

REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845
(Instructions on Reverse Side)

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 _____

B PURPOSE

- ESD/School District Volunteer - no fee
- Non-Profit Busn./Org. - no fee (Excluding Schools & ESD's)
- Profit Business/Org. - \$10
- Adoptive Parent - \$10

Fees:

Make payable to **Washington State Patrol** by cashier's check, money order, or commercial business account.

NO PERSONAL/CERTIFIED CHECKS ACCEPTED

C APPLICANT OF INQUIRY

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

IDENTIFICATION DECLARING NO EVIDENCE

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)

As of this date, the applicant names below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

3000-240-430 (3/93)

WSP Use Only

Valid Two Years From Issue

Right Thumb Print (Optional)