

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(A) REQUESTING AGENCY/ADDRESS Agency _____ Attn _____ Address _____ City/State/Zip _____ I certify this request is made pursuant to and for the purpose indicated. _____ Authorized Signature Date _____ Title () Area Code/Phone Number	(B) PURPOSE Check appropriate box <input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee <input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's) <input type="checkbox"/> Profit Business/Organization - \$17 <input type="checkbox"/> Adoptive Parent - \$17 <input type="checkbox"/> Receive background results electronically Email address _____ Password _____ (must be at least 8 characters) Fees: Make payable to Washington State Patrol by check, money order, or business account. Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal. _____ Notarized Letter(s)
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(C) APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)
Applicant's Name: _____ Last First Middle
Alias/Maiden Name(s): _____
Date of Birth: _____ Sex: _____ Race: _____ Month/Day/Year
Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

(D) WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION
As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.
_____ Requesting Agency
_____ Applicant's Signature
_____ Applicant's Name
_____ Address
_____ City/State/Zip