes” or “No.” If you click “Yes” you can proceed to Question 3.

Applicant Information » **Compliance** » Payment Information » Comments » Preview

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- ☐ United Legal Benefits of Virginia, Inc. (29561)
- ☐ US Law Shield of Virginia, Inc. (29559)
- ☐ US Legal Plans, Inc. (29560)

2) Are you an independent associate **directly** affiliated with the Legal Services Organization(s) identified in Question 1?

Yes ☒ No ☐

3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?

Yes ☐ No ☒

NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.



If your response to Question 2 is “Yes” your response to Question 3 will be “No” Click
“No” then click on “Next”

Applicant Information » Compliance » Payment Information » Comments » Preview

Statutory Compliance

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- ☐ US Law Shield of Virginia, Inc. (29559)
- ☐ US Legal Plans, Inc. (29560)

2) Are you an independent associate **directly** affiliated with the Legal Services Organization(s) identified in Question 1?

Yes ☒ No ☐

3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?

Yes ☐ No ☒

NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.

If your response to Question 2 is “**No**” (Example: you are an agent selling plans through Primerica), **you will need to type in the Name of the local agency you are working through as well as the complete local address of the agency.** Please use the format in the example.

Statutory Compliance

1) Select the Legal Services Organization(s) on whose behalf you will sell legal services plans in the Commonwealth of Virginia.

If the name of the Legal Services Organization is not included in the list below, please contact the Office of Charitable and Regulatory Programs at (804) 786-1343 and press option 5 or by email at ocrpregulatory@vdacs.virginia.gov.

- ☐ Legal Resources of Virginia, Inc. (29558)
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- ☐ United Legal Benefits of Virginia, Inc. (29561)
- ☐ US Law Shield of Virginia, Inc. (29559)
- ☐ US Legal Plans, Inc. (29560)

2) Are you an independent associate **directly** affiliated with the Legal Services Organization(s) identified in Question 1? Yes ☐ No ☒

Please provide the **name and address** of the local business entity through which you represent the above Legal Services Organization(s), using the following format:

Name of Local Business Entity
Street Address
City, State Zip Code



You have 4,000 characters left.

3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2? Yes ☐ No ☒

NOTE: If you answered “Yes” for Question 2, then your answer will be “No” for Question 3.

if your response to Question 2 is “**No**” and you are part owner of the agency through which you will sell legal services plans, you must answer “**Yes**” for Question 3 and indicate your **percentage of ownership** interest in the Agency. Click “Next” to proceed.

2) Are you an independent associate **directly** affiliated with the Legal Services Organization(s) identified in Question 1?

Yes ☐ No ☒

Please provide the **name and address** of the local business entity through which you represent the above Legal Services Organization(s), using the following format:

Name of Local Business Entity
Street Address
City, State Zip Code

LSP Agency
123 Main Street
Anytown, VA 23219

You have 3,955 characters left.

3) If working for a local business entity, do you have any ownership interest in the local business entity that you identified in Question 2?

Yes ☒ No ☐

NOTE: If you answered “Yes” for Question 2, then your answer will be “No” for Question 3.

Please indicate the percentage of your ownership interest in the agency:

25%

You have 3,997 characters left.

Question 4 requires the applicant to select the registration period for which the applicant is applying for from a drop-down menu. After making a selection, click "Next."

4) Please select the registration period for which you are applying from the drop-down menu below.

NOTE: Your registration will become effective during the registration period that you select below. The registration period runs from July 1 to June 30 of each year. As a reminder, you may only sell legal services plans in the Commonwealth of Virginia during the period in which your registration is effective.

Close Quit

July 1, 2020 to June 30, 2021
July 1, 2021 to June 30, 2022

Page 3 of the application is the payment page. On this page you must:

1. Enter the name as shown on the credit/debit card you are using.
2. Enter the billing address associated with the card you are using.
3. Indicate which type of card you are using by clicking on the button for the type of card you are using.
4. Enter the credit/debit card number (numbers only – no dashes or spaces)
5. Enter the card's expiration date month and year using the dropdowns
6. Enter the Card Verification Value (CVV) – found on the back on the card.
7. Click "Next"

Applicant Information » Compliance » **Payment Information** » Comments » Preview

• indicates required fields

Credit Card Information

• Name as shown on card:

• Billing Address:

• City:

• State:

• Zip Code:

Amount to be Paid: **\$50.00**

• Credit Card Type: ☐  ☐ 

• Credit Card Number:

• Card Expiration Date :



3 Digit Card Verification Number **456**

• CVV (Card Verification Value):

Summary Page

After successfully submitting your payment information you will be taken to the page below. You must review the information on the page, and if it is correct, then **check the box** in the bottom left corner of the page, and **click** **“Submit.”**

Prepaid Legal Service Plan Sellers

Prepaid Legal Service Plan Seller

https://oars.va-vdacs.com/IndReg/Preview/70231

Apps InSite - VDACS Age... Records Manage... Welcome to the Vir... US > Bill Tracking >...

Compliance

1) Select the Legal Services Organization(s) on whose behalf you will sell legal services plans in Virginia. -- LegalShield (29557)
If the name of your Legal Services Organization is not included in this list, please contact Rana Clegg at: (804) 371-0511 or via email at rana.clegg@vdacs.virginia.gov.

2) Are you an independent associate **directly** affiliated with the above Legal Services Organization(s)? **Yes**

3) If working for an agency, do you have any ownership interest in the agency that you identified above? **No**

NOTE: If you answered "Yes" for Question 2, then your answer will be "No" for Question 3.

Credit Card Information

Payment Confirmation Number: 996658

Name as shown on card: [REDACTED]

Billing Address: [REDACTED]

Amount to be Paid: \$75.00

Credit Card Type: VISA

Credit Card Number: [REDACTED]

Card Expiration Date: 1 / 2023

Comments

added LegalShield as organization

Terms and Conditions

Once submitted, your registration will be reviewed in the order in which it was received. We strive to have registrations reviewed within three (3) business days; however, during periods of high submissions, it may take a few days longer. You will be contacted if more information is needed in order to process your registration. You will receive an email once your registration has been issued.

☒ By checking this box, you are acknowledging that you have read and agreed to comply with these above Terms and Conditions.

Submit

page id: 958

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9:57 AM 3/15/2019

CONFIRMATION OF SUBMISSION EMAIL

Once you have submitted your registration application, you will receive the email below. **NOTE:** this email is to advise the registration application was submitted successfully – this is **NOT** notification that the registration was issued.

-
- Dear <Name>:
 - Thank you for submitting your LSP registration application and payment. To view your application status, log on to our online registration website at <https://oars.vdacs.com/Account/logon?Prog=LSP>
 - **PLEASE NOTE - your registration has not yet been issued.** Upon completion of the review process, you will receive an email advising of the issuance of the registration as well as information for printing your certificate.
 - **PLEASE DO NOT REPLY TO THIS EMAIL, AS THIS IS AN UNMONITORED EMAIL BOX.** If you have any questions regarding the online registration website, please do not hesitate to contact me directly by using the contact information listed below. **IF I AM UNABLE TO RESPONSE TO YOU IMMEDIATELY, PLEASE SEND AN EMAIL OR LEAVE A VOICEMAIL MESSAGE WITH YOUR SPECIFIC QUESTION AND I OR ANOTHER TEAM MEMBER WILL RESPONSE TO YOU WITHIN 24 HOURS DURING NORMAL BUSINESS HOURS.**
 - Sincerely,
 - Compliance Analyst
ocrpregulatory@vdacs.virginia.gov
804.786.1343, Option 5
Virginia Department of Agriculture and Consumer Services
Office of Charitable and Regulatory Programs

NOTICE OF ISSUED REGISTRATION

You will receive an email (below) when your registration has been issued. Please follow the directions in the email to login to your account to print your certificate (**the certificate is not automatically sent to you or your LSO – you must print it out and email it yourself**).

-
- Dear <Name>:
 - Your Certificate of Registration has been issued, effective from <issue date> to <June 30, 2021.
 - You may print your certificate of registration online by logging into your account using the following link: <https://oars.va-vdacs.com/Account/logon?Prog=LSP>. 
 - **PLEASE DO NOT REPLY TO THIS EMAIL, AS THIS IS AN UNMONITORED EMAIL BOX.** If you have any questions regarding the online registration website, please do not hesitate to contact me directly by using the contact information listed below. **IF I AM UNABLE TO RESPONSE TO YOU IMMEDIATELY, PLEASE SEND AN EMAIL OR LEAVE A VOICEMAIL MESSAGE WITH YOUR SPECIFIC QUESTION AND I OR ANOTHER TEAM MEMBER WILL RESPONSE TO YOU WITHIN 24 HOURS DURING NORMAL BUSINESS HOURS.**
 - Sincerely,
 - Compliance Analyst
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Virginia Department of Agriculture and Consumer Services
Office of Charitable and Regulatory Programs